

# THE *Family Psychologist*

Spring, 2002

Celebrating the Diversity of All Couples and Families

Volume 18, No. 2

## FAMILY PSYCHOLOGY AN OFFICIAL SPECIALTY

### From the President

*Nadine J. Kaslow, Ph.D., ABPP*

*Family Psychology Is Now Officially a Specialty Area within Psychology.* This is a momentous happening for us as family psychologists. Over the past few months our petition was approved by APA's Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPP) and endorsed by the Council of Representatives. Our specialty application was the work of many members of the Division, and we owe our appreciation to all of those who helped craft the application and support the petition through the approval process. Particular kudos and gratitude, however, go to Roberta Nutt, Ph.D., the prime author of the Family Psychology specialty application for her tireless dedication and perseverance. The approval of this application opens doors for the accreditation of postdoctoral training



*Nadine J. Kaslow, Ph.D.,  
ABPP*

programs in family psychology. However, at the present time, the Committee on Accreditation does not accredit specialty programs at the doctoral level. It is my hope that over the next year we will engage in dialogue regarding the complex issues related to the accreditation of doctoral level programs in family psychology.

In keeping with the possibility of the accreditation opportunities for family psychology training programs, and as I noted in my prior Chair's Column, one of my major missions for this year is to focus our attention on education and training in family psychology. This emphasis is important to me and to our profession, regardless of whether we are speaking of entire

training programs in family psychology or talking about training in family psychology within our more broad-based doctoral, internship, and postdoctoral programs. To ensure that more energy is concentrated on this topic within our Division, I have appointed a workgroup on Family Psychology Education and Training that is co-chaired by William Watson, Ph.D. and Pieter LeRoux, Ph.D. In addition, we have organized a symposium on this topic for the upcoming

APA annual convention. I hope that many of you will join us for that symposium.

Family psychology training at the doctoral level can take many forms. I

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**Check out the Preliminary  
Convention Program**

(See p. 19)

**Family psychology training at the doctoral level can take many forms.**

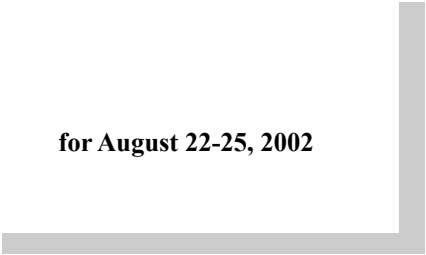
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**2002 Board of Directors**

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believe that it is imperative for graduate students to have courses in systems theory, couples/family assessment and diagnosis, and couples/family intervention techniques. Courses on such topics as development, diversity, ethics, and research design are best served if they include an emphasis on the family or considerations regarding how working with couples and families differs from working with individuals. It is optimal for students to have access to family psychology researchers, so that they can learn about both quantitative and qualitative family assessment methodologies, statistical considerations associated with family research, and empirically-supported family interventions. Live-supervision groups offer an effective model for clinical training in couples and family interventions. And of course, students relish the opportunity to observe their faculty conduct interventions in front of the one-way mirror.

Let me now turn our attention to training in family psychology at the internship and postdoctoral level, as this is an arena in which I have considerably more experience and expertise. When I interview intern and postdoctoral residency applicants, I have

been struck by how frequently I have heard such comments as, "I applied here because of your emphasis on couples/family psychology," "Why don't more programs offer training in couples/family therapy?," "Can I do a family psychology elective on my internship?," and "Can I specialize in family psychology during my postdoctoral residency?" etc. These questions highlight the fact that from the perspective of prospective trainees, it often is challenging to acquire the training in couples and family psychology desired. To encourage more internship and postdoctoral training in family psychology, I want to share some of the training experiences that we offer at our site (Emory University School of Medicine Department of Psychiatry and Behavioral Sciences).

At our site, we have a number of family psychologists on the faculty, and thus interns and postdoctoral residents have access to multiple and diverse opportunities to treat families and couples and to conduct family psychology research. For students with a particular interest in this work, more extensive didactic, direct service, and re-

search opportunities are available. All of our students participate in the following activities: Family Evaluation Clinic led by Marianne Celano, Ph.D.; family and couples assessment and treatment of adults in both inpatient and outpatient settings, under my supervision; and family assessment and treatment of children with psychiatric and medical problems, under the guidance of Pamela Bachanas, Ph.D., Marianne Celano, Ph.D., Marietta Collins, Ph.D., Jeana Griffith, Ph.D., and myself. In addition, those students who choose to concentrate on

family psychology endeavors have participated in didactic seminars, and engaged in such activities as clinical-research on family assessment and therapy, medical family therapy, psychoeducation for families of mentally ill loved ones, and couples group therapy.

Let me highlight some of the training opportunities most valued by our students. The Family Evaluation Clinic is a three-year assessment for large, multi-problem, and complex families. During this evaluation, all family members are seen together. They also are seen separately for assessment by a trainee-therapist or the faculty family psychologist supervisor. Then a conference is held between all of the treators led by the faculty psychologist during which time a case formulation and disposition is determined. This is followed by a direct discussion with the family about the conceptualization and treatment recommendations. Often, these families are referred for ongoing treatment by a psychology intern or postdoctoral resident, typically in a co-therapy format.

The live supervision seminar meets weekly and includes psychology interns and postdoctoral fellows, general psychiatry and child psychiatry residents, family practice residents, and social workers. In co-therapy teams, typically with two therapists from

**"Why don't more programs offer training in family psychology?"**

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different disciplines, four cases are followed behind a one-way mirror with ongoing consultation. In addition, I see a couple or family in front of the mirror. This offers the trainees the opportunity to observe a more experienced family psychologist. Typically, I work with a couple or family already in my caseload, so that the students are able to witness the mid and latter phases of the treatment process.

The inpatient and outpatient couples and family therapy with both child and adult index persons usually is conducted in a co-therapy format with a supervisor and a trainee. The use of co-therapy increases the trainee's comfort with the work, allows them to have the benefit of directly learning from a more seasoned family psychologist, and enhances the success of the intervention. Typically at the beginning of the co-therapy relationship, the supervisor is more dominant and active. However, over the course of the work, the relationship becomes more collegial.

Another very popular feature of our training programs is the possibility of participating in one of the ongoing family psychology research teams. This enables interns and postdoctoral fellows to conduct structured family interaction tasks that are videotaped, observe the videotapes, and develop skills in various family assessment coding schemas. Other research teams focus on the development of family intervention manuals for various child and adult problems, and the implementation and evaluation of culturally competent and developmentally informed manualized family interventions. In addition, participation in these teams offers trainees the chance to develop and/or refine their skills in the analysis of complex systemic data. We actively encourage our trainees to engage in the process of manuscript preparation and sub-

mission to leading family psychology and family therapy journals.

It is my hope that this column will spark interest in my colleagues in enlivening the family psychology training experiences they offer their graduate students, interns, and postdoctoral residents. I also want to encourage more of you to join the family psychology education and training workgroup. If interested, please contact me directly ([nkaslow@emory.edu](mailto:nkaslow@emory.edu)). Further, please send Victor Loos, Ph.D., articles regarding the training methods that you use at your site for publication in future editions of *The Family Psychologist* ([vloos@bayoupublishing.com](mailto:vloos@bayoupublishing.com)). Finally, Terry Soo-Hoo, Ph.D. has put together a wonderful program for the division for the annual convention, and Marianne Celano, Ph.D. and Marietta Collins, Ph.D. have organized a tremendous set of activities for our Hospitality Suite. I look forward to seeing many of you at those activities in Chicago. ♦

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**I want to encourage more of you to join the family psychology education and training workgroup.**

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## Position Opening

Seeking a family psychologist with a PhD that may be interested in making a move, or would be willing to be retained or willing to contract their services to a very solid consulting firm on a regular and ongoing basis. Would prefer someone with at least 5 years experience. Contact: Todd M Griffin  
P.O. Box 118  
Natchitoches, LA 71457  
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318-354-1765 Fax  
<[mailto:todd@griffinland.com](mailto:mailto:todd@griffinland.com)>

## Dear Colleague:

I am writing to encourage you to register now for the 2002 APA Convention in Chicago. This will not be the same old APA meeting. Among the many improvements new this year are a more compact four-day schedule, (August 22-25), streamlined programming, and a central program location. No more rushing between hotels - all of this year's programming will take place under one roof!

The opening session will feature author and oral historian Studs Terkel and the closing session (also a new feature) the Second City Players. Programming highlights include plenary sessions on the Psychology of Terrorism, New Models of Healthcare Delivery after 9/11, Health, Emotions and Spirituality, and a debate on empirically-supported treatment techniques.

Also new this year is our CE - Your Way program. You choose the CE option that fits your needs and your schedule. Options will include half-and full-day seminars, general convention sessions and distinguished speaker programs - all for CE credit. For more information about CE at convention go to: <http://www.apa.org/ce/>

The March issue of *Monitor on Psychology* includes convention registration materials and information beginning on page 68. Or, to register on-line go to: <http://www.apa.org/convention/>

Register now, early registration discounts are in effect. I am working hard to make this convention our best ever. Hope to see you in Chicago!

—Phil Zimbardo  
APA President

## Council Representatives' Report for February 2002 Meeting

*James H. Bray, Ph.D. &  
Florence Kaslow, Ph.D.*

The APA Council of Representatives met in Washington DC February 15-17, 2002 for the first meeting of the year. The BIGGEST and BEST news from the Council was that Family Psychology was officially designated as a specialty by APA. Five former Division 43 presidents (James Bray, Alan Entin, Gloria Gottsegen, Florence Kaslow, Ron Levant) were present to vote for the recognition and our president-elect, Scotty Hargrove was there to cheer us on!!! The Division owes a special debt of gratitude to Roberta Nutt, former president, who wrote and re-wrote our application for specialty recognition. Many other division members have worked long and hard on this and we greatly appreciate. We will need a big celebration at our annual convention in Chicago in August.

The Council approved funds for a working group meeting to revise the proposed guidelines on cross cultural education and training, research, organizational change and practice for Psychologists. This document was endorsed, in principle, by the Division's Board of Directors. There were a number of concerns raised about the document at the Consolidated Boards and Committee meetings and this is an effort to address the concerns so that it will be more likely to be approved by the Council. The revision will probably come back to Council in 2003.

The Council adopted a resolution stating that age is an important element of diversity and calls upon the Association to reject age based discrimination and to work to stop ageism in society. This resolution supports the idea that psychologists should not discriminate against people based on their age.

The Council heard an update on the Ethics Code Revision, update on Draft 6. The Ethics Code Revision Taskforce is still open to input from members. Member may view the draft version and make comments by logging onto the APA Web page: [www.apa.org](http://www.apa.org).

Other action by the Council include: approval of Division 55, the American Society for the Advancement of Pharmacotherapy as a permanent APA Division; received a report from the APA Working Group on Children's Mental Health for review; support for a working group on developing suggested learning outcomes for the undergraduate psychology major; funded a task force on psychological testing on the internet; funded a task force on end-of-life issues for children and adolescent; and funded production costs for a book on women of color leader psychologists.

Now for the not so good news. The Council approved a deficit budget of \$1.5 million. This is largely due to the aftermath of the September 11 disaster and resulting decrease in income and losses in the stock market. However, APA's membership is also leveling off and our income from publishing enterprises are down. Our CFO, Jack McKay, believes that we will be able to handle this because the APA is a strong and dynamic organization. However, unless the economy and stock market improve, APA will have to do some budget tightening and implement some cut-backs. I have great confidence in Mr. McKay to help us through these tough times.

The Council spent Sunday morning discussing new initiatives and roles for the Council. In addition, there was considerable discussion about the selection of the new CEO for APA. An executive search

firm has been hired to find a replacement for Dr. Ray Fowler, who wishes to retire at the end of 2002. Please contact us (James — [jbray@bcm.tmc.edu](mailto:jbray@bcm.tmc.edu); Florrie — [kaslowfs@WORLDNET.ATT.NET](mailto:kaslowfs@WORLDNET.ATT.NET)) if you would like further information. ❖

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### Nominations Sought for Student Research Award

Division 43 invites the nomination of doctoral students who have conducted quantitative or qualitative research consistent with the field of Family Psychology from members of the division. The nomination must include a letter of evaluation of the research by the member of Division 43 and nominees must submit a 500-word abstract and three copies of the research manuscript. The award recipient will receive a certificate of recognition, a small cash award, and acceptance of the paper for presentation at a Division 43 event at APA in August, 2002. This is an excellent opportunity to encourage professional development in doctoral students — we encourage you to submit a nomination.

Nominations, questions or requests for further details should be addressed to :

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## Family Psychology and the New "Relational Diagnoses" of DSM-V

*There are many exciting developments in the area of relationship research that deserve our attention and that have important implications for Family Psychologists. One of the most fundamental issues, however, is whether or not relational disorders should be recognized as distinct diagnostic categories within the next version of the Diagnostic and Statistical Manual (DSM-V). The process of creating new categories and diagnoses for the next iteration of the Diagnostic Manual, a book that is foreordained to be a mega-best seller, has already begun.*

As every psychologist knows, the DSM influences the practice of psychology and research in psychology in myriad ways. Of course it influences, and often determines, the availability of third-party reimbursement for helping clients deal with particular problem areas. But, beyond that it influences the status associated with helping clients deal with problems in particular areas. It also influences the funding for research on particular types of problems. Indeed, it influences the extent to which clinician's are able to target a problem "for its own sake" or instead have to argue that the problem area is important because of its influence on other health or mental health outcomes. The DSM influences clinician and researcher alike, and does so by influencing available resources, esteem from fellow clinicians and researchers, and by altering the way clinicians conceptualize client problems.

One reaction to this universality of influence might be to try to marginalize the DSM or argue that it is flawed. Alternatively, and more commonly, the reaction of Family Psychologists has been to accommodate their activities to the reality imposed by the DSM-IV.

It should be acknowledged that family researchers have done a fairly good job of arguing for the importance of family relationships in mental and physical health. In this manner they have successfully accommodated to the absence of any Relational Diagnoses in DSM-IV. Family of origin characteristics have been shown to play a critical role in the expression of genetic risk for depression and family processes in adulthood appear to be critical in the precipitation of depressive episodes in many cases (Jones & Beach, in press). Likewise, marital satisfaction is associated with fewer medical symptoms and better overall self-reported health (Ren, 1997; Thomas, 1995). And, research has begun to identify links between family processes and specific illnesses. For example, Levenstein and colleagues (1995, 1999) reported an association between marital strain and increased prevalence of self-reported ulcers over an 8 to 9 year follow-up. Likewise, marital difficulties have been shown to adversely influence the course of a variety of diseases particularly in women (Kiecolt-Glaser & Newton, 2001).

For children's health a similar case can be made. Wickrama and colleagues (1997) showed that hostile and non-supportive parenting was associated with adolescent's reports of 12 common physical complaints, including headaches, sore throats, and muscle aches, over the next four years. Similarly, in his study of a representative sample of the Swedish population, Lundberg (1993) reported that children raised in families characterized by "serious dissention" reported a variety of self-reported illnesses (e.g., aches, pains, high blood pressure) 13-years later, even after controlling for psychological symptoms and mental illness. So, Family Psychologists have plenty of ammunition to use in arguing for their relevance to a system that does

not directly recognize the importance of Family Problems.

Perhaps even more critically, Family Psychologists have shown that marital and family interventions can be efficacious in the treatment of a range of mental health issues (see Baucom, Shoam, Mueser, Daiuto, & Stickle, 1998). So, Family Psychologists could feel secure in the knowledge that the role of family processes can be identified for many recognized mental and physical disorders, and that the list is likely to continue growing quickly over the next few years. We could be content, then, arguing that family treatments are important as adjuncts to other treatments or as necessary elements of primary and secondary prevention programs for recognized disorders. As the critical importance of family relationships is increasingly recognized, one might reason, reimbursement, recognition, and new conceptual systems surely must follow. Perhaps we do not need to worry about the DSM-V and attempts to support new diagnostic categories.

In view of the documented importance of various family relationships in mental and physical health, one may legitimately ask why we should worry about new categories. Our place is already secure. *Why should Family Psychologists work with Family Psychiatrists to change the DSM and include a relational diagnosis category in the DSM-V?* I suggest four reasons below, but there are many more that could be advanced. I believe the excitement of the times should encourage us to press forward rather than resting content with the status quo.

*First, it is time to underscore the fact that relational disorders are the primary reason that many clients seek services. From the standpoint of many clients, even*

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those with serious competing difficulties, family problems of various sorts are the focus of their concerns. To deny the importance of these common presenting problems is to invalidate the client's view of their own difficulties in many cases. Perhaps worse, a diagnostic system that indicates that these serious presenting problems are not "serious enough" to warrant a diagnosis of their own runs the risk of conveying to many Psychologists and Psychiatrists that they are not sufficiently serious to merit treatment.

*Second, family and marital problems are serious enough to warrant treatment and a diagnostic system that includes relational diagnoses is likely to enhance the process of providing effective treatment.* It is the cardinal sign of a disorder that it causes distress and persists in the absence of treatment. Because many types of family problems do not spontaneously remit in the absence of treatment, it is important to recognize that they are not merely stress-reactions but serious conditions in need of treatment. Indeed, many family problems persist even if other associated "diagnosable disorders" are successfully treated. These persistent family difficulties that cause so much distress for clients deserve attention. Moreover, to designate them as "disorders" merely acknowledges their stability and intractability in the absence of direct intervention.

*Third, marital and family problems can be treated successfully.* We have reason for great optimism with regard to the potential for intervention to be helpful to many suffering from marital and family related problems. A number of approaches have been shown to be efficacious in the treatment of marital problems (Baucom et al., 1998), and approaches to enhancing parenting skills and so improving child adjustment have proven to be similarly successful (e.g., Forehand et al., 1980; Sanders & McFarland, 2000). Efficacious interventions have the potential to break the vicious cycles that

maintain family problems and so end the cycle of disorder and dysfunction that can otherwise trap couples and families in fruitless rounds of distress and coercion. If we can help create a new, more relationship-friendly DSM-V by creating relational disorder diagnoses, we will stimulate efforts to further enhance family interventions and build upon current successes.

*Fourth, it is possible to identify the patterns and cycles that characterize particular types of dysfunctional family interaction.* By helping define relational disorder diagnoses, Family Psychologists will help bring into relief the underlying patterns that are the essence of relationship dysfunction. This will require careful synthesis of clinical observation and the empirical literature on marital and family interactions and will bring together clinicians and researchers. In the process, the attempt to define relational disorders will stimulate new research on marital and family interaction. The resulting growth in knowledge about dysfunctional family interaction will prove to be tremendous boon to the development of new innovative family interventions and will broaden the range of tools available to practicing Family Psychologists.

Even without a focus on increases in overall esteem for the contribution of Family Psychology and the likely gains in reimbursement for the clinical activities of Family Psychologists, there are many reasons to support the creation of new Relational Disorders within the DSM-V. Hopefully, Family Psychologists can be at the forefront of efforts to define these new categories. However, even if we play only a supportive role, we have good reason to view these developments positively.

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## WASHINGTON UPDATE

### We Have Come a Long Way! The Prescriptive Authority Initiative

Ronald F. Levant, Ed.D., MBA, ABPP  
APA Recording Secretary

I have a confession to make. I was not always in favor of prescriptive authority for psychologists. In fact I was one of those in attendance at the APA Board of Professional Affairs (BPA) retreat on the topic in 1989, who, at the start of the retreat, thought that it was among the dumbest ideas I had heard in a long time. After hearing from the likes of Dr's. Floyd Jennings (a prescribing psychologist in the Indian Health Service) and Dan Egli (a rural consultative psychopharmacologist) many of us changed our views that weekend. As a result the retreat was often referred to as the "conversion retreat."

That was just 11 years ago. It is amazing how far we have come in such a short time.

As a result of the retreat BPA adopted the following resolution: "BPA strongly endorsed immediate research and study regarding the feasibility and the appropriate curricula in psychopharmacology so that psychologists might provide broader service to the public and more effectively meet the psychological and mental health needs of society. Further, BPA strongly recommended that focused attention on the responsibility of preparing the profession to address current and future needs of the public for psychologically managed psychopharmacological interventions be made APA's highest priority". This resolution inaugurated six years of efforts in the APA governance, which bore fruit in 1995 when the APA Council of Representatives formally endorsed prescription privileges for appropriately trained psychologists and called for the development of model legislation and a model curriculum, both of which were adopted by the Council in 1996.

The prescription privilege agenda has the capacity to dramatically accelerate the evolution of professional psychology and to move us closer to fulfilling our potential of being a premier health care profession. The Department of Defense Psychopharmacology Demonstration Project graduates who are now prescribing have recently demonstrated through the USGAO report of 1999 that not only will properly trained prescribing psychologists NOT be a public health hazard as psychiatry has so ignominiously claimed, but also that such psychologists will do an outstanding job at psychodiagnosis and at expertly combining psychological and pharmacological treatment.

The major argument in favor of psychologists prescribing is that it would improve public health. Currently, most people with a mental health or substance abuse problem are receiving psychoactive drugs that are prescribed by a primary care prescribing professional who has minimal training in mental health, which does not augur well for their being able to conduct the first prerequisite for prescribing, namely making an accurate diagnosis. Clinical psychologists obtain more training in the identification of mental disorders and illnesses than any other health care practitioner, including psychiatrists. Hence, appropriately trained prescribing psychologists will increase the public's access to comprehensive mental health care.

Equally powerful is the continuity of care argument and the fact that outcome research has demonstrated that the most effective treatment for many mental health

disorders is a combination of psychotherapy and medication. Allowing appropriately trained psychologists to prescribe medication will result in increased continuity, integration, and quality of patient care. Patients who are treated by prescribing psychologists will need to see only one doctor for all of their mental health treatment and will be spared the expense, burden, and inefficiencies of seeing a psychiatrist or primary care physician solely for the purpose of receiving medications.

There is also the argument of precedent. Many non-MD health professionals currently prescribe safely (e.g., podiatrists, dentists, advanced nurse practitioners, optometrists, physician assistants), and their services are highly beneficial to the public. Throughout the course of the twentieth century, a number of health professions have successfully sought to better serve patients by expanding their scope of practice to include

prescription privileges, and organized medicine has reflexively and automatically opposed any threat to what was once their monopoly over the prescription pad. Early in the century, it was dentists, osteopaths, and podiatrists who found themselves at odds with organized medicine. All can now independently prescribe medications to their patients. For the past 25 years, optometrists, nurse practitioners, and psychologists have faced the same tactics. Optometrists now have some form of prescriptive authority in all states, nurse practitioners in all 50 states,



Ronald F. Levant,  
Ed.D., MBA, ABPP

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physician assistants in 46 states, and, of course, the US Department of Defense now allows properly trained military psychologists to prescribe. Fortunately, the only thing as constant as organized medicine's warnings about impending disaster if one profession or another is granted prescription privileges, is the consistency with which state legislatures have batted away these arguments.

One question that often arises is "How can the public be assured that the psychologist who is prescribing their medications is properly trained?" In 1995 the APA officially endorsed prescription privileges for appropriately trained psychologists. APA undertook extraordinary measures to assure patient safety. A Blue Ribbon Panel, composed of nationally recognized health professionals and scientists with expertise in medicine, psychiatry, nursing, pharmacy, neuroscience, psychology, and public policy, developed a rigorous and comprehensive model curriculum for psychologists who wish to receive training to prescribe psychotropic medications. Additionally, an independent body was commissioned to create a thorough examination in psychopharmacology that effectively measures the knowledge needed for safe prescribing. We anticipate this exam being used by states as one criterion for insuring that only psychologists with proper academic and supervised training experiences are granted prescriptive authority.

Another question that comes up is "Most states do not have statutes granting prescriptive authority to psychologists. Why should psychologists undertake this training now?" The short answer is that they should undertake the training in order to provide the best possible care to their patients. Since so many of our patients these days are taking psychoactive medications, we are probably doing a disservice to our clients if we do not make some efforts to

fully understand how medications work, when they might be indicated and contraindicated, and do not have the knowledge necessary to understand and evaluate the appropriateness of all aspects of their current treatment. Since most of our patients are getting their prescriptions from nonpsychiatrists, there is also a huge role to be played by appropriately trained psychologists in advance of the passage of a law in their state as consultative psychopharmacologists. Graduates of postdoctoral training programs have said to a person that this training has had an enormous impact on their practice. They get more referrals, particularly from medical physicians, their testimony in court is more highly valued and sought, and in every other conceivable way, their practices have been enhanced.

What is happening across the country? Today we have eleven programs offering postdoctoral training in psychopharmacology. It is estimated that over 900 psychologists have pursued or are pursuing such training. Over 250 graduates of such training programs requested application materials for the new examination in psychopharmacology offered by the APA Practice Organization's College of Professional Psychology, and 50 have taken the exam.

Legislatively, 31 State Psychological Associations have committees focusing on prescriptive authority, and 13 bills have been introduced.

In 1993 the Indiana Psychology Code was rewritten to include the following provision: "Nothing in this article shall be construed as permitting a psychologist to prescribe medication, unless a psychologist is participating in a federal government sponsored training or treatment program".

On December 30th, 1998 in the last hours of the session, the Guam legislature overrode a Governor's veto, making B.695 public law. Guam law now states: "Section

121204. Prescriptive Authority. A clinical psychologist may administer, prescribe, and dispense any licensed drug as a delegated authority of the Collaborative Practice Agreement (CPA)...."

And of course there is the startling success of the New Mexico Psychological Association. They very nearly got a prescriptive authority bill passed on 2001 and, of course, became the first state to authorize appropriately trained psychologist to prescribe psychoactive medication on May 6, 2002.

The 2001 events in New Mexico were being followed at the APA State Leadership Conference in March the way one follows a close world series baseball game: Passage through two committees in the House....First-time-ever support from a state chapter of NAMI dramatically withdrawn due to pressure from national headquarters (whom we must assume was under pressure from organized psychiatry)...Two of the leaders of the state chapter of NAMI testify in support of the bill anyway... The bill is PASSED on the floor of the House 37-21. The bill is passed through a Senate Committee twice....The bill is scheduled to be heard on the floor of the Senate where New Mexico's leaders knew they had the votes... Psychiatry somehow gets its way and the bill is never called, dying in the last moments of this session, but promising to be back even stronger next time.

The 2002 events were, if anything even more dramatic. Governor Johnson had decided to specifically call up House Bill 170, "Prescriptive Authority to Psychologists" for consideration in this legislative session. The New Mexico Psychologists worked with the Medical Society to develop a compromise bill that both groups (but not the psychiatrists) supported. This bill passed the House with an even larger majority than last year, 56 to 11, and then it rapidly worked

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its way through senate committees to pass the Senate by another wide majority, 29 to 9. The cliffhanger arose over whether Governor Gary Johnson, who had specifically called this bill up, would now sign it. Close to the deadline for signature, after which the bill would die by pocket-veto, the governor requested that the issue be re-debated. Psychologists deployed Morgan Sammons and others to testify. The opposition engaged in the usual lies and distortions. Thankfully, such tactics did not prevail and the governor signed the bill.

Thus the prescriptive authority initiative has accomplished a great deal in a relatively short time. There are many people who have made this success possible, too numerous to mention here, but I would be remiss if I did not acknowledge the tremendous leadership provided by Dr's. Pat DeLeon, Ron Fox and Russ Newman.

The success of the prescriptive authority initiative has also had a visible impact on the profession in at least two major ways. First, wherever I travel I am told that this initiative is a morale builder, coming at the end of a long period of great demoralization due the excesses of managed care. It builds morale because it is viewed as expanding the scope of practice and facilitating our roles in primary care and serving the underserved. Second, those psychologists who have undertaken the training report tremendous enhancements to their ability to practice, whether they be prescribing psychologists in the U.S. military or civilian psychologists who function as consultative psychopharmacologists in either the public and private sector. For example, the New Mexico program conducted an evaluation which found a high degree of satisfaction with the training program. In Florida, the Nova Southeastern University program found that students reported that the training program has enhanced their ability to practice in such diverse areas as

collaborative health psychology practice, neuropsychology, forensic psychology and hospital-based practice. Many reported increased number of referrals from physicians with whom they have collaborated. Finally, Elaine Mantell (personal communication, 3/20/02), one of the DOD psychologists, recently noted that: "Something very exciting happened today that I just had to share with you. I am still on a "high" from it. Today I assessed a patient that another medical provider was calling a "psychogenic case." But my medical exam revealed that the patient was showing a sudden onset of pill rolling, cogwheeling and acute akathisia. I insisted that he did not look like a "psych" case at all and immediately referred him to a neurologist who ordered an MRI/MRA and discovered he had a bilateral dissected carotid artery. The neurologist immediately hospitalized the patient and said that he would have died without immediate medical intervention. He said that my referral saved the patient's life. So, who says that prescribing psychologists are a medical menace!! I thought I would share this with you because you are all supporters of RXP and I want you to understand the impact you may have on our profession and those who seek treatment/consultation from us. I hope this little anecdote, provides you with greater "fuel" for your efforts. I know that it has given me a deep sense of gratification as well as gratitude for the training."

As always, I welcome your thoughts on this column. You can most easily contact me via email: Rlevant@aol.com.

*Biographical Sketch: Ronald F. Levant, Ed.D., A.B.P.P., is in his second term as Recording Secretary of the American Psychological Association. He was the Chair of the APA Committee for the Advancement of Professional Practice (CAPP) from 1993-95, a member of the Board of Directors of Division 42 (1991-94), a member at large of the APA Board of Directors (1995-97), and APA Recording Secretary (1998-2000).*

*He is Dean, Center for Psychological Studies, Nova Southeastern University, Fort Lauderdale, FL. ♦*

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## F-L-A-S-H

At the APA Council Meeting on February 15, 2002, the CRSPPP recommendation that family psychology be recognized as a specialty passed Council unanimously. After 15 years of having a division, about 14 of the existence of The Journal of Family Psychology in the United States and of the Japanese Journal of Family Psychology and at least that many years of recognition as an ABPP Specialty, APA has conferred its imprimatur on us.

It was particularly exciting for me as I was attending my first Council Meeting as a representative from Division 43 and this passage made it a particularly memorable event. Interestingly, 5 Past Presidents of the Division were present – in a variety of capacities: Gloria Gottsegen, Alan Entine, Ron Levant, James Bray and I. Also present were Andy Carlson, a former board member, and Scotty Hargrove, now President-Elect. We had a photo taken to mark the occasion and hope the Division will have a special celebration at APA in Chicago. We express our gratitude to Roberta Nutt and everyone else who worked so diligently in putting together our petition for CRSPPP.

This has enormous ramifications for the need for creation and expansion of doctoral programs, internships, and post doctoral residencies in family psychology. As these programs evolve, we will need APA trained site visitors to go out to evaluate these programs. We've identified about 10 family psychologists who are trained site visitors; we will need more. So we urge you to take the training and then to send me your name if you are willing to join us in this endeavor.

*Florence W. Kaslow, Ph.D.  
Council Representative and a Past  
President, Division 43 ♦*

## Early Career Award for Outstanding Contributions to Practice in the Field of Child Maltreatment

The Section on Child Maltreatment of Division 37 (Child, Youth, and Family Services) of the American Psychological Association is proud to announce the establishment of an Early Career Award program. This year, nominations are sought for an Early Career Award for Practice. The award will be made in 2002. Self-nominations are welcome.

**ELIGIBILITY:** Nominees should be investigators who have made substantial contributions to practice relevant to child maltreatment within eight years of receiving a terminal degree (e.g., PhD, JD, DSW, or MSW) and who have demonstrated the potential to continue such contributions. Nominees need not be current Section on Child Maltreatment members.

**TO NOMINATE:** Send 4 copies of: 1). A cover letter outlining the nominee's accomplishments to date and anticipated future contributions. This letter should describe the nominee's major accomplishments related to the field of child maltreatment and how the nominee's work has had an impact on the field; 2). The nominee's current curriculum vitae; 3). One letter of support; and 4). If possible, other relevant supporting material, as appropriate (e.g., no more than two articles authored by the nominee).

**SEND NOMINATIONS OR DIRECT QUESTIONS TO:** Gail S. Goodman, Department of Psychology, University of California, One Shields Avenue, Davis, CA 95616. (530) 752-6981. [ggoodman@ucdavis.edu](mailto:ggoodman@ucdavis.edu) ❖

## COUNSELING PSYCHOLOGY POSITIONS

University of Miami Department of Educational and Psychological Studies seeks applicants for two positions in an APA accredited doctoral program in Counseling Psychology and a masters program with specialties in Mental Health Counseling, Marriage and Family Therapy, and subspecialty in Bilingual and Bicultural Counseling. The University of Miami is a major international university with a global focus.

Assistant or associate professor (tenure track — nine month) position. Qualifications include: Ph.D. in Counseling Psychology; ability to conduct a successful research program; competence in classroom teaching; licensed or license-eligible in psychology in Florida; interest in research in family psychology, health psychology, or cultural aspects of psychology. Responsibilities include: teaching in the doctoral and masters programs, advising, supervising students' clinical work, and conducting a program of research.

Lecturer (Non-tenure career track as clinic director). Qualifications include: Ph.D. in Counseling Psychology; competence in clinical supervision; administrative ability; license or license-eligible in psychology in Florida. Responsibilities include: directing an on-campus training clinic and supervising practicum students, with the option of classroom teaching. This position could begin as early as June 2002.

Send a statement of professional interests, a vita, 3 letters of recommendation (sent by the recommenders), and official graduate transcripts (mailed by the institution) to: Blaine Fowers, Ph.D., Search Committee Chairperson, Counseling Psychology Program, School of Education, P. O. Box 248065, University of Miami, Coral Gables, FL, 33124-2040. Consideration of materials will continue until the position is filled. Applications from women and minorities are strongly encouraged. The University of Miami is an Affirmative Action/Equal Opportunity Employer. ❖

**POSTDOCTORAL FELLOWSHIPS IN ADOLESCENT DRUG ABUSE TREATMENT RESEARCH.** NIH/NIDA postdoctoral research training program at the University of Miami Center for Treatment Research on Adolescent Drug Abuse (<http://www.med.miami.edu/ctrada/>). The goal of the program is to prepare postdoctoral fellows for research and academic positions by developing research competencies in the specialty of adolescent drug abuse intervention research. Our research center conducts a range of treatment outcome and process studies with adolescents. Throughout the two-year program fellows become involved in one or more of the Center's studies, in order to gain experience and skill in conducting clinical research with primarily African-American and Hispanic adolescents and families. Fellows take part in an ongoing seminar on the program's core content areas—adolescent drug abuse, contemporary treatment research, developmental psychology and developmental psychopathology, empirically supported family-based and other therapies for adolescent drug abuse, advances in statistical methods used in clinical studies, research funding, grant writing, writing for publication, and professional socialization issues pertaining to research careers. Fellows can also take advanced courses, most frequently in the advanced statistics and data analysis areas, and training is provided in the responsible conduct of science. Fellows work with senior investigators in developing new proposals in the Center and in the development of their own research ideas and proposals. Applicants must hold a Ph.D. or M.D. or other doctoral degree, have demonstrated research abilities, strong writing skills, and an interest in treatment research with adolescents. To apply, download application materials directly from the Center webpage (address above) or request an application form from: Dr. Howard Liddle, Professor and Director, Center for Treatment Research on Adolescent Drug Abuse, University of Miami School of Medicine, P.O. Box 019132 (M711), Miami, FL 33101. E-mail: [hliddle@med.miami.edu](mailto:hliddle@med.miami.edu). ❖

## Division 43

### Preliminary Convention Program (August 22 - 24)

**Symposium: Family and Ethnic Factors in Adolescent Alcohol Use and Behavior Problems—Longitudinal Perspectives**

*James Bray, PhD*

8/22 Thursday

9:00 AM - 9:50 AM

McCormick Place

South Building-Level 1, Meeting Room S104b

**Symposium: Ethical Practice in Rural Family Psychology**

*Susan H. McDaniel, PhD*

8/22 Thursday

10:00 AM - 10:50 AM

McCormick PlaceLakeside Center-Level 2,

Meeting Room E265

**Symposium: Multicultural and Diversity Issues in Family Violence**

*Margaret Crosbie-Burnett, PhD*

*Robert Geffner, PhD*

8/22 Thursday

1:00 PM - 2:50 PM

Hyatt Regency

McCormick Place Hotel

Conference Center-First Floor, Room CC10B

**Symposium: Couples Relationships and Paternal Behavior Among Young, Economically Disadvantaged Fathers**

*Paul Florsheim, PhD*

8/23 Friday

9:00 AM - 9:50 AM

McCormick PlaceSouth Building-Level 5,

Meeting Room S504bc

**Poster Session: Current Issues in Family Psychology**

8/23 Friday

*Bradley A. Siu, MA*

*Terry Soo-Hoo, PhD*

10:00 AM - 10:50 AM

McCormick PlaceLakeside Center-Level 3,

Hall D1

**Discussion: Exploring Families' Ties With Gay, Lesbian, and Bisexual Sons and Daughters**

*Marvin R. Goldfried, PhD*

8/23 Friday

11:00 AM - 11:50 AM

McCormick PlaceSouth Building-Level 4,

Meeting Room S401bc

**Symposium: Implementing Evidence-Based Family Interventions—Results of a National Dissemination Project**

*Thomas L. Sexton, PhD*

8/23 Friday

12:00 PM - 12:50 PM

McCormick PlaceSouth Building-Level 4,

Meeting Room S401bc

**Symposium: Challenges in Family Therapy Supervision—Considerations for Multicultural Urban Communities**

*George K. Hong, PhD*

8/23 Friday

1:00 PM - 1:50 PM

McCormick PlaceLakeside Center-Level 2,

Meeting Room E253a

**Symposium: New and Emerging Roles at the Intersection of Family Psychology and Law**

*Neil S. Grossman, PhD*

*Barbara F. Okun, PhD*

8/23 Friday

2:00 PM - 2:50 PM

McCormick PlaceNorth Building-Level 4,

Meeting Room N426a

**Symposium: Education and Training in Family Psychology**

*William H. Watson, PhD*

*Pieter LeRoux, PhD*

8/23 Friday

3:00 PM - 4:50 PM

Hyatt Regency McCormick Place Hotel

Conference Center-First Floor, Room CC10B

**Invited Address: New Fellows Address**

8/24 Saturday

10:00 AM - 10:50 AM

Hyatt Regency McCormick Place HotelHotel-

Second Floor, Regency Ballroom D

**Symposium: Tracking and Predicting Change in Couple and Family Therapy**

*William Pinsof, PhD*

8/24 Saturday

1:00 PM - 1:50 PM

McCormick PlaceLakeside Center-Level 2,

Meeting Room E253a

**Symposium: Working With Asian American Families in Transition**

*Terry Soo-Hoo, PhD*

8/24 Saturday

2:00 PM - 2:50 PM

McCormick PlaceSouth Building-Level 5,

Meeting Room S503a

**Business Meeting: Membership Meeting**

8/24 Saturday

4:00 PM - 4:50 PM

Hilton Chicago and TowersLobby Level,

Continental Room C

**Social Hour**

8/24 Saturday

5:00 PM - 5:50 PM

Hilton Chicago and TowersLobby Level,

Continental Room C

**Conversation Hour: Leadership and Emotion—Systems Theory in the Workplace**

*William H. Watson, PhD*

8/25 Sunday

9:00 AM - 9:50 AM

McCormick PlaceSouth Building-Level 1,

Meeting Room S101b

**Symposium: Multicultural Perspective of African American Males and Relationship Violence**

*Carlton W. Parks, PhD*

8/25 Sunday

10:00 AM - 10:50 AM

McCormick PlaceNorth Building-Level 2,

Meeting Room N227a

**Symposium: Assessing Head Start Children's Family Context and Violence Exposure**

*Sandra A. Graham-Bermann, PhD*

*Eric A. Bermann, PhD*

8/25 Sunday

11:00 AM - 11:50 AM

McCormick PlaceSouth Building-Level 4,

Meeting Room S402b

**Symposium: Collaborative Family Health Care in Primary Care**

*James Bray, PhD*

8/25 Sunday

1:00 PM - 1:50 PM

McCormick PlaceSouth Building-Level 5,

Meeting Room S503b ❖

**Division 47: Sport and Exercise Psychology  
Presents  
The 24<sup>th</sup> Annual Running Psychologists'  
APA 5K Race and Walk  
Saturday, August 24, 2002**

The annual race and walk for the 2002 Chicago Convention of APA will be held on **Saturday** morning, August 24th, at 7AM. The start/finish area will be by the lakeshore in the Grant Park area, a short walk from the hotels and convention center. The out and back run will parallel Lake Michigan and turn back near the Shedd Aquarium.

Trophies will be awarded to the overall men and women's winners and to the top three in each 5-year age group, from under 25 to over 74. The top three male and female finishers who are Division 47 members will receive awards. The top three finishers who are current Psi Chi members also will receive awards, as well as the top three current or past Psi Chi National Council members. To honor our sponsors who make the race possible and the exhibitors at our meeting who provide the excellent raffle prizes, the highest finishing male and female sponsor and exhibitor will receive awards.

Pre-registration will run until August 16th - which means that the entry form and fee must be received by that date. Please give us all the requested information including age and gender so that the race numbers can be labeled appropriately and save us time in determining your category for the results. THE ENTRY FEE FOR PRE-REGISTERED RUNNERS IS \$20.00, which includes a commemorative shirt, raffle chance, and post-race refreshments. PAST AUGUST 16<sup>TH</sup>, CONVENTION AND DAY-OF-RACE REGISTRATION FEE IS \$25.00. Pre-registration for students is \$10.00 and convention/day-of-race student registration is \$14.00. PLEASE pre-register to help us avoid too many convention and day-of-race registrations. Make your check payable to: **Running Psychologists**.

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**Division 47 members receive a discounted race entry of \$10 as a value-added benefit of division membership. If you are an APA member and wish to apply for division membership with this entry form, check the block on the form below and remit the discounted entry fee (\$10) plus the Division dues (\$22 for members, \$8 for student affiliates). We will forward your application to APA for processing.**

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The 5th Annual Pre-Race Pasta Dinner will be held on **Friday** evening, August 23<sup>rd</sup>, at 6:00 - 8:00 PM at Gioco's Restaurant, near McCormick Place. Please mark your entry form to reserve a place at the party. You may prepay when you pick up your race materials at the convention. Restaurant name and directions will be available at that time.

You may pick up your race number, shirt, and raffle ticket at the business meeting of Running Psychologists on Friday morning at 8AM (see the program for room number) or at the APA Division Services booth in the McCormack Place Convention Center, beginning Friday morning.

**Sponsored by: APA Insurance Trust - Psi Chi - American Psychological Association - Division 47**

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**2002: A Race for Renewal - The 24<sup>th</sup> Annual APA Rat Race and Walk**

NAME: \_\_\_\_\_

First MI Last

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

PASTA PARTY? Y / N HOW MANY? \_\_\_\_ SHIRT SIZE: S M L XL

AGE ON AUG. 24th: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ GENDER: \_\_\_\_\_

CURRENT DIVISION 47 MEMBER? Y / N

SPONSOR OR EXHIBITOR Y / N ORG. NAME: \_\_\_\_\_

PSI CHI MEMBER? Y / N PAST OR CURRENT PSI CHI NATIONAL COUNCIL MEMBER? Y / N

**I WANT TO JOIN DIVISION 47 Y / N APA Status: Member \_\_\_\_ Fellow \_\_\_\_ Assoc \_\_\_\_ Stud. Affiliate \_\_\_\_ APA Member # \_\_\_\_**

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**Please return to: Suanne Shocket, 9625 Surveyor CT., Suite 210, Manassas, VA 20110-4408; Email: sshocket@compuserve.com**

**Make Checks Payable to: Running Psychologists (\$20; \$10 Dv 47 Members; \$10 Students)**

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# Division 43 Candidates 2002

## Candidates for President

*Cindy Carlson, Ph.D.*

*Nominee for President*

I am pleased and honored to be considered as a nominee for president of Division 43. As a charter member and Fellow, I have long been a supporter of the division and its mission.



*Cindy Carlson, Ph.D.*

**Background & Qualifications:** I am currently a Professor of Educational Psychology at the University of Texas at Austin where I have taught a three-semester sequence in family psychology and family therapy for the past 20 years to graduate students in our APA-approved counseling and school psychology programs. I received my Ph.D. from Indiana University in 1982 and completed my pre-doctoral internship at the University of Tennessee Health Sciences Center Clinical Psychology Consortium in Memphis, TN, with primary rotations at the UT Child Development Center, which specialized in structural family therapy, and in the Memphis City Schools Mental Health Center, where I was permitted to shift most of my individual personality assessments into family therapy cases. I completed formal post-doctoral family therapy training with Harold Goolishian. My research and publications focus on family assessment, family-school intervention, empirical support for family intervention, and more recently, the interrelatedness of family-peer-school social systems in predicting the openness of adolescents to diverse others.

I have extensive experience in APA-related activities. I served as Vice-President for Public Interest and Diversity, as well as co-chair of the Families and Schools Committee, for Division 43 from 1996-1999. I served for the past six years on the APA Committee on Accreditation. I am a Past President and Past Vice President of Education, Training and Research for Division 16; I currently serve as an APA Council Representative for the division. I have served on several APA Task

Force initiatives including Schools as Health Care Delivery Sites and School-to-Work Transitions. I recently accepted the invitation of APA President-Elect, Bob Sternberg, to serve on his task force to examine education initiatives.

**Position Statement:** Having served in elected offices at the Division, Council, and Board/Committee levels within APA has given me an understanding the complexity of the system and the ways in which influence is parlayed. Although Division 43 is hardly a new division within APA, neither is it advantaged by the history and longevity of divisions representing the substantive areas of psychology. Continuing to align division structure and processes to maximize influence within APA remains important.

A key issue that looms on the horizon is the continued debate over specialties and specialization in psychology and the development of a visionary "map" for psychology. As a newly designated specialty within psychology, Family Psychology has a vital interest in the emerging conceptualization of the field. Our enthusiasm for the specialty of Family Psychology, however, needs to be

tempered with a broader concern for the "Balkanization" of the profession. I believe my experience on the Committee of Accreditation will be helpful to Division 43 in steering a path between these treacherous reefs.

We have an "education president" leading our nation, and an "education president-elect" assuming leadership of APA in 2003. I am passionate in my belief that the educational success of children is influenced by properties of the family system, the school system, and the linkages between the systems. This is particularly crucial for ethnically diverse and immigrant children and families. If elected president of Division 43, an important goal would be to infuse family into proposed psychology in education initiatives.

*Jay Lebow, Ph.D., ABPP*  
*Nominee for President*

I am a Senior Therapist and Research Consultant at The Family Institute at Northwestern and Adjunct Associate Professor at Northwestern University. In this position, I do research, offer therapy to clients, and teach in the Family Institute's university programs. My interests in family psychology and in couple and family therapy are longstanding. Ever since early in my career, I have been a strong advocate of understanding individuals in the context of the social systems in which they live and of the practice of couple and family therapies.

I am diplomate in Family Psychology of the American Board of Professional Psychology. My clinical practice has always been a crucial part of my identity as a family psychologist. I have written a number of

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articles and book chapters that overview couple and family therapy, including chapters for the *Annual Review of Psychology*, *The Psychologists Desk Reference*, and the *Comprehensive Textbook of Psychiatry*. I have also written extensively about integrative and eclectic methods of practice, which I believe represent the future of psychotherapy and must include a significant place for family methods.



Jay Lebow, Ph.D., ABPP

I serve on the editorial boards of a number of journals including the *Journal of Marital and Family Therapy* and *Family Process* and was on the editorial board of the *Journal of Family Psychology* when it was the division's journal. I have been an active member of the Division of Family Psychology since its beginning, and now serve as Vice-President for Research. I have also been active in related organizations, most prominently, the American Family Therapy Academy, where I served on its board of directors and chaired its research committee, and the American Board of Family Psychology, where I have served on the Board of Directors for several years.

I also participate in research; at present, I am involved in a research project at the Family Institute at Northwestern centered on tracking progress in individual, couple, and family therapy, and on developing an instrument to track progress in conjoint therapies. I have served as Director of Research at two of the most prominent family institutes and write a column for the *Psychotherapy Networker* entitled "Research and Practice", aimed at disseminating what is going on in research to therapists.

I am quite excited to be nominated for President of Division 43. The division has the vital roles of assuring the prominence of a focus on the importance of the family and of couple and family therapy within APA. Couple and family therapy are now among the core modalities practiced by most psychologists, but continue to receive insufficient attention broadly within psychology. We need to build upon the recent recognition of family psychology as an area of specialization within psychology to assure that family psychology achieves its proper place both in APA and the broader world of mental health

treatment. My agenda for family psychology includes working to insure that third party payers appropriately compensate for couple and family therapy, that training programs include family psychology as a core part of their curricula, and that funding for family psychology research be significantly increased. I also would like to see the Division continue to spear-head efforts to advance and disseminate knowledge in family psychology, through a strong representation in APA's annual convention and through convening special meetings like the one held by the Division this Spring focused on the science of family psychology. Finally, we must continue to work to increase diversity within the field of family psychology, through reaching out to have greater diversity in participation in the division's activities, through recruitment of diverse students in graduate education, and through efforts to assure that training in family psychology incorporates understandings of diversity.

## Candidates for Treasurer

George K. Hong, Ph.D.

Candidate for Treasurer

I am a Professor and Associate Chair of the Division of Administration and Counseling, at California State University at Los Angeles. I teach in the counseling areas, including marriage, family



George K. Hong, Ph.D.

and child counseling. I am also a licensed clinical psychologist. My professional interests are in the areas of Asian American issues, family psychology, especially migration and generational/cohort issues, as well as cultural proficiency training, mental health service delivery models, and school-based mental health services. I have published and presented extensively on these issues. I am active in many professional organizations, including APA, ACA, and AAPA. I have recently served as Division 43's 2001 convention program co-chair and 2000 convention hospitality suite program co-chair. I hope to continue to serve Division 43 as treasurer.

William H. Watson, Ph.D.

Candidate for: Treasurer

I am pleased to be nominated for the position of treasurer for Division 43. I have been involved in Division 43 for several years, currently serving as Treasurer. Before that, I served as Co-Chair of the Pro-

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gram Committee and, prior to that, was Hospitality Suite Chair. I have enjoyed my work with the board these past three years and would greatly value an opportunity to continue my involvement. Having taken a year to learn the ropes as Treasurer, it seems a shame to quit now, having just gotten up to speed. The division is in good financial shape and I value being able to help maintain its good health. I feel my organizational skills, attention to detail, and tight-fisted resistance to out-of-budget expenditures stand me in good stead in the role of treasurer.

Our division has a well-deserved reputation for warmth, collaboration, and inclusiveness that I feel represents a significant strength in the broader APA structure. As a board member, I would like to see us capitalize on these strengths by furthering our collaboration with colleagues working in a variety of larger systems areas including organizational psychology, community psychology, peace psychology, psychology of religion, and ethnic minority issues, as well as in more traditional family systems areas. I feel that family psychology as a discipline has much to offer the wider organization, and that we, in turn, stand to benefit from the strength and richness that comes from collaborative efforts.

I am currently Associate Professor of Psychiatry in the Division of Family Programs, with a secondary appointment in Neurology, at the University of Rochester Medical Center, where I have been for fifteen years. I am a senior trainer in our accredited postgraduate Family Therapy Training Program as well as a faculty member in our master's degree program in Family Therapy. During my years here, I have

provided training and supervision in family psychology and family therapy to clinical psychology doctoral students, interns, and fellows, residents in Psychiatry, Neurology, and Pediatrics, social work interns, and graduate and postgraduate students in family therapy. In addition, I am the family psychology consultant to the Strong Hospital Epilepsy Center in the Department of Neurology, where my work centers on mind/body issues in patients and families dealing with intractable epilepsy, conversion

disorders, or somatization disorder. On the broader professional front, I serve as a site visitor for the AAMFT Commission on Accreditation for Marriage and Family Therapy Education, and as a contributing editor for the Journal of Psychology and Theology, as well as being active on the boards of several local and regional professional associations. I have published in the areas of family systems theory and spirituality, assessment in family psychology, and in the treatment of mind/body problems in medical contexts.

I would welcome the opportunity to participate in the ongoing growth and advancement of division 43 through continued service to the board as treasurer.



*William H. Watson, Ph.D.*

## Candidates for Vice President for Education and Training

*Neil S. Grossman, Ph.D., ABPP*

*Nominee for Vice-President for Education*



*Neil S. Grossman, Ph.D., ABPP*

Thank you for electing me Vice-President for Education two years ago. With your support I would like to serve, as Vice-President for Education, an additional two years to complete and follow-up on some of the tasks that are necessary to move our Division forward.

The Division has achieved a major accomplishment in receiving APA recognition as a specialty through CRSPPP. Thus, Family Psychology is finally recognized as a specialty; Family Psychology programs may apply for APA accreditation status; and, as established for some time, individual practitioners can become Board Certified through the ABPP process.

We now must fine tune and elaborate the structure of Family Psychology. The models of education and training, and practice in family psychology should be formalized. Steps towards this are being taken in conjunction with the Family Psychology Specialty Council (FPSC). Accreditation for postdoctoral residencies in Family Psychology may be obtained through the Committee on Accreditation (CoA). The model for the Development of Postdoctoral Programs in Family Psychology, that guides accreditation, has been recently updated by the FPSC. Next, the FPSC will address the specialty specific criteria that are necessary for Family Psychology Programs to become accredited. A major problem is that the Committee on Accreditation (CoA) only will accredit doctoral programs in the traditional specialty areas of Clinical, Counseling and School. A program can circumvent this, for example, by obtaining accreditation in Clinical Psychology and then stating that the emphasis of the program is Family Psychology. Specialties whose education and training model in-

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cludes training on the doctoral level are attempting to address the CoA's position through the Council of Specialties in Professional Psychology (CoS).

Additionally, the directories of family psychology doctoral, internship and postdoctoral programs need to be revised and we need to better utilize the website when it is ready to receive new material.

Other ongoing projects that I have started, or am involved with are:

1. Briefing Papers on key topics in Family Psychology.
2. Curriculums in Family Psychology.
3. Reference lists on major Family Psychology topics.
4. Data base identifying expertise of Family Psychology members, jointly with the membership chair.
5. Attracting and retaining new student members, jointly with the membership chair and student representative.

Present and Past Family Psychology Activities:

- ❑ Psychology faculty, undergraduate and graduate level.
- ❑ Postgraduate Faculty, Training Institute in Family Therapy.
- ❑ Directed APA approved internship and postdoctoral residency programs.
- ❑ Family Psychology Representative, Interorganizational Council for Accreditation of Postdoctoral Programs in Psychology.
- ❑ Family Psychology Representative

and Vice Chair, Council of Specialties in Professional Psychology.

❑ Chair, Forensic Task Force and representative, Subcommittee on ABA/APA Relations.

❑ Chair, Committee on Accreditation of Postdoctoral Programs in Family Psychology. (Family Psychology Specialty Council)

❑ President, Academy of Family Psychology. Board Member, ABFamP. Alternate Member, ABPP Board of Trustees.

❑ Division of Family Psychology, NYS Membership Representative.

*Pieter LeRoux, Ph.D.  
Candidate, Vice President for  
Education and Training*

It would be an honor to join the leadership team in Division 43 as we are entering a critical era for family psychology. A heightened appreciation for the uniqueness of family configurations, rapidly changing demographics and the genetic revolution open additional opportunities for family psychologists. These developments will likely force new agendas in the public domain emphasizing closer collaboration with researchers, clinicians and educators. My goal will be to build on the achievements of past and present leadership by focusing on the evolutionary role and responsibility of family psychology.

I am an Associate Professor in the Departments of Psychiatry, Pediatrics and Family Medicine of the University of Rochester School of Medicine and Dentistry, and Co-director of Psychosocial Services and the Pediatric Family Systems Postdoctoral

Fellowship Program in the Department of Pediatrics at Rochester General Hospital. I am a former director of the Family and Marriage Clinic at the University of Rochester Medical Center. My current work involves the multi-disciplinary training and supervision of students in family systems approaches (graduate and post-graduate students, as well as residents in psychiatry, pediatrics, family medicine and internal medicine). My educational initiatives have included courses in supervision training; gender, race and culture; and narrative approaches in family therapy.

Previously, as faculty member of the Psychology Department at the University of South Africa, I taught individual, couples, family and group psychotherapy to graduate students in Clinical Psychology. In this capacity, I administered programs, devel-

oped new curricula, initiated and coordinated new field placements and internships, and provided clinical and dissertation supervision. I have pioneered new initiatives in family psychology on local, national and international level within the South African context and developed clinical services for children and families in underserved and culturally

diverse areas.

My multi-cultural experience in clinical practice, teaching and administration provides me with a broad perspective on the family. I have presented nationally and internationally on the practice and theory of family therapy training and supervision, the self of the therapist, and inter-cultural, developmental and organizational issues related to the family. I hope to bring my long-standing commitment and enthusiasm for family psychology to the leadership of Division 43.



*Pieter LeRoux, Ph.D.*

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## Candidates for Vice President for Public Policy and Diversity

*Marietta Collins, Ph.D.*

*Nominee for Vice President for Public Policy and Diversity*

Marietta Collins currently is an Assistant Professor in the Department of Psychiatry and Behavioral Sciences at Emory University School of Medicine at Grady Health System. Grady Health System is a large urban hospital serving a primarily indigent, minority population. My career choice to work at Grady reflects a longstanding commitment to the development and provision of quality mental health services for minorities. My responsibilities include the delivery of psychological services to pediatric sickle cell patients and adolescent substance abusers. It was by virtue of my work with these patients that I became involved in developing culturally competent family interventions to address unique needs of this population. Specifically, I have published 5 articles describing culturally competent family interventions for pediatric sickle cell disease and am the co-author of 3 manualized treatment interventions for patients with sickle cell disease. I recently developed a manualized family intervention for adolescent substance abusers which will be implemented at an inner city school-based adolescent substance abuse program this Spring. In 1998, I received a national award from the American Family Therapy Academy (AFTA), the Cultural and Economic Diversity Award, in recognition of my efforts to work with disempowered families.

Aside from my membership in

American Psychological Association and Division 43, my professional involvements include membership in the Georgia Psychological Association, membership in the Association of Black Psychologist, and a 2000-2003 appointment to the APPIC Postdoctoral Membership and Review Committee. I serve as a mentor to African American and female psychology graduate students, interns, postdoctoral fellows, as well as general psychiatry and child psychiatry residents.



*Marietta Collins, Ph.D.*

On a personal level, my professional inclinations toward working with families is perhaps rooted in my early experiences with my own family of origin. I am an African American woman, originally from Memphis, Tennessee. I am the youngest of 12 children. Although neither of my parents attended college, the importance of family and of higher educational attainment was stressed throughout my childhood. The home environment provided by my parents resulted in 10 of the children completing college and 7 of us receiving post college degrees. I attended Smith College as an undergraduate, received an MSW from the Smith College School of Social Work, and received my doctorate in 1995 from Emory University. I am married and the mother of 2 wonderful children. I am involved in many community organizations; enjoy singing in the choir and directing the children's choir at my church.

I have three main goals for the division. The first is to enhance the division's commitment to working with diverse families - specifically addressing issues related to ethnicity, working with gay, lesbian, and bisexual families and families with members with disabilities. A second goal would be to increase the division's attention to child and adolescent issues within families. My last goal is to

identify ways to encourage training psychology graduate students, interns, and postdocs in the practice of family therapy.

*COL. Carl E. Settles, Ph.D., ABPP*  
*Nominee for Vice President for Public Policy and Diversity*

I would like you to consider me for the position of Vice-President for Public Policy and Diversity for Division 43. I believe I have the desire and energy to serve you well in that capacity.

Over the last year, our Past-President, Dr. Terry Patterson and I have Co-chaired the Diversity Committee for the Division. With the central focus being on ethnic minorities involving African, Latino, Asian, and Native Americans, inclusion was extended to all individuals, couples, and families to include sexual orientation, gender, disability, age, immigration status, and national origin. To this end, we sought to increase membership, particularly among underrepresented groups such as students and researchers. Our approach has been multifaceted. We began by making the Division more attractive by revising our logo and brochure with

colorful images to reflect the diversity of American families. In January, we encouraged our membership to attend the National Multicultural Summit in Santa Bar-



*COL. Carl E. Settles, Ph.D., ABPP*

barbara. At the end of the Santa Barbara Conference, the Board meeting included a discussion of reactions to the Summit and of implementation of the *Action Plan*. In March, Dr. Ana Gardano and I attended the CEMA

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meeting. At the August convention, we solicited distinguish minority scholars to share their knowledge and skills in our activities. At the convention in San Francisco in August, Dr. Joseph L. White, who received a Senior Men of Color Award at this year's annual Multicultural Summit, emceed the Presidential reception on Saturday night. Although we have done much to enhance diversity awareness, if I'm elected as your VP for Public Policy and Diversity, I can assure you that, we will continue our efforts to strongly encourage diverse individuals and groups to join us and foster a climate for inclusion and empowerment.

Professionally, for the last twenty years, I have served in the US Army as a clinical psychologist. Presently, I serve as the Director, Mental Health Services and Chief, Department of Psychology, Darnall Army Community Hospital (DACH), Fort Hood, TX. Previously, from November 1998 to July 2000, I served as the Deputy Chief of Mental Health, William Beaumont Army Medical Center (WBAMC), El Paso, TX. While at Fort Bliss, I received board certification in Clinical Psychology from the American Board of Professional Psychology, and was selected as a Board Member for the National Register of Health Service Providers of Psychology.

Prior to that assignment, I served for two years on Capitol Hill. From August 96 to August 97, I worked as an American Psychological Association Congressional Science Fellow for Senator Kay Bailey Hutchison, (R-TX). I was responsible for addressing Quality of Life issues (i.e. health care, childcare, housing etc) for military families. The following year, Sep 97 to Nov 98, I worked for the Secretary of the Army as a Legislative Liaison Officer on Medical Issues.

In essence, although I have only served the in Division 43 for one year, I have exper-

ience working public policy and diversity issues for a long time. I would like to serve as your Vice President of Public Policy and Diversity for Division 43. I ask that you give my candidacy serious consideration.

## Candidates for APA Council Representative

*James H. Bray, Ph.D.  
Candidate for Council Representative*

I am honored to have served as the Division's Council Representative for the past three years. I ask that you elect me to serve a second term to complete the work that we have started in the APA Council. I am very pleased that the APA Council voted in February 2002 to make Family Psychology its newest specialty. I introduced and co-sponsored several pieces of legislation during my first term, including supporting psychologists as primary care providers, expanding funds for training graduate students, and supporting the diversity of the APA Council. Division 43 is at an important juncture and needs continued strong leadership to sustain its vitality and growth. As a family psychologist practitioner, educator, researcher and advocate for psychology I bring a unique perspective and can represent the multiple needs of our Division. As a board member I would focus on providing leadership to protect the practice of family psychology, continuing and expanding the contributions of family psychology within APA, developing advocacy both within and outside of the Division and APA for the expansion of practice and research in family psychology, and expanding membership services for the changing needs of psychologists

through innovative telecommunications technologies. I have extensive experience within APA and can work effectively to represent the Division in the Council of Representatives. I welcome this opportunity to serve you and Division 43 at this important point in our history. I appreciate your #1 vote for Council Representative.

James H. Bray is an Associate Professor of Family Medicine and Director of Family Psychology Programs, Baylor College of Medicine. Service to Division 43: 1995 President, Treasurer, Member at Large, Federal Advocacy Coordinator, Chair Fellows Committee. Active in APA governance and service: APA Board of Educational Affairs (1996-1998), Chair of the APA Committee

on Rural Health, CAPP Primary Care Task Force, Treasurer Division 37, Member at Large of Division 29, APA Fellow (12, 29, 37, 42, 43), Federal Advocacy Coordinator for APA for the State of Texas, Divisions 12, Editorial board member of *Journal of Family Psychology*, *Professional Psychology*, *Psychotherapy*, and others. In addition, I have been an ac-



*James H. Bray, Ph.D.*

tive advocate for the practice of psychology by lobbying in the U.S. Congress, raising funds for the Association for the Advancement of Psychology, and working with the APA Government Relations department to expand the practice of psychology.

*Terence Patterson, EdD, ABPP  
Candidate for Council Representative*

Since 1992 I have been pleased to be continuously active in the Division of Family Psy-

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chology as editor, reference corner editor, and as consulting editor of *The Family Psychologist*, and as membership chair, co-chair of Diversity, and as President. I have been privileged to become acquainted with the pioneers of the Division and past and present leaders in Family Psychology. With this perspective, I have become aware of our traditions and our potential, and envisioned ways of broadening and deepening our accomplishments for our members and our clients. Last summer in San Francisco I was proud to see our Division's vitality and diversity with the participation of many master clinicians, researchers, scholars, and students.



Terence Patterson,  
EdD, ABPP

APA is an organization of vast influence in our society, and I have participated in activities with the Commission for the Recognition of Specialties (CRSPPP) as part of the team that wrote and presented to CRSPPP in achieving official recognition as a specialty. As a training director, I have had many contacts with the Committee on Accreditation (COA) both on my home campus and at APA, and have trained as a site visitor. For the last two years I was an observer from Division 43 to BEA (Board of Educational Affairs).

My goals as Representative to the APA Council will be first, to expand the understanding of Family Psychology as a broad-based contextual approach within the profession, and to integrate it into settings relating to children, schools, health, communities, and the media. In the eyes of others, we are identified primarily with family therapy, and I believe that our effectiveness is limited until we demonstrate our acumen in consultation, teaching, research, and supervision from a systems perspective. I am convinced that we have much more to offer

the profession and the public, and I will join with President Phil Zimbardo in advancing our message more effectively. Second, I believe that the viability of psychology as a dynamic profession lies in our ability to recruit and retain members who are diverse at all lev-

els. In this regard, I will work closely with Pat Miyamoto and the superb membership staff at APA to incorporate the many "lessons learned" into the Division's efforts. Third, I will continue my efforts at defining and advancing standards for professional education in psychology for MA, doctoral, internship, post-doctoral, and continuing education programs, and support the efforts of President

Nadine Kaslow and President-elect Scotty Hargrove in these areas.

In this challenging, exciting environment, I look forward to serving you effectively and collaboratively. ♦

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## AFTA Clinical Research Conference

*Boys and Men: Profeminist & Systemic Research and Clinical Perspectives*

October 17-20, 2002.

*American Family Therapy Academy, Inc.*  
PMB 273, 2020 Pennsylvania Ave. NW,  
Washington, DC 20006. (202) 333-3690.  
(202) 333-3692 (Fax). [afta@afta.org](mailto:afta@afta.org).  
[www.afta.org](http://www.afta.org)

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## National Multicultural Conference and Summit 2003

January 23-24, 2003

Renaissance Hollywood Hotel, Hollywood, California

## Family Psychology Awards Nominations for 2002

Please nominate your colleagues for the following awards, to be presented at the August convention in Chicago:

### Family Psychologist of the Year:

One who has had a significant, lasting impact in defining and advancing the field

### The Carolyn Attneave Award:

For contributions that advance the understanding and integration of diversity in Family Psychology

### Distinguished Service:

For organizing, advocacy, and comprehensive sustained effort

### Innovations in Family Psychology:

For those who have contributed to Family Psychology in non-traditional areas.

Send your nominations with brief explanations to Terry Patterson at [patterson@usfca.edu](mailto:patterson@usfca.edu) / (415) 567-9203-voice/fax.

## REFERENCE CORNER

Nancy S. Elman, PhD, Editor

*This issue of The Reference Corner contains two very new works dealing with treating the effects of distress and trauma within a systemic context; one emphasizes management within the family, the other in a couple. Although neither was written as a response to the terrorist attacks of 9/11/01, each has drawn on the substantive literature on trauma's effects. Their thoughtful conceptualizations and treatment models have great relevance for the family psychologist dealing with people effected in a myriad of ways by the 9/11 events and their sequelae. The last review in this issue is a work addressing psychopharmacological therapy in the context of family interventions. As progress is made toward the likely attainment of prescribing privileges for psychologists in the not-too-distant future, this book may be helpful in considering the role of psychopharmacology within family systems work.*

*If you are the author of a new book in family psychology that seems appropriate to review in this column, please make arrangements to have a copy sent as close as possible to the publication date for consideration for review. Send books (or galleys if possible) to Nancy S. Elman, Ph.D., Program in Counseling Psychology, University of Pittsburgh, 5F28 Posvar Hall, Pittsburgh, PA 15260; email: elman@pitt.edu.*

**Boss, Pauline. (2002). *Family Stress Management: A Contextual Approach* (2nd ed.). Thousand Oaks, CA: Sage Publications. (217 pp.) \$29.95. ISBN: 0-8039-7390-X (pbk).**

*Reviewed by Terry Patterson*

As family psychologists we often believe we have a good grasp on the normative and extraordinary aspects of couple and family life. Reviewing this latest publication by a prolific researcher on family stress reminded me not only of the myriad dimen-

sions of this topic, but of the usefulness of having a solid foundation, theory and structure to guide us. I was also reminded of the utility of having a more detailed and systemic context for viewing the common experiences of stress, crisis, coping, and resilience.

Although not incorporating the complete body of Boss' work on this topic, this small paperback volume is a primer for anyone looking for greater breadth and depth in understanding family pressures. It offers a blueprint for dealing with them effectively. Eleven well-organized chapters range from the current status of the field, common definitions, a history of work in this area, elaboration of various structures, concepts, and processes, guides to functional adaptation, and indications for further research. Each chapter concludes with succinct "points to remember" to help the reader focus on key aspects of the chapter. The logic and clarity of both style and structure makes this a useful text for a seminar on the topic, as well as a reference for clinicians and others.

Boss traces research on family stress to the University of Chicago in the 1930s (Angell, 1936/1965; Cavan & Ranck, 1938), although she stresses that it was her mentor Reuben Hill (Hill, 1949/1971) who first conceptualized family stress theory. Her approach is based on Hill's ABC-X model of family stress, where A=stressor, B=resources, C=perceptions, yielding X=degree of stress or crisis.

Boss departs from the Hill ABC-X model by using a "roller-coaster" metaphor that specifies the breaking point at which stress becomes crisis; either the stressor itself becomes overwhelming or resources are depleted before riding the wave toward better functioning. The concept of homeostasis is central to the "X-factor." Boss is in

complete accord with those who view systemic functioning as dynamic, striving toward higher levels of integration and growth, and often requiring crisis or disintegration for change to occur.

Theoretically, Boss includes numerous psychodynamic concepts in the model, yet her work has been referred to as "neostuctural functionalism" (Kingsbury & Scanzoni, 1993). She bases much of the understanding of the impact of family stress on subjective, postmodern concepts, and also alludes to strategic "reframes" and first- and second-order change in describing the context for dealing with stresses and crises. Thus, her model spans the theoretical spectrum and inherently includes such disparate figures as Hill, Selye, vonBertalanffy, Bowen, Nagy, Minuchin, Hoffman, Watzlawick, and Lazarus in both theory and applications.

Hill and Boss are part of the rich history of the interdisciplinary Department of Family Social Science at the University of Minnesota, where much of the theory in this field was developed. Faculty researchers have had experience with victims of torture, relocation, chronic severe illness, and with prisoners of war for nearly four decades. Pauline Boss, besides being a fellow of APA (Division 43), has been elected to leadership positions in the American Association for Marriage and Family Therapy (AAMFT) and the National Council on Family Relations (NCFR).

Practitioners, students, and researchers will appreciate the descriptions of boundary ambiguity and ambivalence, the role of denial and belief systems in a cultural context, and the realistic view of the role of extreme external stressors faced by many who feel little sense of mastery over their lives. Clinicians with instinctive impulses to mobilize families to take action in every adverse

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situation are well advised to consider extenuating circumstances carefully before advising clients. Boss emphasizes that professionals can not always truly understand the positions of family members facing either sudden or insidious psychological or physical losses though chronic illness, accident, violence, immigration, abuse, or other traumas. We can, however, approach clients from a perspective in which they inform us of ways to assist them that they find most useful. Such a respectful position should inform theory development as well as practice in managing family distress.

*Terry Patterson, EdD., ABPP, is immediate past president of Division 43, has been editor of The Family Psychologist and The Reference Corner, and is the current consulting editor. He seems to feel at home here.*

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**Johnson, Susan. (2002). Emotionally focused Couple Therapy with Trauma Survivors: Strengthening Attachment Bonds. New York: Guilford. (228 pp.) \$30.00. ISBN: 1-57230-735-8 (hc).**

*Reviewed by Nancy Elman*

Just when the wide-ranging contributions to the literature to couples therapy seemed to have been saturated (see my review in the last issue), along has come a book that is most timely given the ways in which our world has changed since 9/11/01. It combines conceptual richness with clear guidance to the couples therapist, and is exceptionally well written. *Emotionally Focused Couple Therapy with Trauma Survivors: Strengthening Attachment Bonds*, by Susan Johnson, transfers the basic empirically supported treatment model of emotionally focused therapy (eft) developed in the work of Johnson and her colleague, Leslie Greenberg, specifically to couples and to the reciprocal influences of trauma and relational

attachment. The compelling trauma of thousands of Americans directly affected, and the secondary trauma and alteration in a sense of safety in the world created by the disastrous terrorist attacks, have entered all of our lives and become a backdrop to our relationships. While Johnson's book was written before 9/11 and does not directly address those events, I was compelled to review it at the time of its publication (February, 2002), because it could be of great assistance to psychologists treating couples dealing with these and other realities in our lives.

The premise of Johnson's work is that the impact of trauma on the capacity for attachment, and the trauma resulting from the disruption of attachment bonds, form the crux of the relational disturbance of many couples. That trauma and/or attachment disruptions in one or both members of a couple is the "dragon" that must be kept at bay or slain. According to Johnson, if one person is fighting the dragon alone, the safety and security that the partner might provide is absent and both the individual and couple are captured in the effects of the chronic fear and struggle. Conversely, if the couple and the therapist can face the dragon of trauma and attachment disruptions together, the relationship can nurture healing and create strengths for both.

Johnson's conceptualization of couple therapy with trauma survivors is derived from years of clinical work treating couples, from which she has derived the model explicated in this text. In an introductory chapter she situates couples therapy squarely in the contextual treatment of trauma, along with and collaborative with individual therapy for the traumatized individual. We have long known how prior trauma of one partner can negatively impact couple relationships. We have not until now had a reciprocal model of couple therapy that both assists the couple's relationship and emphasizes the couple relationship in healing or repairing the effects of one partner's trauma. Johnson provides excellent and current reviews of the knowledge of trauma and its

effects and of attachment theory and the creation of a safe haven—for the couple and within the therapy. Relying deeply on these two powerful relational constructs, she outlines a clear method of assessment and a sequence of stages and interventions to focus couple work on trauma issues when they are present. The key stages that she describes are: stabilization, restructuring the bond between partners, and integration. Each stage has specific tasks; naïve assumptions of linearity or especially brief success are not made.

Part II, Clinical Realities, contains five chapters devoted to therapy with a wide range of traumatized couples. These include a couple where one partner lives with the complex posttraumatic stress of early sexual abuse; another the trauma of physical illness, still another with PTSD in a Vietnam combat veteran and his wife; and one exceptionally astute case in which the trauma itself is an attachment injury, the tear in a relationship that can result from an event in which the partner's basic trust in the safety and security of the relationship (the couple internal working model, if you will), has been violated. The eclectic nature of Johnson's interventions are impressive: relying on attachment motifs, she follows the tasks of the model while illustrating the power of narrative and the construction of meaningful stories about past events and present possibilities. Embedded in these are cognitive strategies and occasional psychoeducational interventions, demonstrating once again that master therapists have the capacity to use multiple skills if they are organized in the service of a coherent model of change. In the last chapter, Johnson considers the stress on the therapist dealing with couples where the battle with the "dragon" of trauma must be won. Although not as richly detailed as the rest of the book, she certainly reminds therapists of the importance of collaboration and consultation for self-care and to manage the impact of working in such close proximity to trauma. Her conclusion is certainly consistent with the

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recognition throughout this work of the significance of attachment in the therapeutic alliance and the clear differentiation of the therapist in the relational dance of couples affected by trauma.

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**Resnikoff, Roy. (2001). *Bridges for Healing: Integrating Family Therapy and Psychopharmacology*. Philadelphia, PA: Brunner-Routledge. (162 pp.) \$29.95. ISBN: 1-58391-050-6 (Hc).**

*Reviewed by Paul Pitts*

How does a therapist decide when to encourage or support the use of psychopharmacological therapy in a course of family therapy? A major risk of arbitrarily applying diverse treatment techniques and modalities is that anxiety may drive the choice, rather than supporting family and patient functioning, or using solid clinical principles.

This compact volume, *Bridges for Healing*, provides a valuable overview of integration theories and proposes a model for joining frequently polarized modalities of psychotherapy and psychopharmacology, and of family and individual psychotherapy. For those who struggle to decide about what stage in therapy to refer a patient for evaluation for psychotropic medication or when to apply an instrumental (e.g. cognitive-behavioral techniques) or an expressive-relational (e.g. dynamic) approach, the author has developed a clear, workable integration model that helps guide a therapist to choose an intervention. The central theme of this book is about reducing polarization by learning to think along the full continuum of biological and environmental influences on families and individual family members. Dr. Resnikoff walks us through his model with brief clinical vignettes that are applicable to

many family and individual cases.

Four dimensions are explored in depth for a therapist to consider when seeking to integrate family therapy and psychopharmacology: 1) foreground versus background stages of therapy; 2) instrumental versus expressive-relational methods; 3) biological versus environmental causes; and 4) therapist versus family dimensional interaction. A clinical example, using the family in the often-cited 1981 film *Ordinary People*, illustrates how dimensional thinking could structure family therapy together with psychopharmacology. A survey of integration theories that seek to connect the diverse aspects of family therapy and psychopharmacology are examined, placing the author's model in the context of current research and concepts of family therapy integration.

The four stages of therapy within the integration model deal with 1) surface symptoms (i.e. family problems and psychiatric symptoms); 2) communication and boundaries; 3) personality issues; and 4) transitions and spiritual support (existential issues and finding meaning). The overarching goal of the integration model is to increase flexibility and awareness of therapeutic approaches. This includes a consideration of treatment options at each stage along a continuum of the dimension of biological versus environmental influences on family and individual reactivity to stressors. For each stage of therapy in the integration model, there is a review of the current psychiatric application of medication to treat primary symptoms and to improve communications and relationships, thereby moderating personality and temperamental factors contributing to individual and family problems and dysfunctional patterns of interacting.

This work is brief and therefore the greater depth of various theories, treatment modalities, and themes are limited in order to present a clearer model and understandable examples. However, the integration

model is powerful in pulling together complex concepts and diverse dimensions of treatment to meet the challenge of helping families in trouble. I would have welcomed the author's thoughts on applying his model under the pressure of managed care and family expectations of brief therapy for complex and human difficulties that are both broad (spanning several generations) and deep (individual biological and experiential learning). He indirectly suggests an answer to the time pressure by utilizing episodic treatment of families. Another recommendation is that patients and therapist make a collaborative and conscious decision whether to proceed to the next stage of therapeutic work.

Beginning family therapists (or students) will appreciate the wide range of topics, research and theories described in a very readable and compact manner. Experienced clinicians will welcome the opportunity to step back from the "trees" and look at the "forest" of their cases and years of learning, and may find a pathway with this integration theory that provides a new perspective while still being reassuring and familiar. Of great benefit to increasing clinical effectiveness and reducing therapist burnout, the integration model is extended to providing a structure for supervision in individual or group consultations.

A powerful addition to family therapy and therapy integration with psychopharmacology is the recognition and development of a fourth stage of treatment, "Transition and Spiritual Support" (p. 27). This stage honors the healing value of finding meaning in meeting life struggles, not being alone, confronting existential questions, and working through life transitions together as a family and with the therapist. Without meaning and belonging in the larger world, people may remain lost and broken, with unmanageable psychiatric symptoms and unfulfilled lives.

(continued on p. 26)

## INFERTILITY: Managing Your Stress

*Sally St. Clair*

*Independent Practice, Dallas Texas*

If you want to become pregnant, learn to relax. One in six couples have problems becoming pregnant, which translates into ten million Americans who struggle with fertility issues. Research results of Alice Domar, Ph.D, director of the Mind/Body Medical Institute at Harvard suggest a combination of interventions significantly enhance your opportunities for fertility. Dr. Domar uses a method of small group training in a relaxation response developed by Dr. Herbert Benson, as well as cognitive-behavioral skills, yoga, meditation, centering prayer, exercise and nutritional instruction. With these techniques, women are able to step off the monthly roller coaster of elevated hopes, followed by disappointment. Ten weekly sessions focusing on the relaxation response and small group support with a trained facilitator consistently show positive results. Domar asserts that 98% of participants demonstrate significant decreases in stress factors and that 42% demonstrate a surprising side effect -- pregnancy.

Stress involves perceived threat to both your physical and psychological well-being and a perceived lack of coping skills. When your body is stressed, blood pressure, heart rate, respiration, and muscular tension are all elevated and your immune system can be compromised. Chronic stress can inhibit essential biological factors in conception, egg maturation, ovulation and successful implantation. Through a combination of relaxation techniques and thought pattern restructuring, women are able to reduce physical symptoms of infertility distress, such as insomnia, muscle pain and headaches, as well as psychological symptoms of depression, anxiety, and fatigue. According to Domar, when your body is relaxed and balanced, you are more likely to become pregnant.

Highlights of Domar's weekly program include thirty minutes of sharing good news and mutual support, selecting another group member as a buddy to lean on throughout the process, use of audiocassette tapes, and recommended books. To interrupt the heightened hope/disappointment cycle of women undergoing infertility treatments, specific strategies are used. First, breath-focus relaxation increases the flow of oxygen to cells by replacing shallow breathing with deep abdominal breathing. Slow, deep breathing helps reduce anxiety, especially when utilized on a regular basis. Body scan involves breathing deeply to relax tense muscles while slowly bringing each part of the body into individual focus and consciously relaxing each part. Reframing negative self-talk involves cognitive therapy techniques, such as changing the thought, "I will never get pregnant," to "I could get pregnant." Women are encouraged to use mindfulness meditation and mini-relaxation techniques twice a day for 20 minutes. Mindfulness meditation is the process of clearing the mind while focusing on deep, slow breathing. It sometimes includes focusing on a calming or sacred word, as in centering prayer, or simply turning the focus of attention inward to find a peaceful place within.

Daily diaries of progress are shared in weekly group sessions lasting one hundred and fifty minutes. For women who have primarily kept feelings of failure, frustration, and hopelessness private, the opportunity to discover others with similar experiences provides immediate relief and bonding.

After many years of researching mind/body determinants of stress in infertile women, Domar offers some interesting results. Data from 284 infertile women over a seven-year period include the following:

- levels of depression, anxiety, anger, and fatigue declined from high to normal after completing the stress reducing program,

- six months following program completion, 42% of the women had become pregnant after an average of more than three years failure to conceive,

- those most likely to become pregnant were initially among the most stressed, depressed and anxious.

If you are fortunate enough to live in New York, Boston, New Jersey, or some cities in Texas, you may have access to this successful program of stress reduction. Sally St. Clair, Ph.D., the author of this paper, and her colleague, Abbie Meyering, Ph.D. plan to initiate this type of group program in early 2002. For more information about their work, you may contact Dr.'s St. Clair and Meyering at Preston Center Counseling Associates, Dallas (214-373-6370). If you don't live near any of these locations, many of the interventions may be learned and practiced on your own before engaging in the high-tech, expensive procedures of reproductive technology. Two books by Dr. Domar are especially informative: *Healing Mind, Healthy Woman: Using the Mind/Body Connection to Manage Stress and Take Control of Your Life* (Dell Publishing, 1996), co-written with Henry Dreher, and *Six Steps to Increased Fertility* (Simon & Schuster, 2000), co-written with Robert L. Barbieri, and Kevin R. Loughlin. Guided relaxation audiotapes are available from the Mind/Body Medical Institute at [www/mind/body.harvard.edu](http://www/mind/body.harvard.edu). Although the goal of this stress reduction approach is to reclaim the joy of living and restore balance to life, it seems to also help many women become mothers! ♦

# Mentorship: Lessons from the Soccer Field

(Written by the late Mike Berticelli)

*The following poem was written by Mike Berticelli, one of the great collegiate soccer coaches of our time. He was the head soccer coach at Notre Dame University for ten years prior to his death in January of last year. I believe the lessons he learned about mentorship on the soccer field are right in line with mentorship in family therapy and family psychology, promoted by Nadine Kaslow.—Editor.*

“Mike Berticelli will be missed greatly at Notre Dame,” said Notre Dame Director of Athletics Mike Wadsworth. “His record of achievement and long list of honors speaks to his expertise as a soccer coach. However, this is only one dimension of the man. He was a devout family man who was passionate about his role as a mentor and coach to his student-athletes. He was a vital member of our coaching fraternity whose extroverted manner and wonderful sense of humor kept in balance why we engage in intercollegiate athletics.”

**Chris Petrucelli**, Head Women’s Soccer Coach at the University of Texas and former Women’s Coach at Notre Dame credits Berticelli for his coaching knowledge. “Everything I know in the game, I learned from him. As a coach, he was extremely motivating and driven to succeed. Coaching with him was a great experience.”

You donate your time for the good of our youth.

But you scream and you yell and are often uncouth.

The ref is just twelve and still learning the game,

But you call him a jerk and say he’s not sane.

The parents are screaming and follow your lead,

As you spring up the sideline at uncontrollable speed.

You jump as you yell –“Pass, pass the ball!”

You turn red as you bellow –“Ref, make the damn call!”

“You’re the left back now, get in your position. If you don’t, we might lose and ruin our tradition!”

Positions are needed so we look like a team,  
‘Cause they’re miniature pro, or so it does seem.

The fullback is bored, he picks at his nose,  
While the others run wild and kick with their toes.

You scream for a goal, no matter how it goes in,

The skill doesn’t matter; just as long as we win!

The parents go crazy as the ball nears the goal,

Their advice and instructions will soon take their toll.

You see, “Junior” feels pressure, he’s not having much fun,

We tell him to pass, when to shoot, and to run.

He came here to play and to use his own mind,  
‘Cause soccer’s the most creative game that

you will find.  
Imagination is needed on the part of each child,

Solving problems on the field is what makes them go wild.

A week of long practice, while just standing in line,

Waiting to shoot, using one ball at a time.  
This just doesn’t cut it, and for some it’s too late.

Make your practices fun, don’t be the coach that they hate.

They come to “play” soccer, not to “work” at the game.

Their excitement is something we don’t want to tame.

Maradona has moves that are beyond comprehension.

No coach taught those moves while threatening detention!

He learned from his friends, and tried copying others,

Soccer is different, not like baseball at all.

We don’t need positions, just give them the ball.

Their first must learn skill, it’s the meat of the game.

If they can’t dribble or shoot, then who should we blame?

Skill must be learned through repeated trials.

If motivation is present, you will see teams run miles.

“Fun games” are the answer to encourage repetition.

They laugh and they scream – and enjoy competition.

Without the skill to dribble past an opponent at will,

Your players may win, but their growth will stand still.

I dream of the day when the parents just cheer,  
And losing the game doesn’t bring out a tear.

When practice is fun, not dull and so boring,  
And playing the game means more than just scoring.

I know you mean well and you donate your time,

But bury your ego and try something sublime.

Call all the parents, and ask for their aid,  
You’re teaching their kids and not getting paid.

Your goal is to develop a youngster with skill,  
Not a team that must win, or some fancy new drill!

You see players are not judged by their shots, headers and crosses!

Scholarships are given to players with great names.

Not those on youth teams who never lost games.

A pro player gets aid ‘cause his skills are real fine,

Not because his team never lost when he was nine.

It’s time to bring soccer to new heights in this nation.

The future’s in layers, not a coaching citation!

Let’s start to say, “dribble” and stop yelling, “Pass!”

You’ll then see our players go to the head of the class.

I hope you’re concerned, but not really offended,

It’s the need for more skill that I have defended.

You’re giving your all, from the good of your heart,

## Call for Submissions for HYDE Graduate Student Research Grants

Proposals are being sought for the Hyde Graduate Student Research Grants. These grants, each up to \$500, are awarded to doctoral psychology students to support feminist research. The grants are made possible through the generosity of Janet Hyde, Ph.D., who donates the royalties from her book, *Half the Human Experience*, to this fund. Past recipients of Hyde awards are not eligible to apply.

**Requirements:** 1. Cover-sheet with project title, investigator's name, address, phone, fax, and e-mail address; 2. A 100-word abstract; 3. A proposal (5-pages maximum, double-spaced ) addressing the project's purpose, theoretical rationale, and procedures; 4. A 1-page statement articulating the study's relevance to feminist goals and importance to feminist research; 5. The expected timeline for progress and completion of the project; 6. A faculty sponsor's recommendation, including why the research cannot be funded by other sources; 7. An itemized budget (if additional funds are needed to ensure completion of the project, please specify sources); 8. The applicant's curriculum vitae.

A panel of psychologists will evaluate the proposals for theoretical and methodological soundness, relevance to feminist goals, applicant's training and qualifications to conduct the research, and feasibility of completing the project. Grant recipients are expected to submit a progress report within 18 months of receipt of a grant.

Submission deadlines: June 15

Send 5 copies to: Silvia Sara Canetto, Ph.D., Chair, Hyde Research Award, Department of Psychology, Colorado State University, Fort Collins, CO 80523-1876, Phone: (970) 491-5415, FAX: (970) 491-1032; e-mail: scanetto@lamar.colostate.ed. ❖

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## Family Psychologist Invites Articles

Please contact Jay Lebow (j-lebow@nwe.edu) or Steven Beach (sbeach@egon.psy.uga.edu) if you are interested in preparing an article highlighting clinical implications of family psychology research in a particular area. Possible areas might include serious mental illness, substance abusing adolescents, specific health-related concerns (e.g., diabetes, breast cancer), eating disorders, ADHD, sibling rivalry, parenting strategies, single-parent families.

Suggested format would be a brief survey of relevant empirical literature, discussion of specific interventions/applications in the literature, examination of the implications for professional practice in general, and recommendations regarding concrete suggestions for practitioners in particular. Typical length should be 1,000 -3,000 words (or no more than about 10 double-spaced pages). If you are not ready to write an article, but you know of someone who would be, please invite him or her to contact us (or let us know so we can get in touch). This would also be a great opportunity for your graduate students to invest in some worthwhile writing. ❖

(continued from Reference Corner — p. 23)

*Bridges for Healing* provides a thoughtful application of psychotherapy with carefully prescribed medications to synergistically advance therapeutic process and changes in family interactions and individual functioning. This work adds to the family therapy literature, a clear, humanistic, and practical approach to guiding family and individual therapy by integrating diverse treatment modalities and psychopharmacology.

*Paul Pitts, Ph.D., is a psychologist in private practice in Pittsburgh, PA and at Cranberry Psychological Center, Seven Fields, PA. For 25 years, he worked in community mental health at Mercy Behavioral Health, Pittsburgh, PA.*

## IFTA Conference in London

The 14<sup>th</sup> International World Congress of Family Therapy is to take place in London from September 2<sup>nd</sup> to 6<sup>th</sup>, 2002 at the London School of Economics. The Congress theme "*Coping with Adversity and Change*" is a key issue for professionals and families in facing and dealing with the impact of overwhelming events as well as day to day stresses and changes. The Congress will bring together professionals from all over the world to review their knowledge, share information, and with families who will be invited to present their perspective of events. It is hoped that the conversations will transform and change realities for those taking part in the Congress, and the many families who will be influenced throughout the world. The Congress will focus on three inter-linked themes preceded by a pre-congress training event.

For information contact: MEDICAL EVENTS, Suite 6, Enterprise House, 111 Elmers End Road, Beckenham, Kent, BR3, 4SY. Tel: +44 20 8659 8111. E-mail: [ifta2002@medicalevents.com](mailto:ifta2002@medicalevents.com). Official Congress Website: <http://www.ifta2002.com>

## Family Psychology Curriculum Collection

Division 43 is collecting sample syllabi for Family Psychology courses. We will place summaries of the courses on the Division 43 web site as a resource to family psychologists in academic settings. Please send a copy of your syllabus (by mail, FAX, or as a Word attachment to email) to: Mark Stanton, PhD, Department of Graduate Psychology, Azusa Pacific University, 901 East Alost Avenue, Azusa, CA 91702. Phone: (626) 815-5008 FAX: (626) 815-5015 email: mstanton@apu.edu ❖

## Ninth Annual Institute for Psychology in the Schools

Wednesday afternoon  
August 21, 2002  
in Chicago

Stay tuned for future details  
Contact: Amanda Ring  
Office of Policy and Advocacy in the Schools  
aring@apa.org or 202-336-5858

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<http://www.apa.org/divisions/div43>

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### Address Updates

Contact Division Services to update your mailing address or to correct any contact information. ❖

## Psychologists Sought to Train HOPE

The American Psychological Association's (APA) HIV Office for Psychology Education (HOPE) Program is currently recruiting psychologists from across the country to become Regional HIV/AIDS Continuing Education Trainers. Doctoral and masters level Psychologists with HIV-related clinical work, research, and training experience are encouraged to join an established faculty of trainers sponsored by the APA.

Established in 1991 by a three-year contract from the Center for Mental Health Services (CMHS) of the Substance Abuse and Mental Health Services Administration (SAMHSA), the APA's HOPE Program is gearing up for another round of training. Very soon, the HOPE Program will receive an additional three years of funding which will support an update of the HOPE Training Resource Materials, recruitment of additional psychologist trainers, a national Train-the-Trainer Conference (NTC), and the development of a web-based, online continuing professional education program.

Applicants chosen to become HOPE Regional Trainers will receive state-of-the-science training materials developed in collaboration with national experts on HIV/AIDS and the mental health needs of diverse populations living with HIV/AIDS at the HOPE National Training-of Trainers Conference in New Orleans, LA, January 22-26, 2003. Additionally, those chosen can expect HOPE Program staff to offer timely technical assistance, information updates and help developing and setting up area trainings.

Because HOPE is nation-wide, Regional Trainers will be part of a collaborative network, and because HOPE is at the APA, trainers can offer CE credits to their program participants. All HOPE asks of its trainers is that they commit themselves to training at least 30 of their colleagues within three years after attending the NTC and completing the new 4-part, 4 hour, HIV online CE training! The APA Office of Continuing Professional Education awards continuing education credits for completion of both the NTC and the online training.

Application to become a HOPE Regional Trainer involves the submission of a curriculum vitae, a completed application form, and a letter describing the applicants HIV-related clinical work, training or lecture presentations, and research.

The HOPE Program has adopted an affirmative action approach to Regional Trainer recruitment. Qualified, doctoral level applicants who reflect the diversity of the AIDS epidemic in terms of gender ethnicity, geographic location, and diverse populations served will receive priority consideration. **Registration deadline is July 31, 2002.**

To request an application or additional information, please contact Christopher Rowe, HOPE Program Training Director at the APA address, by phone at (202) 216-7603, or by email at [CRowe@apa.org](mailto:CRowe@apa.org). ❖

## Position Opening: Supervisory Psychologist

*American Mensa Ltd., the High IQ Society* is seeking a *Supervisory Psychologist* for the organization on a consulting basis. The position will use national office staff professionals to complete most of their work. Estimated time required, following familiarization with the organization, is less than 10 hours per month and is not expected to require office visits more than twice a year. Interested professionals should send a C.V. to Pamela Donahoo, CAE, executive director, American Mensa Ltd. 1229 Corporate Drive W, Arlington TX 76006. Email [Pamd@americanmensa.org](mailto:Pamd@americanmensa.org); <http://www.us.mensa.org> ❖

APA Trust Ad

# “A Bird May Love A Fish but Where Would They Live?”

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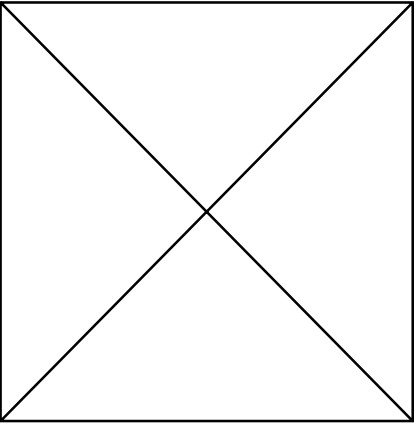
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PLEASE SHARE THIS APPLICATION WITH A FRIEND

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Division 43 of the  
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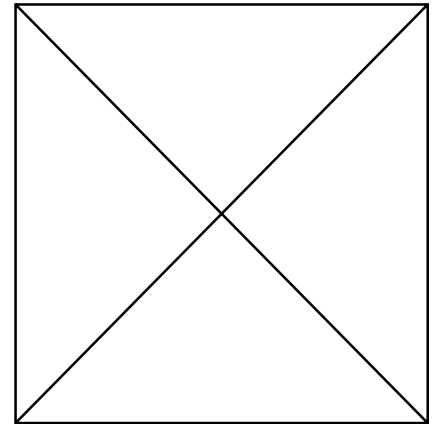
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### Division 43

The Division of Family Psychology provides a home for psychologists interested in families in their many forms. Clinical, research, educational, and public policy perspectives are represented in the wide range of divisional activities. The Division has achieved specialty status in ABPP and developed the *Journal of Family Psychology*. The Division works with the Practice Directorate to ensure inclusion of psychologists in health care reimbursement plans. As the only APA division focusing primarily on families, the Division of Family Psychology strives to educate the professional community regarding the many advantages of a family systems perspective. ❖

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