

## THE LEGACY OF GUILLERMO BERNAL IN SAN FRANCISCO (1978-1985)

### EL LEGADO DE GUILLERMO BERNAL EN SAN FRANCISCO (1978-1985)

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A fellow faculty member's perspective (RFM)

Guillermo Bernal began his career as a professor of psychology at the University of California, San Francisco (UCSF) in 1978. He was based at the Department of Psychiatry at San Francisco General Hospital (SFGH), the safety-net hospital for the people of San Francisco. Located in the Mission District, the Latino barrio, the hospital served those most in need, including many Spanish-speaking residents of the city. The UCSF Department of Psychiatry at SFGH had begun operations in July of 1977, and it included an inpatient service, a psychiatric emergency service, and a training program for psychiatry residents. Because all the faculty were new, and many of us just out of training, the department was open for innovation.

I had arrived at SFGH in September of 1977, six days after finishing my Ph.D. My faculty position was temporary, waiting for an official search. As it turned out, Guillermo had applied for the position I held at the time. Nevertheless, when he came for his job interviews, he and I immediately hit it off. We were both the same age, both had immigrated

from Latin America at a young age, he from Cuba and I from Perú, both had chosen clinical psychology as our profession, and both had a strong commitment to clinical research, teaching, and service focused on Spanish-speaking communities. I invited him to my place for dinner after his job interviews, and we stayed talking late into the night. Luckily, the department chief arranged for both of us to be hired, which led to a productive collaboration and life-long friendship.

Guillermo and I advocated for the creation of a series of task forces within the department whose mission was to advocate for services, research, and training focused on underserved communities. I became the chair of the Ethnic/Minorities Issues Committee (EMIC) and he the chair of the Latino Task Force. In collaboration with colleagues from the other task forces, the department eventually established specialized inpatient treatment teams such as the Latino Focus Team, the Black Focus Team, the Asian and Pacific Islander Focus Team, the Gay-Lesbian Focus Team and the Women's Focus Team. Within a few years, we attracted more faculty from each of these groups and became

a leading center for training professionals dedicated to serving these populations. Soon, our department became one of the most diverse at the University of California, San Francisco.

Guillermo and I also contributed to the creation of a two-year training program consisting of a predoctoral internship and postdoctoral fellowship. Called the UCSF Clinical Psychology Training Program (Muñoz et al. 2015), it provided several tracks including the Public Service and Minority Cluster at SFGH, which attracted clinical psychology doctoral students dedicated to serving these populations and to launching an academic career. The program is still active at UCSF, as one of Guillermo's legacies.

Guillermo collaborated in several research projects with other faculty at UCSF. He was part of the team that carried out the first randomized controlled trial intended to test whether major depressive episodes could be prevented (Muñoz et al., 1995). And his work with James Sorensen in using Intergenerational Family Therapy in the treatment of people with substance abuse yielded several articles and a book (Sorensen & Bernal, 1987). Yvette G. Flores worked closely with Guillermo in his research program and will address that aspect of his contributions while at UCSF/SFGH.

While at SFGH, Guillermo also collaborated on mental health initiatives and groups outside the Department of Psychiatry, including the Bicultural Association of Spanish Speaking Therapists and Advocates (BASSTA), serving as coordinator of its Steering Committee for several years.

#### A Mentee's Perspective (YGF)

It was in late summer 1978 when I had the good fortune to meet Guillermo Bernal. I was beginning my pre-doctoral internship rotations under the supervision of Dr. Ricardo Muñoz at San Francisco General Hospital. I was walking down a hallway and heard a male voice with a Caribbean accent that made me stop, and I timidly opened a door and inter-

rupted his presentation. Very embarrassed, I then introduced myself sometime later. "¿Chica, no te preocupes, quien eres tú?" he answered. One cannot speak of his academic work, his dedication to the profession, and to the training of health professionals without mentioning Guillermo's human qualities, his sense of humor, his smile and laughter, his strong presence with his cup of coffee, the warmth with which he shared his extensive knowledge.

Our personal stories of early migration were a magnet for me. When he offered to train me in intergenerational contextual family therapy (Iván Boszormenyi-Nagy & James Spark, 1965, 1985), we began a collaboration that changed my destiny. From the beginning, when giving seminars to other young psychologists like me and to medical students, interns, social workers, etc., Guillermo always contextualized the patients seen at the hospital. Many of them were migrants who had escaped conflicts and civil wars in Central and South America. It was essential, Guillermo told us, to understand all the factors that drive migration and the psychological responses to that migratory trauma. Through BASSTA conferences and lectures at the hospital and in the community, Guillermo invited and sometimes pushed us to consider the cultural adaptations that needed to be promoted and created when serving racially and ethnically diverse populations. His message was clear and precise: we must respect the culture, gender, race, and social class of the patient. In his family therapy class, we created our genogram, and he modeled the process with his own story, helping us confront those skeletons in the closet we all carry—our legacies of racism, trauma, and hopelessness—and find the strength in our families, which helps us move forward. Our first publications emerged from these workshops, conversations, and exchanges.

In collaboration with Dr. James Sorensen, director of substance abuse programs at SFGH, Guillermo developed an RO-1 proposal for the National Institute of Drug Abuse to evaluate two interventions, brief

intergenerational contextual family therapy and didactic classes that addressed the same themes: the historical realities of the patient and family, the patient's psychology, the family system, and the intergenerational legacies of addiction. We formed two teams, a clinical and a research team, following rigorous methods. Patients were recruited from the methadone maintenance program and randomly assigned to therapy or classes. Dr. Ana Isabel Álvarez led the classes, and Dr. Carmenza Rodríguez was the therapist. I assisted Guillermo in supervising the research team, from recruitment to assessment of participants at baseline, at the conclusion of the intervention, and 6 months after the end of treatment or classes. For those assigned to classes, ten free sessions of therapy were offered at the end of their program participation. I led those therapy sessions.

Subsequently, Guillermo included me as a co-investigator in the grant, thus facilitating my future career as a researcher. This project not only made a significant contribution to the literature on addiction treatment based on brief therapy and psychoeducational interventions, but also shed light on the social and cultural factors that contribute to the development of addictive behaviors in African American, Latino, and Anglo-Saxon families. The project also supported the several doctoral dissertations and master's thesis. Numerous publications emerged from this project.

In 1985, Guillermo left for Puerto Rico. Despite how difficult his absence was for the research team and his students; Guillermo's departure also demonstrated the importance of prioritizing family. His departure left me in charge of the project until its conclusion. In this way, he also prepared me to begin my own academic career, conducting research with cultural humility and heart. Guillermo guided, encouraged, and supported the training of many health professionals during his time in San Francisco. We are his living legacy.

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