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## **SUGGESTIONS FOR A CYNICAL COUPLE THERAPIST**

### **"WE WANT TO WORK ON OUR RELATIONSHIP." "HMMM... REALLY?"**

First interactions can portend successful work or create problems that complicate, slow, or doom therapy. "First sessions are focused around the goal and task segments of the therapeutic relationship... the therapist should focus on maximizing the family's initial expectation of positive change by setting realistic and useful goals. During this stage the therapist attempts not only to become familiar with the parameters of the family and their potential for change, but also to elicit and structure information and develop a plan," (Thomas et al, page 21). However, what happens the therapist senses a couple has given misinformation and expressed deceptive goals!?

Jeanine and Frances have communication problems resulting in frustrating damaging conflicts over their 10-year relationship. Jeanine and Frances affirm the goal staying together. Despite this innocuous beginning, various cues may cause the therapist doubt if they REALLY want to do relationship work. Setting goals is intrinsic to the therapeutic relationship. Sharpley et al (2006, page 344) says that, "prior to the setting of Goals or Tasks, the Bond between the counsellor and client must be firmly established. When the counsellor and client meet for the first time... the building of the client-counsellor Bond must therefore assume priority." Gazzola et al (2003, page 82) discusses how "therapist techniques account for 1.9% of outcome variance while the therapeutic relationship is estimated to account for 30 to 40% of the variance." Therapist-client bond predicts whether therapy continues. "...for beginning interviews, the bond aspect of the therapeutic alliance must be seen as of paramount importance. The lack of this bond may account for the fact that half of all clients drop out of treatment or terminate counselling by the fourth visit... the major associated factor appeared to be the counsellor's focus upon data-gathering rather than building rapport" (Sharpley et al, 2000, page 101). Arguably processes are simultaneous- bond or rapport develops as the therapist astutely gathers data for determining goals, especially if in doing so unarticulated semi-conscious doubts are revealed.

Therapeutic efficiency and effectiveness are challenged with uneven investment in saving the relationship. Partners can differ in having faith in the viability and future of the relationship, trying to build hope, desperately trying to find hope, or nurturing what little hope they have. Or, even secretly trying to kill the last shred of hope between them- therapy being a last ditch effort so separation may proceed with relatively clear consciences. One or both may be fully aware, semi-conscious, in denial, or lying (to him/herself, partner, and/or therapist) about ones level of relationship hope and investment. Therapy should reveal whether partners' commitment to relationship maintenance, growth, or healing is secure, tentative, uncertain, or absent. One or another may have already been losing or had lost the desire or ability to invest in the relationship. "Cynical" but sensitive diagnosis of motivations and commitment early in therapy can enhance therapeutic respect and rapport. Automatic deference to professed but unexpressed uneven investment to remain together can frustrate everyone and/or subsequently ambush an unaware partner or therapist. Therapy becomes inefficient and ineffective, wasting time and energy. Therapy should be differentially conducted according to identifying previously unexpressed variations in partners' investment, hope, awareness, and ownership.

### **4 x 2 x 2 ABOUT SELF & PARTNER**



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Therapeutic change can be facilitated through a multitude of approaches. For example, Scheel & Conoley, 1998, page 222) discussed circular questioning as developed by the Milan team to understand situations within a family or a couple. The therapist asks questions about differences within the couple to discover systemic processes. Differences in beliefs are explored leading to hypotheses of dynamics to be explored. Alternatively the therapist may be more direct and perhaps, efficient with clients using the following assessment tool to uncover the hope or confidence (or lack of), expectations, capacities, and investment in the future of the relationship. Such a specific set of questions may be beneficial- or complementary to a circular and intuitive inquiry process. The two partners are asked about four basic issues for self and the partner (4x2=8).

<i>Partner A.</i> <i>Do I (Does he/she)...?</i>	<b>“I”</b>	<i>Partner B</i>	
Have the <u>will</u> to change or grow...	yes, no, maybe	yes, no, maybe	
Have the <u>capacity</u> , skills, & ability to change or grow...	yes, no, maybe	yes, no, maybe	
Feel it is <u>worth it</u> to change or grow...	yes, no, maybe	yes, no, maybe	
Have <u>courage</u> to change or grow (willing to deal with the energy, pain, struggle...)	yes, no, maybe	yes, no, maybe	
<b>Required sum</b>	<b>4</b>	<b>4</b>	<b>INVEST</b>

<i>Partner B.</i> <i>Do I (Does he/she)...?</i>	<b>“I”</b>	<i>Partner A</i>
Have the <u>will</u> to change or grow...	yes, no, maybe	yes, no, maybe
Have the <u>capacity</u> , skills, & ability to change or grow...	yes, no, maybe	yes, no, maybe
Feel it is <u>worth it</u> to change or grow...	yes, no, maybe	yes, no, maybe



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<b>Have <u>courage</u> to change or grow (willing to deal with the energy, pain, &amp; struggle...)</b>	yes, no, maybe	yes, no, maybe	
<b>Required sum</b>	<b>4</b>	<b>4</b>	<b>INVEST</b>

This becomes  $4 \times 2 \times 2 = 16$  questions. These principles should be adapted for each therapist's style and orientation. These question can efficiently reveal each partner's investment in the relationship struggle. For a successful relationship, the therapist and the couple are looking for all "Yes" answers. Realistically, however one or more answers may be "No" or "Maybe."

Partner A (Jeanine, for example) answers four questions:

1. Do I (Jeanine) have the will to change or grow?
2. Do I have the capacity, skills, ability to change or grow?
3. Do I feel it is worth it for me to change or grow?
4. Do I have the courage to change or grow? Can I deal with the energy, pain, and struggle necessary to change or grow?

Continuing, Jeanine answers what he or she thinks about his or her partner (Frances in this example):

5. Do I (Jeanine) think my partner (Frances) has the will to change or grow?
6. Do I think my partner has the capacity, skills, and ability to change or grow (or can learn or acquire them)?
7. Do I think my partner feels it is worth it for him or her to change or grow?
8. Do I think my partner has the courage to change or grow? Is he or she going to find the energy, and endure the pain and struggle necessary to change or grow?

Partner B- the second partner (Frances in this example) also answers four questions:

9. Do I (Frances) have the will to change or grow?
10. Do I have the capacity, skills, ability to change or grow?
11. Do I feel it is worth it for me to change or grow?
12. Do I have the courage to change or grow? Can I deal with the energy, pain, and struggle necessary to change or grow?

Continuing, Frances also answers what he or she thinks about his or her partner (Jeanine in this example):

13. Do I (Frances) think my partner (Jeanine) has the will to change or grow?
14. Do I think my partner has the capacity, skills, and ability to change or grow (or can learn or acquire them)?
15. Do I think my partner feels it is worth it for him or her to change or grow?
16. Do I think my partner has the courage to change or grow? Is he or she going to find the energy, and endure the pain and struggle necessary to change or grow?



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One or both clients may answer one or more of the questions with, "I don't know," especially about the other person- "Maybe." "Maybe" answers are not unexpected since uncertainty is a primary reason for therapy. Responses may be unexpected. Jeanine was shocked that unlike her confident "Yes," Frances responded with a tepid "Maybe" to whether working on the relationship was worth it to her. Consequently, their being out of sync became a focus of therapy.

**YES, YES, YES, YES... YES, YES, YES, YES...**

**YES, YES, YES, YES... YES, YES, YES, YES...**

To build or heal the relationship, both partners need to move towards all "Yes" answers. The therapist's goal is to facilitate partners increased confidence in oneself and his/her partner's capacity and will to grow and change, finding it worthwhile to change, and that both have the courage and energy to change. If or when Jeanine and Frances for example, have sixteen definitive "Yes" answers, the relationship becomes fundamentally different and therapy has a different process. This confidence may exist prior to therapy, develop during therapy... or never happen. Entering therapy, Jeannie was not confident that she or Frances could change. They shared doubt whether it was worth it and if they had what it would take emotionally to work through all their issues. "Maybes."

Couple therapy frequently focuses on both partners developing the skills- often communication skills to improve intimacy and cohesion. As that goes well, the relationship solidifies. However, if partners have significant difficulty actualizing therapeutic guidance into cohesive mutually nurturing behavior, the underlying issues of having the will to grow and change, feeling the relationship is worth the effort, and having the courage and energy to go through difficult intrapersonal and interpersonal processes arise to the forefront of therapy. Frustration making changes can reveal deeper issues compromising an individual's will and sense of worth and courage to deal with the relationship process. The focus of therapy should shift to major trauma, rigid cultural or family-of-origin models, abuse, and other powerful, as partners are able or unable to follow through on relationship guidance.

Without turning each "Maybe" into "Yes," they will be hard pressed to move in any direction without anxiety. They might separate with doubt lingering indefinitely for both. Staying together without clarity, they would lack confidence the relationship will ever be fulfilling. With sixteen confident affirmative answers, however partners tangibly relax. A secure foundation for therapy and the couple's process would have been established- probably due to deeper issues having been resolved. A "mistake" or injury- rather than precipitating a crisis of relationship viability or triggering the here-to-for unaddressed deeper issues, instead identifies an area to work on. With sixteen "Yes" answers, there is still healing, work, and problem-solving. However, joint confidence affirms their capacity and commitment to work through their issues without the relationship perpetually at risk. Therapy is also fundamentally different as it is when couples who come to therapy already securely at this point, but with some need to work out some issues.

**MAYBE, MAYBE... YES OR NO?**

"Maybe" answers convey the doubt brought into therapy. Also, one may give "Yes" answers despite having doubts- possibly be "Maybe" answers or even "No" answers. Such a partner



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deceives the other partner, therapist, and/or him/herself for any number of reasons. Jeanine for example, was trying to be the good guy/gal and be positive. Others may be in denial, holding secrets (including affairs and plans to leave), and so forth. The therapist may observe incongruous affect, non-verbal cues, and/or communication and behaviors and be cynical of verbalizations not otherwise affirmed by behavior. Ivey & Matthews (1984, page 239) remind the therapist to process any unintended nonverbal or verbal discrepancies in therapy. Someone may hide confusion, upset, or anger from his/or her partner's or therapist's words, inaction, or behavior. Therapist attunement to client experiences comes from empathic connection and rapport critical to everything in therapy. The therapist should consider intentional or unintentional deception since it often provides extremely relevant diagnostic information-frequently deeper issues about individuals and their dynamics.

The therapist may intuit a "No" answer before the partners. Or, one partner recognizes a "No" before the other does. In either situation, the therapy determines if the "No" is reactive, genuine, or a manipulation of the process or partner. "I'm done," or "I cannot do this anymore" may sound definitive, but be impulsive rhetoric or controlling manipulation and intimidation. Threats are damaging and clearly dysfunctional. The partner may justify it or say "I don't really mean that." Therapy can reveal if partners can address such problematic communication (including deeper psychodynamic origins) and respect boundaries for productive handling of emotional reactivity. Any definitive "No" however means a mutually intimate relationship ends or continues to deteriorate. The relationship may continue as a business arrangement, painfully dysfunctional, oppressively, or otherwise emotionally disconnected. Therapy may proceed to help them formulate boundaries and mechanisms for such emotionally barren and non-mutual relationships.

**CHANGE OK... POSSIBLE? YES, NO, MAYBE**

A "Maybe" might be from anxiety about quickly making substantial change. Relatively small changes may be more realistic for some couples. Joseph was raised traditionally with a working father and a stay-at-home mom. Joseph was expected to do well in school and sports, go to college, and become a professional, while his sisters were expected to be domestic and marry a college prospect. Joseph's first wife fit expectations well, but died from cancer in her thirties. After ten years a widower, Joseph found Lisa who was raised with progressive egalitarian values. Her parents did not model rigidly defined gender-based roles. Despite differences, Joseph and Lisa were mutually attracted and eventually married. Over time however Joseph's anachronistic habits stopped being cute. Joseph had "traditional" habits modeled by his father, deferred to by his first wife, and virtually calcified as over ten years as a bachelor widower. Both had doubts he could change- "Maybe." Fortunately, his habits were not obstinacy but an "old dog" having trouble learning new tricks. Joseph did care, but to no one's surprise found quick major change difficult for him. Therapy negotiated Joseph making smaller changes. Joseph not always doing it "right" was acceptable for Lisa when she saw that he was doing it "better." Mutual hope deepened as Lisa could tell he was trying. "Maybe" became "Yes."

Apprehension over unidentified symbolic meaning lead to noncommittal "Maybe" answers. Questions interpreted as demanding willingness to change becomes intimidating which results in disingenuous responses. However potentially beneficial, change may be a difficult psycho-



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emotional and/or cross-cultural demand. In some cultures, families-of-origin, or societies, change is considered desirable and inevitable. For others, change is begrudgingly acceptable or threatening. Change had gender symbolism for Joseph without significantly threatening a core ego vulnerability. Worthwhile change meant getting along better with Lisa versus as might for someone else, destruction of emotional, psychic, and intellectual organizational foundations. Individuals from more democratic societies or functional families are more tolerant of change. However, individuals from dysfunctional families or totalitarian/feudal societies might find change intolerable or dangerous with draconian consequences: rejection or abuse.

### **"NO" MEANS THE RELATIONSHIP IS DONE**

Brutal as it sounds, at any time fifteen "Yes" answers but one "No" would mean the relationship is terminal. As mentioned earlier, someone might be evasive or lie about having one or more definitive "No" answers. During therapy, the other partner can eventually come to recognize the deception. This results in his/her realization that inevitably it is now "No" for relationship viability. Done for one, and thus done for both. With at least one "No" answers confirmed as genuine or a "Maybe" answer revealed as "No," all other "Yes" answers cannot mitigate their final demise. One unwilling or unable partner ends the relationship as a committed couple.

**ME- nope:** Once an individual has more or less given up (perhaps, from frustrating therapy), then he/she doesn't care what the other partner wants or believes. How adamantly positive the second partner is has become irrelevant. The individual is done regardless of continued efforts by the second partner.

**YOU- nope:** Or, if the individual realizes that the other partner has essentially given up (perhaps, from observation in therapy), he/she must accept that personal continued effort is pointless. No effort can make the other partner re-invest in the relationship.

**NO- not have capacity:** Within himself, George felt he could grow and change as needed to rebuild the relationship. Therapy revealed that Hal was too limited for a variety of reasons: developmentally, intellectually, spiritually, etc. George realized he could not make Hal be what he wanted and needed.

**NO- not have will:** Julie had compassion for her partner Chappell's traumatic childhood, knowing that it affected their relationship. Julie tried to work with her in therapy, but Chappell became triggered and aggressively defensive. Julie eventually accepted Chappell was too emotionally fragile to address issues required for intimacy. Chappell could not find the will.

**NO- not have courage:** Delton knew that his childhood sexual molestation by his great-uncle affected his ability to trust Lee. His family didn't believe him and scolded him for making trouble. Intimacy was hard- not just sexually. Lee understood how hard intimacy was for Delton and tried to be supportive, but also had a hard time being held at arm's length. Knowing he needed to deal with the trauma, Delton however could not find the courage to confront that pain despite Lee's support. Lee was sadly unsurprised that ultimately Delton broke it off- his pattern with relationship after relationship.



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**NO- not worth it:** Jeanine began to understand Frances: family-of-origin issues, her defense mechanisms, frailty, and injuries. Divorce felt like betrayal for Frances after the long battle for marriage equality. She believed in marriage although this marriage was not working for them. However, her commitment seemed marginal at best. Jeanine felt Francis had not been trying for a long time. Frances' commitment however was contradicted by passive-aggressive behavior: forgetting to call, silence, flat responses, and so forth. Months of therapeutic guidance working on productive communication and behaviors produced minimal benefit. Most frustrating for Jeanine was seeing Francis exhibit her capacity, skills, and investment in other relationships: friends and colleagues.

Jeanine realized her efforts at growth were not matched by Frances. Despite perfunctory effort, Frances verbally continued the mythology of trying (perhaps, not to be the "bad guy" who ended the marriage). Jeanine saw Frances lack of investment, finally deciding "No," she did not think sustaining an unfulfilling marriage was worth it; and "No," she did not believe Frances had the ability to grow or change. Although, Jeanine initially had all "Yes" answers for herself, none of them mattered once she definitively saw through Frances' denial. Jeanine's efforts... as well as otherwise skillful therapeutic processes are ultimately frustrated if one or both partners is disingenuous. Therapy unsuccessful in keeping the partners together, was successful in identifying both the requirements and the prognosis for needed relationship change. From clarity gained through working through the four issues expressed in the sixteen questions, Jeanine made her decision reluctantly, but with confidence. And Frances could accept that for at least two of the four key issues for continued relationship efforts, Jeanine had "No" decisive answers. She accepted that since Jeanine was done, she was done too. Separation became inevitably logical- with sadness and regret, but with lessened doubt and anxiety.

### **THERAPIST ACTIVITY**

These specific questions serve more directive therapy. The couple enters therapy largely often because intrapersonal and/or interpersonal mechanisms and dynamics are out of control, dysfunctional, and hurtful. The therapist has a range of non-directive or less assertive styles appropriate for individual therapy (self-actualizing, introspective exploratory, or individuation work for example), that may be insufficient for disrupted couples. Becker & Rosenfeld (1976) found that Albert Ellis- renowned therapist and theorist assertively practiced therapy. Ellis believed the therapist's role and expertise is to identify problematic client beliefs that cause the client to make poor life decisions (page 875). His competent and knowledgeable logical presentation- an authoritative voice come from his expert status and credibility.

A beneficial authoritative tone can support therapeutic efficiency and effectiveness. The therapist explicitly articulates for partners four often implicit basic issues: capacity, will, worth, and courage as the goals of therapy AND asserts them as the requirements for relationship growth. This advances the process of therapy significantly even when partners are initially unable to answer or honestly answer the sixteen questions. Authoritatively presenting these four issues enhances their being addressed sooner or later. Presenting these concepts immediately also serves couples seeking reassurance, feedback, and direction from the therapist's competence and knowledge about the couple's issues and problems. Therapist-client rapport, therapist credibility, client confidence, goal-setting, assessment, and guidance for therapeutic strategy AND



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relationship growth can coalesce using the questions and strategy of this "cynical" tool based on the therapist doubting the veracity of client assertions!

Therapists may find the principles (as summarized below) informative for effective and efficient therapy regardless if they use the questions as described.

#### **BASIC PRINCIPLES:**

- **Individual client capacity to grow and change determines individual, couple, or family change and success.**
- **Each partner in a couple has to be affirmatively capable in four areas for therapy and the couple to be successful.**
- **Each partner in a couple has to see his or her partner as affirmatively capable in four areas for therapy and the couple to be successful.**
- **Therapy is often about finding or developing greater certainty around ambiguous areas.**
- **When ambiguous stances are addressed, underlying symbolism and issues around change often are uncovered.**
- **When one partner becomes negatively definite about one area, the relationship is done.**

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## **Biography**

Ronald Mah, therapist and educator, combines concepts, principles, and philosophy with practical techniques and guidelines for effective and productive results. He uses humor and stories from his many experiences to illustrate important points in a stimulating and highly motivating and engaging style.

A Licensed Marriage & Family Therapist, his experiences include: Asian-American community mental health, Severely Emotionally Disturbed mental health & school partnership programs, vocational programs for at risk youth, welfare to work programs, clinical consulting & cross and multi-cultural training for Head Start, other early childhood education programs, social services organizations, & mental health agencies, supervising a high school mental health clinic, training and supervising therapists, private practice in Castro Valley, author of the Asian Pacific Islander Parent Education Support curriculum.

Professional Education experiences include: 16 years in ECE, including owning and running a child development center for 11 years, Kindergarten, elementary, & secondary teaching credentials and experience, ethnic studies curriculum writer, community college instructor, Masters of Psychology instructor, and former member Board of Directors of the California Kindergarten Association and of the California Association of Marriage & Family Therapists.