AAMFT launched the Minority Fellowship Program to support the training of practitioners, clinicians, scholars and researchers to make a lasting impact in culturally competent mental health and substance abuse services, treatment and prevention. Through the MFP, doctoral and masters level students from around the country receive leadership development and professional guidance with the aim of deepening their skills sets and knowledge base, in order to help Fellows address the pressing mental health and substance abuse treatment needs of youth, underserved and ethnic minority populations.
Since the time when I began the masters program in MFT at Fuller Theological Seminary, my heart was set on serving Asian American immigrant populations and the first and second generation families of these communities. This interest grew from my own experiences growing up in a predominantly East Asian American community and church and seeing the relational grief and loss that families encountered as a result of immigration and the cultural disconnect between generations. For example, many first generation parents feel like they are losing their children to American culture. They have lost and sacrificed much to leave their home countries and live as minority in a new land so they hope to hold on to that which is safe and familiar: their own cultural values and heritage. When the second generation rejects their parents’ more Asian cultural way of parenting, much hurt and pain results on both sides. Through my doctoral education at Loma Linda University and the two meaningful years I spent as an AAMFT Minority Fellow (Award Years: 2011, 2012), I developed a more contextual understanding of immigrant and minority experiences, seeing that individual and family experiences are directly connected to the larger systems of influence around them (Almeida, Parker, & Dolan-Del Vecchio, 2007). I have a deeper level of empathy for these family members who have left their home country to pursue their hopes and aspirations in America, oftentimes only to encounter intergenerational conflict, marginalizing covert racism, and little culturally sensitive support as to how to find restoration (Benner & Kim, 2009; Chen, 2006; Chung, 2001; Rhee, Chang, & Rhee, 2003). There are 11.9 million Asian immigrants, which is 29 percent of all immigrants in the United States (U.S. Census Bureau, 2012), and there is much more to do to better care for their families.

The purpose of my dissertation, The Lived Experience of Chinese American Christians in Family Life (ChenFeng, 2014), was to deepen understanding of the intersection of Chinese American culture and Christian faith in Chinese American Christian families through interviewing the first and second generation family members and the pastors who care for them. Through publishing the results, I hope to increase awareness on how to inform family therapists of the cultural, generational, communal, and spiritual ways to pursue health and wellness for such communities. While working on my PhD, I had the opportunity to travel to cities in China (Shanghai, Beijing, and Nanjing) to facilitate workshops for clinicians and community members interested in parent/child relationships (Chen, 2012a) and in working with
In America, an Asian American is visibly a minority and seen as the “forever foreigner”

Native Hawaiian, etc.) nor is there the system of privilege connected to race. Rather, some attendees at the workshop in Shanghai shared that people in uniform (military, officers), beautiful looking people (fair-skinned with Western features), and those who appear as though they are from a higher social class tend to hold power in Chinese society. However, everyone has a Chinese appearance and for the most part shares the same cultural heritage and history. This is drastically different from the Asian American experience; in America, an Asian American is visibly a minority and seen as the “forever foreigner” (Tuan, 1999). Even though they may be a fourth or fifth generation Asian American, it is not uncommon for many Asian Americans to be asked “Where are you from?” or told “Your English is really good.” These examples hardly touch on the systemic challenges of Asian immigrant families but living day-to-day with small and large-scale minority experiences significantly impacts these families and their wellness.

I continue to maintain personal and professional connections to Chinese and Taiwanese international clinical and teaching opportunities, but for this season, my heart is most deeply impacted by the work I continue to do with Asian American, immigrant and minority populations here in the United States.

I have recently begun a tenure-track assistant professor position in the Marriage and Family Therapy program at California State University, Northridge (CSUN) and maintain connections to systems of privilege and oppression and the ways race, gender, sexuality, immigration status, religion, and other social identifiers have been constructed to lead to disconnect and hurt. As family systems therapists we understand the intergenerational impact of health and wellness and so I value the work with first and second generation immigrant communities because I hold on to the hope that our shared future is one of greater embrace in the midst of growing difference.

References
Chen, J. (September, 2012b). Working with the marginalized. Workshop presented at Compassion for Migrant Children, Shanghai, China.
Expanding and Advancing

Expansion allowed the MFP in 2014 to include masters level students as part of the Now Is The Time: Minority Fellowship Program-Youth (NITT-MFP-Y). This new Fellowship program will offer significant financial and professional development support to Master’s level MFT students who are interested in providing behavioral health services to racial and ethnic minority children, adolescence, youth, and individuals in transition to adulthood (16-25). To learn more on how you can benefit from the many opportunities available through the master’s fellowship (NITT-MFP-Y) please visit the MFP homepage (www.aamft.org/mfp) or contact us.

This continued growth will enable talented, culturally competent master’s and doctoral-level students to continue research in the areas of substance abuse, mental health, cultural issues, high-risk youth/youth development, gender issues, and couple therapy. The diversity in ethnicity, gender, research/service areas, academic settings and geographic locations among MFP Fellows provides opportunities for peer learning, network building and research/service skill development.

Through cutting edge training, mentoring and networking opportunities with leaders in the behavioral health field from around the country, Fellows share a common vision of and demonstrated commitment to advancing youth, underserved and ethnic minority populations.

Clinicians, researchers, mental health professional, master’s and doctoral level students, and members of the public can participate in one or more of the following areas in the MFP:

- Dissertation Completion Fellowship
- Doctoral Fellowship
- NITT-MFP-Youth Fellowship
- MFP Winter Training Institute Presenter
- MFP Mentorship Program
- MFP Advisory Committee

MFP hosts monthly webinars in the fall for the public to learn more about the MFP program and its various network building and research/service skill development opportunities. To learn more you can contact the Minority Fellowship Staff at mfp@aamft.org or visit the website at www.aamft.org/mfp.

**MFP 2014-2015 FELLOW ETHNICITY**

- Not of Hispanic, Latino or Spanish origin (80%)
- Argentine (4%)
- Colombian (4%)
- Mexican, Mexican-American, Chico (4%)
- Puerto Rican (8%)

**MFP 2014-2015 FELLOW RACE**

- Asian/Asian American (8%)
- Black/African American (40%)
- Two or more races (12%)
- White/Caucasian (40%)

**TOP 10 FELLOW REPORTED AREAS OF INTEREST**

1. Substance Abuse/Addiction/Chemical Dependency Treatment and/or Prevention
2. High Risk Youth/Youth Development
3. Cultural Issues
4. Couple Therapy
5. Mental Health Service/System Utilization/Mental Health Service Assessment/Data Improvement
6. Trauma/ Historical Trauma/Post Traumatic Stress Disorder (PTSD)
7. Domestic/Partner Violence
8. Parenting of Children and Adolescents
9. Resilience and Protective Factors in Mental Health
10. Gender Issues

**MFP FELLOW GENDER**

- Male: 18
- Female: 71

MARCH/APRIL 2015 11