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Celebrating the Diversity of All Couples and Families

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PRESIDENTIAL THEME ISSUE: EDUCATION AND TRAINING IN FAMILY PSYCHOLOGY

From the President: The Evolving State of Family Psychology in Graduate Education in Psychology

Mark Stanton, PhD, ABPP

Family psychology is maturing as a discipline within professional psychology (Kaslow, Celano, & Stanton, in press). Family psychology was recognized as a specialty by the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) in 2002. A significant aspect of recognition as a specialty was evidence that there are graduate programs that provide substantial education and training in family psychology.

There is an increasing infrastructure of graduate programs in Clinical Psychology, Counseling Psychology, and/or School Psychology that provide education and training in family psychology. An informal listserv survey of Counseling Psychology programs ($n = 70$) found that approximately 25% reported inclusion of an emphasis or track in family psychology related coursework (Prieto, 2004).

However, there are still many psychology programs that provide only a single course in either couples therapy or family therapy in their curriculum. If we review the historical process, family-oriented psychologists initially inculcated aspects of the family therapy movement into psychology curricula (McDaniel, Lusterman, & Philpot, 2001). This re-

mains the extent of family-oriented inroad into some psychology programs (i.e., they offer one or two courses that introduce the historical models of family therapy as an addendum to the core content in psychology). We know from anecdotal accounts that family psychology faculty sometimes feel isolated within programs that do not recognize systemic models. But the number of pro-



Mark Stanton, PhD, ABPP

grams that emphasize family psychology or provide an elective track of courses is growing. The real-life demands of professional clinical practice argue for increased education and training in couple and family approaches. Norcross, Hedges, & Castle (2002) conducted a survey of APA Division 29 (Psychotherapy) members and found that 78% conduct marital or couples therapy and 38% conduct family therapy. The fact that many psychologists are providing clinical services to couples and families suggests the importance of including courses in these modalities in graduate psychology curricula.

A systemic orientation is present in some graduate psychology faculties. Norcross,

Castle, Sayette, & Mayne (2004) conducted a survey of APA-accredited clinical psychology programs in which program directors identified systems or family systems as the theoretical orientation of 14.5% (research-oriented PhD programs), 18.9% (PsyD programs), and 20.6% (practice/practice-research PhD programs), of their faculty members. These percentages rank a systemic orientation as the third most noted orientation, behind cognitive-behavioral and psychodynamic orientations.

One of the key initiatives for Division 43 in 2005 is the identification of graduate psychology programs that provide either an emphasis (a substantial orientation to family psychology that includes several theoretical and clinical courses and/or a family psychology strand in the curriculum) or a track (three to four courses in family psychology-related areas) in family psychology. Both require resident and adjunct faculty who identify themselves as family psychologists (and/or hold a diploma in family psychology from the American Board of Professional Psychology) and opportunities for clinical training in family psychology. Three programs that feature an emphasis embedded within counseling or clinical psychology programs are featured in this issue (Alliant - San Francisco, Texas Woman's University, and Azusa Pacific University). A number of

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Editorial Policy

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Unless otherwise stated, opinions expressed are those of the authors and do not represent the official position of Division 43.

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Submission Deadlines for *The Family Psychologist*

Deadline	Issue	Pub. Date
November 15	Winter	January
February 15	Spring	April
May 15	Summer	August
August 15	Fall	October

From the Editor

Mark Stanton, PhD, ABPP

This is the Presidential Theme Issue of The Family Psychologist for 2005. I am doing double duty on this issue, as editor and president of the division. The theme is Education and Clinical Training in Family Psychology. It reflects a key focus of my experience as the Chair of the Department of Graduate Psychology and Director of the PsyD at Azusa Pacific University, where we have an emphasis in family psychology embedded in our doctoral program. This theme is intended to initiate movement toward identification of programs and clinical training sites that include family psychology so that we may organize and further education and training objectives in our specialty. I review some of these initiatives, and the rationale for them, in the cover column.

The feature articles in this issue describe three programs that provide an emphasis in family psychology. Robert-Jay Green provides an overview of the CSPP Alliant - San Francisco program, Roberta Nutt introduces the Texas Woman's University program, and I review key aspects of the Azusa Pacific University program. These articles present three varied, but similar, approaches to in-

clusion of family psychology content in clinical or counseling psychology programs.

Neil Grossman is the immediate past-Vice President of Education for the division, a position he held for several years. He provides a synopsis of issues faced by Family Psychology as we develop as a specialty. Rodney Nurse, the current Vice President of Education, suggests that we need to tighten our conceptualization of the progression from doctoral education in family psychology to clinical training to licensure to early career practice. James Dobbins, Vice President for Practice, reviews literature on education and training and provides suggestions for our consideration of the development of our field, as distinct from other family-related guilds. George Hong, in the Diversity column, suggests that cultural competency education and training must include the ability to function as change agents in the social environment of our patients. Charles Kamen of the University of Georgia interviews Nadine Kaslow in the Science column regarding current issues in the training of the next generation of family psychology researchers. The interview focuses on key aspects of the mentoring relationship.

Nancy Elman initiates the deliberate inclusion of a book review by a graduate student in this issue of the Reference Corner, as part

of our emphasis on Education and Training in Family Psychology. Interested students may contact her directly. She also provides an interesting review of a new video about adoptive gay fathers that may be considered for diversity courses. John Northman, President of the Academy of Family Psychology, begins a new column in this issue about board certification in our specialty. Pursuit of ABPP status in family psychology is a natural progression from education and training in the specialty.

The Final Word on the theme is provided by Michele Harway at Antioch University in Santa Barbara. She addresses the public relations dilemma for family psychologists who are often misunderstood by other psychologists to only work with a limited population or relational problems. She suggests that a paradigm shift is required for most people to truly understand the nature of our specialty and she provides an interesting example of the struggle to locate textbooks that work well in a graduate program that infuses family psychology into the curriculum. She has an interesting perspective, as she is currently developing a new doctoral program that will include a family psychology emphasis.

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The Family/Child Emphasis in the Clinical Psychology PhD and PsyD Programs: California School of Professional Psychology Alliant International University-San Francisco

*Robert-Jay Green, PhD**

Philosophy of the Family/Child Program

The Family/Child Emphasis Area in the APA-Accredited PhD and PsyD Clinical Programs at CSPP-San Francisco is for students who have varying degrees of interest in doing clinical and/or community work with children, adolescents, families, and couples. Like most CSPP doctoral students, those participating in the family/child emphasis still get at least half of their training in working with adult clients and are prepared to enter careers working with adults. In recent years, approximately 40% of our entering students in both the PhD and PsyD doctoral programs have chosen the family/child area as their emphasis, making it one of the largest family-oriented psychology programs in the United States.

A unique feature of the program is that we seek to train professional psychologists who are competent family/couples therapists as well as competent in the more traditional skills of child-clinical psychology (child assessment and individual child therapy). Green, (1992) presents a more detailed description of the emphasis area's history and philosophy.

Emphasis area faculty represent a wide variety of theoretical orientations including family systems, psychodynamic, emotionally-focused, cognitive-behavioral, and narrative. Also, we are interested in multiple levels of intervention including individual therapy, family and couple therapy, community intervention/prevention programs, and social policy action. We are strongly committed to supporting women's issues and multicultural populations such as ethnic/racial minorities, families with gay, lesbian, bisexual, and transgender members,

and families of persons with disabilities. In all of our teaching, we utilize a biopsychosocial framework for conceptualizing factors at multiple levels that may be maintaining the presenting problem.

Major faculty research interests include: child maltreatment (abuse); divorce and child custody; family interaction and children's achievement; African American families; Asian American families; Latino families; family relationships of children or parents with disabilities; GLBT couple and family issues; transition to parenthood; male and female gender roles in families; family violence; families and health/illness; attachment and emotional self-regulation processes across the life cycle; AIDS prevention with Latino and African American gay/bisexual youth; giftedness; emotional intelligence and family relations in adolescence; family assessment; child assessment; eating disorders; adolescent girl's development and career aspirations; family and couple therapy; development of social competence in childhood and adolescence; child psychopathology.

The Model Program in Family/Child

The family/child core faculty members designed a model curriculum for students wishing to pursue internships and careers in family/child clinical. Students may choose different levels of involvement with the emphasis area, depending on how much of this program they will complete. For example, some students are interested in working with adolescents but not younger children, or vice-versa. Some students are only interested in the couple and family therapy components of our emphasis area but not interested in individual child therapy. A student may take as much or as little of the model program as fits her or his interests and career goals. However, espe-

cially if a student intends to apply for APA-Accredited child-clinical internships in the fourth or fifth year, it would be advisable to take the maximum family/child course offerings because these internship positions are so competitive and prefer students with the most child-clinical training and experience.

The Five Parts of the Model Program

The five parts of the model program are described below. Note that much of the family/child emphasis training occurs through the student selecting sections labeled "family/child" in the registration materials for required courses that have multiple sections. Thus, we offer many sections of the required second-year "Psychodiagnostic Assessment" course, only some of which are labeled "family/child." These "family/child" sections of multi-section required courses actually focus on both adults and children, whereas the sections that are not labeled "family/child" tend to cover only adults. Students may take the family/child sections of the following courses as fit their interests and career goals:

1) First Year Courses with Designated Family/Child Sections:

- Intellectual Assessment
- Advanced Psychopathology
- Observation & Interviewing
- Human Development

2) Second Year Courses (Prerequisite to Advanced Courses and Internships):

Three of the family/child sections of courses in the second year are prerequisites to many of the later elective courses in the family/child emphasis area. Thus, you would need to take these three second-year courses in order to get into some of the more advanced courses later on in the program:

- Psychodiagnostic Assessment—Family/Child section (2 semesters)
- Theory & Technique of Clinical Practice—Family Systems (1 semester)
- Theory & Technique of Clinical Practice—Child Treatment (1 semester) (Psychodynamic or CBT orientation)

3) Third and Fourth Year Courses:

In the third year, family/child students are advised to take a family/child section of the year-long “Advanced Clinical Seminar” course (which involves group consultation on cases students are seeing at their practicum sites as well as preparation for the Clinical Proficiency Progress Review, an oral exam based on student’s individual case presentations)

In the third and fourth years, we advise taking electives labeled family/child, which are usually listed in the registration materials under “Advanced Clinical Skills” or “Supervision/ Consultation/Management/

Teaching.” Some examples of such electives are: Infant Assessment, Couples Therapy, Adolescents in Therapy, Consultation in Pediatric/Family Health Psychology, School & Teacher Consultation, Supervision of Family Therapy, Consultation in Child Custody Decisions, Sex Therapy, Family Therapy in Community Outreach Settings.

4) Predissertation & Dissertation Research Projects:

Family/child students are encouraged to focus their research projects on the broad areas of family/child development, psychopathology, assessment, or intervention.

5) Practica/Internships:

Students who are thinking about spending a major part of their career in child and adolescent clinical psychology are directed to select combinations of placements that focus on different childhood age groups (infants, toddlers, school-age, adolescents). We also recommend that they complete at

least a half-time internship or 50% of a full time internship focusing on family/child populations. We have found that the more preparation students have, the more likely their chances will be of getting a good child and family clinical job after graduation. We have also found that APA-Accredited child-clinical internships are extremely competitive, and students probably will *not* be able to obtain one unless they follow the maximum training recommended in the family/child emphasis.

References

Green, R.-J. (1992). Doctoral training in family psychology: A home in the professional schools? *Journal of Family Psychology*, 5, 403-417.

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Feature Article

Family Psychology at Texas Woman’s University

Roberta Nutt, PhD, ABPP

The doctoral program at Texas Woman’s University integrates Family Psychology into its Counseling Psychology curriculum. Program brochures label the program as one in Counseling Psychology with emphases in Family Psychology and women’s/gender issues. When the program was developed and began admitting students in 1981, the combination of Counseling and Family Psychology seemed natural and strategic. Both specialties emphasize normal growth and development and the importance of context, serve a wide variety of populations, and encourage science to inform practice. Our goal is to produce graduates who identify as both Counseling Psychologists and Family Psychologists.

The program requires two courses that focus specifically on Family Psychology and

a number of others that integrate Family Psychology into the coursework. In addition, many practicum placements focus on family issues and family clientele.

One course, Theory and Practice of Family Psychology, covers the wide variety of family intervention theories and contains a laboratory component to model and practice basic family therapy skills. The course teaches students to use system theories as bases for making assessments and conceptualizations and for devising treatment strategies in work with families in clinical settings. Students study the major family psychology models and the research base that stems from and supports each model. Ethical issues and family variations by culture, ethnicity, religion, economics, and social position are also studied. A second course, Advanced Family Psychology and Systems Interventions, further devel-

ops applications of theory and skills after students have acquired some practicum experience. Students study family research in greater depth and design a workshop for couples and/or families. Client tapes and assessment instruments are also analyzed.

Family Psychology issues are integrated into a number of other courses. The Professional Issues course covers history and definitions of psychology in general, and Counseling Psychology and Family Psychology specifically. The roots of Family Psychology in marital and family therapy and interdisciplinary arenas, its growth as a specialty within psychology, and its educational and training standards are reviewed. The course Research in Counseling and Family Psychology critiques research in both specialties and focuses on typical research paradigms and results. Current process and outcome literature re-

garding both family and couples therapy is included. The instructor supplements the research text with examples of meta-analyses, relevant book chapters, and articles, each of which gives special attention to diversity issues including GLBT issues, ethnicity, and traditionally underserved families such as those who are rural and/or poor. Family issues from a feminist perspective are addressed in Psychology of Women. Topics which are included are gender roles in families, domestic workload, parental issues and satisfactions, divorce, LGB relationships/ families, ethnic and cultural diversity, etc. Vocational genograms and using interviews regarding parents' work history and career development to illustrate various career theories tie family development and influence to theoretical models in Vocational Psychology.

Students are given experiential training in Family Psychology in a number of their practicum placements. They generally spend two of their semesters of practicum in community mental health centers that serves a variety of families and family problems. Some of these centers have a specific focus on populations such as families with a child or adolescent who has broken the law or been truant. Other centers may specialize in a particular treatment model such as narrative therapy. Many practicum sites also specialize in treating family violence issues.

Of course, Family Psychology issues are addressed in core courses such as Social Psychology, Cross Cultural Psychology, Ethics, and Diagnosis and Treatment of Sexual Dysfunction. In particular, domestic violence and all forms of abuse in the family are closely examined in Psychology of Violence, Trauma, and Abuse, as well as Psychology of Women. The trauma course focuses on the understanding, analysis, assessment, and treatment of traumatic stress and trauma-based disorders in a family context. Particular emphasis is placed on issues of family violence across the life-span, including childhood sexual abuse, dating violence, and the impact of these traumatic experiences on child, adolescent, and adult development. The sexuality course has just

been revised and will encompass a variety of developmental, biological, familial, and cultural components of and perspectives on human sexuality across the lifespan. This includes systemic and familial facets of therapy as they relate to sexuality issues. Sexuality education, issues impacting couples, and the impact of cultural and religious dynamics on sexuality in the family will be included.

Additionally, students are encouraged to examine family-relevant topics in their theses and dissertations. Some sample titles from the past two years include:

Participation in Therapy: Does Family Matter?

The Effect of Trauma on Differentiation Levels, Schema, and Family Environment: A Study of Trauma Patients and their Families.

The Effectiveness of Modified Filial Therapy Training in Comparison to a Parent Education Class on Acceptance, Stress and Child Behavior.

Positive Steps™: A Qualitative Evaluation of a Family-Oriented Preventive Intervention Strategy.

The Relationship of Perpetration of Wife Abuse to Husbands' Internalized Shame and their Perceptions of Autonomy and Intimacy in Marriage.

Three faculty members connected to the program hold ABPP diplomates in Family Psychology – the program director, a clinical faculty member who teaches as adjunct and may supervise research, and a faculty member who teaches part-time on modified retirement. There is at least one junior faculty member with specialized training and expertise in family psychology and others with couples research and therapy expertise.

Graduates of the program report that the infusion of Family Psychology and diversity issues into the doctoral program has enhanced their skills and employability giv-

ing them an edge over graduates of other programs. Sample quotes from former students include: "The emphasis on treating diverse clients, as well as families, granted me unique skills which have allowed me to market myself effectively in a highly competitive environment;" "The emphasis on feminist, systemic, and postmodern models of therapy has led to greater flexibility in my thinking and work which allows for more creativity in treatment;" and "TWU's systems training and diversity training have helped me in working with many other professionals, especially on multidisciplinary teams."

Our application deadline is February 1. We typically invite 20-25 promising applicants to campus for interviews. We admit 6-9 students per year. Because TWU is a public (not private) institution, tuition is reasonable. Because of our unique focus, we attract students from across the U.S. and some from overseas.

From the Editor

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On other fronts, please notice the invitation to Division 43 members to participate in one of the division committees or Special Interest Groups (SIGs). This is a great way to get involved in areas that matter to you, and to advance the goals of the division. We expect our Hospitality Suite program in Washington DC to be packed with meetings of these groups as we organize better to achieve family psychology objectives.

Finally, I am happy to announce that we will have two excellent guest editors for the Spring 2005 and Summer 2005 issues of *The Family Psychologist*.

Guy Diamond has agreed to develop the Spring issue around the theme "Attachment in the Family: Theory Informing Practice." He will coordinate feature articles and The Final Word for the issue. (gdiamond@psych.upenn.edu)

Terry Patterson has agreed to coordinate the Summer issue around the theme "Ethical Issues in Family Psychology." This issue was last covered in-depth in *TFP* about 10 years ago. It will focus on ethics in family psychology research and practice. (pattersont@usfca.edu)

A Family Psychology Emphasis in Clinical Psychology Education

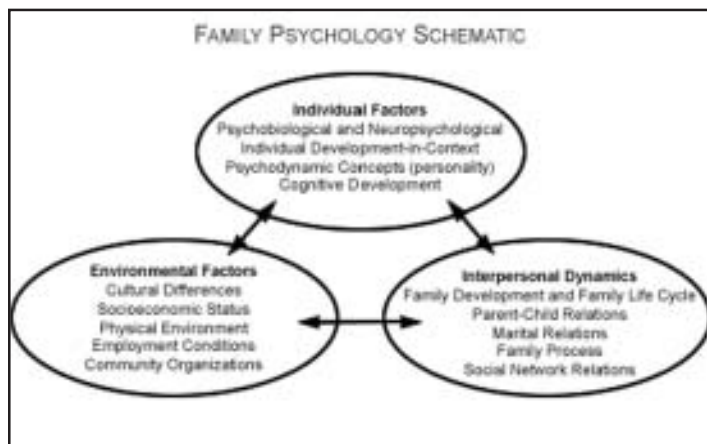
Mark Stanton, PhD, ABPP
Azusa Pacific University

Graduate education in psychology is intended to be “broad and general (APA, 1996). Although some family psychologists believe that the specialty of family psychology is broad and general, when the program at Azusa Pacific University (APU) was designed, it was clear that family psychology would not be a recognized category for accreditation by the Committee on Accreditation (CoA) of the American Psychological Association for some time. In fact, it is still not a recognized doctoral category, although it may eventually fit within the proposed “professional” psychology category currently under discussion as a catch-all for emerging specialties other than clinical, counseling, or school psychology. Others believe that family psychology is a post-doctoral specialty, based on a broad education at the doctoral level, but requiring post-doctoral education and training. So, although strongly committed to the epistemology underlying family psychology, the APU faculty elected to develop the degree within the discipline of clinical psychology. Embedded in the clinical psychology program is an emphasis on family psychology.

The emphasis is more than an elective sequence of three or four courses added to the program. It is built into the core curriculum through required theoretical and clinical courses, as well as practicum experiences. All students in the program complete these courses as part of their broad training in clinical psychology.

Epistemological Transformation

A key element of the emphasis is education in the epistemology of family psychology. Based on systems theory, the discipline of family psychology recognizes the dynamic interaction between persons and environments without detracting from an awareness of individual, intrapsychic issues. Family psychology conceptualizes human behavior within the reciprocal interaction between intraindividual, interpersonal, and environmental - macrosystemic factors (see Family Psychology Schematic; Liddle, Santisteban, Levant, & Bray, 2002; Stanton,



1999). This model is the basis for an introductory theories course in the first year of the doctoral program. Psychology and Systems Theory provides an introduction to the discipline of family psychology and the theoretical orientation of the PsyD curriculum. Philosophical and psychological ramifications of systems theory are considered. An in-depth analysis of the tenets of systems theory and their application to psychological theory and psychotherapy is provided. Case examples, experiential exercises, and interactive discussion are utilized to engage students in the model. Students are challenged to adopt an ecological sys-

tems epistemology and to think critically regarding the integration of psychological theories within a systemic framework. The desired goal is an epistemological transformation from an individualistic orientation to psychology to a systemic orientation. Students who begin to think systemically may proceed to practice primarily with individuals, but they conceptualize their work from a systemic perspective.

As a doctoral program in clinical psychology with an emphasis in family psychology, the APU PsyD incorporates elements from several fields within psychology (e.g., clinical psychology, developmental psychology, personality theory, environmental psychology, community psychology, psychobiology, and social psychology). All the fields are related by the theoretical understanding of the dynamic, reciprocal relationship between the factors and their impact on human behavior.

Family Psychology Science

The PsyD at Azusa Pacific University is identified as a practitioner-scholar program. The intent is that APU graduates actively apply the science of psychology to the practice of psychology. Students receive a foundation in psychological theory, including systems theory; research methodologies, including qualitative methods and quantitative methods that are amenable to exploration of systemic dynamics within family psychology intervention science (Liddle, Bray; Levant, & Santisteban, 2002); and education and training in the research literature on evidence-based interventions (Levant, 2004). Due to the family psychology emphasis, students are exposed to the research literature on interventions

that utilize a couple or family format, as well as individual interventions. For example, there is substantial evidence for family interventions such as Functional Family Therapy, Multidimensional Family Therapy, and Multisystemic Treatment (Sexton & Alexander, 2002) that may not be emphasized in many clinical psychology programs. In addition, there is evidence that Behavioral Couples Therapy, which has strong evidence for effectiveness in the treatment of addictive behaviors, is not well-known or readily adopted in substance abuse treatment (McGovern, Fox, Xie, & Drake, 2004); this intervention is included in the APU Addictive Behaviors course.

Students complete the PsyD clinical dissertation in one of six categories: quantitative research, qualitative research, consultation research, critical literature analysis, clinical application, or theoretical development. Many students utilize a systemic epistemology in their research question or research design.

Competencies in Family Psychology

The curriculum for the APU PsyD Program is competency based. It recognizes that it is essential to identify core competency areas in psychology as the primary organizing principle for a professional degree (Kaslow, in press). Successful degree completion requires the achievement of the competencies necessary to function well in the field of clinical psychology. The APU PsyD curriculum adopts the seven core competencies identified by the National Council of Schools and Programs of Professional Psychology (NCSPP; Bent, 1992): research and evaluation, relationship, assessment, intervention, diversity, consultation, and management and supervision.

In addition to developing the competencies as defined by NCSPP, the APU PsyD adds competency elements related to a systemic orientation to psychology and clinical practice. For instance, the relationship competency is defined by NCSPP as “the capacity to develop and maintain a constructive working alliance with clients” (Bent, 1992, p. 78). Of course, this allows for multiple clients, but programs often focus on the in-

dividual therapeutic alliance. The family psychology emphasis encourages development of the competency to create a working alliance with multiple persons in a single case, and addresses the ethical issues in doing so (Gottlieb, 1995). The assessment competency is increased by the addition of means to conceptualize and measure systemic properties, such as relationship dynamics and family functioning, including instruction in couple and family assessment devices. Intervention competency includes the knowledge of evidence-based practices for individual, couples, and family treatments. Diversity is an emphasis throughout the program, consistently included in courses to reflect the importance of a broad range of individual and group differences. The consultation coursework utilizes the systemic epistemology to orient students to the competencies needed to work with groups and organizations. The supervision competency focuses on the importance of both individual and systemic functioning, and it utilizes systemic theories of supervision and awareness of ethical issues for working with couples and families.

Family Psychology Coursework

The systemic theoretical foundation undergirds the courses in the APU doctoral program. In courses that have traditionally had an individual focus, systemic aspects relevant to the content area are incorporated. For instance, Adult Psychology surveys adult development, adult psychopathology, and individual adult psychotherapy, but systemic and social interaction are emphasized in the developmental process, etiology, and manifestation of psychopathology and therapeutic interventions. A course in Addictive Behaviors addresses the etiology, assessment methodologies, course of progression, and treatment of addictive behaviors, but special attention is given to social and environmental factors in the progression and treatment of addictive behaviors. Culturally diverse populations are considered in every course, as an aspect of the system.

In addition, students complete population-specific courses that are commonly associated with family psychology curriculum in graduate psychology programs. For ex-

ample, second year students take Family Psychology, a course that examines family development, the assessment of family functioning, the intersection of psychopathology and family dynamics, and family psychotherapy. Students learn to administer and interpret family assessment measures. The role of culture, ethnicity, and religious influences in families is discussed. Students develop systemic treatment plans that recognize the value of the appropriate inclusion of individual, dyadic, and family therapy sessions. The Child Psychology course provides an overview of the field of child psychology, including child psychopathology. Emotional, behavioral, and learning problems are thoroughly examined and understood within a systemic developmental context. Particular attention is paid to assessment, diagnosis, and treatment of children within the familial and cultural context. Gerontology focuses on specific developmental issues, psychopathology, and therapeutic interventions relevant to the aging. Special attention is given to ecosystemic factors, such as extended family dynamics, culture, and community services, as they relate to treatment.

Courses with a family psychology or systemic element:

PPSY 711	Psychology and Systems Theory
PPSY 715	Adult Psychology
PPSY 716	Family Psychology
PPSY 717	Child Psychology
PPSY 7	Clinical Practicum I
PPSY 7	Clinical Practicum II
PPSY 735	Adolescent Psychology
PPSY 721	Addictive Behaviors
PPSY 722	Research Design I
PPSY 723	Research Design II
PPSY 724	Couples Theory and Therapy
PPSY 729	Treatment Planning
PPSY 734	Gerontology
PPSY 736	Social Ethics and Psychotherapy
PPSY 737	Clinical Practicum V: Domestic Violence
PPSY 740	Consultation in Clinical Psychology

PPSY 744	Supervision in Clinical Psychology
PPSY 750	Predoctoral Internship
PPSY 753	Family Ethics and Psychotherapy

All students receive clinical training in family psychology. In the first year of the program, all students are placed in our Child and Family Development Center, a community-based mental health clinic. Many students participate in the school-based services for children and families operated by our center (Houskamp, 2004); others provide individual, couples, and family therapy in the out-patient clinic. Additional second and third year practicum sites are available that emphasize elements of family psychology.

Conclusion

Although there is debate about the nature of family psychology as a doctoral or post-doctoral specialty, we have found that it is

possible to provide a broad and general education in clinical psychology while concurrently providing a substantial prespecialty emphasis in family psychology.

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Feature Article

Education and Training in Family Psychology: Looking at the Past to Move into the Future

By Neil S. Grossman, PhD, ABPP

The objective of the Division of Family Psychology, as stated in the by-laws, is to promote the education of psychologists in matters of family psychology; advance the contributions of psychology as a science and as a profession; and inform the psychology community and public about research and education and training of family psychologists.



Neil Grossman, PhD

As we discuss education and training in family psychology we need to identify our

target audience. Family therapy started as a multi-disciplinary field. This diversity enhanced its originality and richness. As the field of family therapy flourished, many psychologists involved with family therapy wanted a stronger connection to Psychology. They eventually formed the Division of Family Psychology. Family psychology evolved within psychology. Specialty certification (ABPP) was established and family psychology was recognized by APA through the CRSPPP process (Commission for the Recognition of Specialties and Proficiencies in Professional Psychology).

Focus

As family psychology evolved and became “main stream”, many generalist psycholo-

gists received some training and experience in family therapy and learned some aspects of systems thinking. The techniques and concepts of family psychology are used and applied by a broad spectrum of psychologists. This situation has similarities to Gestalt psychology, which at first was a separate area of theory and practice and then became absorbed into main stream psychology. Family psychology has not been absorbed to the extent that it has lost its separate identity, but this is a possible projectory. What should be done to keep this from happening? The Division of Family Psychology should be the home of professionals who are expert specialists and have an expert knowledge in family psychology. These specialists will help psychologists learn, use and apply the principles of family psychology. In this way the Division of Family Psychology will provide leadership in its area

of specialty. Therefore, when family psychology education and training is discussed, consideration should be given to entry level family psychologists, specialists in family psychology and psychologists who gain elementary knowledge in family psychology perhaps by taking a course or two in a doctoral program or several CE workshops. Family psychology should focus broader than on family psychology programs and major tracks. While these should be the main emphasis, the focus should include family therapy tracks, sequences and courses. In this respect the constituency of family psychology is broadened – providing information to all psychologists who use and apply family psychology constructs, principles and techniques.

The membership of APA and its divisions has recently declined. To remain vital, family psychology should focus on relevance and excellence in providing information regarding education and training, research, and practice. While the Division should serve its members it should also strive to be relevant to its broader constituency.

APA Model of Training

A model of training that is currently popular in APA assumes that doctoral training should be broad and general and that specialization should take place at the postdoctoral level. While conceptually neat, this model is flawed. There are two conceptual mistakes in the basic assumptions of this model. The first problem is that the model assumes that broad and general doctoral training does not permit specialty training at the doctoral level. Currently, APA and the Committee on Accreditation (CoA) only permit professional training at the doctoral level in the traditional areas of clinical, counseling, and school psychology. While clinical and counseling psychology training at the doctoral level is broad and general, it could be argued that doctoral education in school psychology provides the broad and general base along with specific school psychology training. That is specialty training in addition to general base information. Since clinical, counseling, and school psychology are the only types of pro-

grams that currently can be accredited at the doctoral level, some other specialties (a list of APA recognized specialties can be found at www.apa.org/crsppp/homepage.htm), such as clinical child and clinical health psychology, have developed doctoral programs by situating them within accredited clinical psychology programs and then focus on teaching child psychology or health psychology. Thus, they provide a broad and general background in addition to specialty training. Once recognized by APA, the specialties of child and health psychology preferred to have specialty doctoral programs and not to place them within clinical programs. Rather than exclude the newer specialties from training on the doctoral level by fiat, psychology should require specialties to demonstrate that they can provide the specialty training in addition to the broad and general base.

The Counsel of Specialties in Professional Psychology (CoS) represents specialties to psychology and the public (www.cospp.org). The CoS maintains that doctoral training should be broad and general and that each specialty should identify its training model and specify whether specialty training occurs on the doctoral level, postdoctoral level, or both. To have accredited programs on the doctoral level the specialty would have to demonstrate that it can provide specialty training in addition to broad and general training. This issue is relevant to family psychology since its model specifies training at both doctoral and postdoctoral levels. The regulations of the CoA bind it to only accredit doctoral programs in clinical, counseling, or school psychology. The CoA is currently suggesting a change to the language used in its regulations and is soliciting comments from psychologists. The proposed changes and a mechanism for commenting can be found at <http://www.apa.org/ed/accreditation/elimination.html>. These proposed changes do not in themselves mean that specialty programs will be accredited at the doctoral level, but they remove one obstacle to this.

The second problem with the model is that it assumes all specialization training can occur at the postdoctoral level. Aside from

the fact that the education model of each specialty should decide at what level of education specialization occurs, in many cases specialization can not realistically occur on the postdoctoral level through residency programs. For the most part, there are not a sufficient number of postdoctoral residency programs to provide specialty training nor is there money to fund more programs. Additionally, many of the existing programs focus on subspecialties or have populations that are too narrow to provide adequate specialty training.

Education Leadership

I was fortunate to be invited to attend the 2004 Education Leadership Conference (ELC) this September. Participants examined whether knowledge from research on the teaching and learning process is effectively applied in psychology education and training. The 2004 ELC participants were asked to identify both accomplishments and gaps in the translation of research to our educational practice, and to develop strategies for change where necessary.

I was part of a group that focused on postdoctoral training including continuing education (CE) courses. This work group focused mainly on CE and identified, as a problem, that education through CE workshops is usually disjointed and fragmented. Psychologists take separate workshops rather than an organized training sequence. Also, we do not know what people actually learn from taking CE workshops – a measure of learning is not used. While some questions are asked at the end of a CE workshop, this is like an open book test because students can look at the questions first and then find the answers as material is presented in the workshop. Furthermore, we do not know if information learned during the workshop is retained.

I would like to suggest two partial solutions to these problems:

1. CE workshops can be less fragmented if psychologists are provided with an overview map indicating the recommended information that should be learned to obtain

new skills or specialty knowledge. The psychologist could then take disconnected trainings and with the assistance of a map, accumulate overall knowledge in the area. In this way psychologists would know what is considered to be important to obtain expertise and work towards acquiring those competencies.

2. Actually test the knowledge of participants at the end of the training. The information from the test would not affect the awarding of CE credit but it would be used to better design future workshops. A full day CE workshop I presented can be used as an example. At the end of the workshop, a video family therapy session was presented and participants were asked to apply the information learned to evaluate the family. The questions and answers were then discussed so the testing aspect became part of the learning process.

On the whole conference participants focused their thinking on what they assumed the 2004 ELC planners wanted to hear, ideas that were traditional, and the recommendations were less innovative.

CRSPPP Petition

Finally, the division needs to start preparing a petition for renewal of the APA recognition of family psychology as a specialty through the CRSPPP process.

It will be helpful to have the following documents in place:

- Specialty Specific Postdoctoral Accreditation Guidelines for Family Psychology (Being written by Mark Stanton and Michele Harway)
 - Doctoral Education and Training Guidelines (Being written by Mark Stanton and Michele Harway)
 - Practice Guidelines (Being written by Bill Watson, James Dobbins, and Michael Gottlieb)
- (Note – there should be consistency between all three documents listed above)
- Model for the Development of Postdoctoral Programs in Family Psychology (Already written by Florence Kaslow, Mike Gottlieb, and Neil Grossman)

- Identifying training programs in family psychology at the doctoral and postdoctoral levels. (Mark Stanton is coordinating this)
 - The development of an educational model with specific pathways at the different levels of training (the doctoral, internship, and postdoctoral levels) mapping the routes students and psychologists take to become family psychologists. This could be part of the Education and Training Guidelines. (No one has been identified to lead this task.)
- To stimulate discussion of this issue I suggest the following as a starting point:

Doctoral Level

At least two courses in the treatment of families and a year-long practicum experience in family intervention followed by a internship specializing in family psychology. Training in both research and clinical areas of expertise. For researchers, coursework in a topical area of family research and the completion of one of the program research requirements (e.g., master's thesis, comprehensive exam, or dissertation) in an area of family research.

Internship Level

Internship specializing in family psychology. (With specified minimum seminars and supervised practical experience.)

Postdoctoral Level

- a) Postdoctoral Residency following the content guidelines identified in *Model for the Development of Postdoctoral Programs in Family Psychology*.
- b) Postdoctoral Institute in Family Psychology.
- c) Continuing education courses and supervised practical experience following the content guidelines identified in *Model for the Development of Postdoctoral Programs in Family Psychology* and leading to an ABPP in Family Psychology.

An ABPP in Family Psychology is recommended for Family Psychologists trained at any level.

It is suggested that the tasks listed above be monitored by the Division and the Family Psychology Specialty Council. The most

important document for the Division to first have is Specialty Specific Postdoctoral Accreditation Guidelines for Family Psychology. Without this the CoA could accredit family psychology programs based on their own criteria rather than the specialty's criteria.

In conclusion, I would like to thank the members of the Division of Family Psychology for permitting me to serve two terms as Vice President for Education.

President's Message

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programs provide several core or elective courses in family-related areas. We hope to identify the family psychology faculty leading these emphases or tracks and create a Special Interest Group (SIG) to facilitate networking, program development, and professional organization in association with the Division and the Family Psychology Specialty Council. We will publish a directory of programs that include an emphasis or track in family psychology.

Recommendations for doctoral education in family psychology are currently in development (Harway & Stanton, 2004). The recommendations follow the structure of the *Guidelines and Principles for the Accreditation of Programs in Professional Psychology* (1996) of the Committee on Accreditation (CoA) of the American Psychological Association. They reflect the current emphasis on the development of professional psychology competencies (Kaslow, in press), instead of the prior emphasis on provision of specific content apart from outcome expectations. Family psychology competencies extend the definition of competencies to focus on systemic elements and properties in psychological research and practice. Competencies in family psychology include entry level readiness in science/critical analysis of issues and critical thinking, professional relationship, assessment, intervention, diversity, supervision, consultation, education, and professional practice management. Overall, in order to be consistent with the *Guidelines and Principles*, programs must demonstrate satisfaction of

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President's Message

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programs provide several core or elective courses in family-related areas. We hope to identify the family psychology faculty leading these emphases or tracks and create a Special Interest Group (SIG) to facilitate networking, program development, and professional organization in association with the Division and the Family Psychology Specialty Council. We will publish a directory of programs that include an emphasis or track in family psychology.

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plan, but they will integrate systemic perspectives and application to couples, families, and larger systems into that content. Significant additional content in the specialty of family psychology will be included in the curriculum. The Family Psychology Specialty Council has conducted an initial review of the document and it will now proceed to Division 43 and other constituencies for review. Completion and acceptance of this document will be central to reapplication for family psychology specialty status with CRSPPP.

As family psychology continues to evolve, doctoral programs will adjust and refine their curriculum and clinical training. Current trends in the field involve increased inclusion of evidence-based family psychology treatments and elaboration of family psychology competencies in a developmental framework within the education and clinical training process.

The transition from leader-based models of family intervention to evidence-based models is uneven in family psychology education. Some programs continue to primarily provide an overview of the historical models of couples and family therapy. Many of these models receive strong support from clinicians, but they have little empirical evidence (perhaps because they have not been examined in empirical studies). Other programs review the historical models but also teach recent evidence-based models. There is substantial evidence for a variety of family-related interventions (Gollan & Jacobson, 2002; Sexton & Alexander, 2002). The growth of family psychology intervention science is one current trend that needs to be further inculcated into graduate education in family psychology (Liddle, 2003). It will be a challenge to develop didactic and clinical training models that effectively transmit evidence-based interventions into real-life clinical practice; initial research in this area has indicated that this is not an easy process (Fals-Stewart, Logsdon, & Birchler, 2004). The identification and organization of programs that provide a family psychology emphasis or track may facilitate dissemination research.

In addition, we need to do a better job of evaluating competencies to ensure student development of the expected outcomes. It will be necessary for programs to delineate the progressive steps involved in development of the competencies, as students proceed through a five or six year program with practicum experiences into the predoctoral and postdoctoral internship (Kaslow, Celano, & Stanton, in press). The mix of coursework, clinical training, and research required to achieve the desired family psychology competencies needs to be determined and developed into an integrated model of education and clinical training that leads to credentialing as a family psychologist. The Family Psychology Education SIG and the Family Psychology Clinical Training SIG will be actively engaged in these areas.

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EDUCATION AND TRAINING

A. Rodney Nurse, PhD, ABPP, Editor

An Invitation

As the incoming Vice President for Education I have chosen to take on the responsibility for editing this column on education and training. I hope to live up to the standard set by the excellent columns edited by Neil Grossman, immediate past VP for Education. I invite division members to write columns on education and training, preferably along the line of the theme for each issue and year, and encourage any member interested in volunteering to email or call me (drnrnurse@aol.com), (925-254-3606).



A. Rodney Nurse, PhD, ABPP

Letters to the Education Column Editor: This (experimental) column section is designed to provide an opportunity for 43 members to write brief letters expressing their perspectives related to the subject matter of education and training columns, and in response to TFP articles specifically on education topics. I am hopeful that given President Mark Stanton's theme of education for this year, this section will serve as a useful purpose of suggesting a variety of perspectives.

So, when you read a TFP education and/or training article that stimulates your thinking and you wish you could enter into a discussion with the author (or column editor) to provide an additional perspective or thought, pay attention to that impulse and write a letter to me (email or snail mail)! Because of the present education emphasis I hope this particular issue will stimulate you to express yourself, however briefly.

A Frame for Education and Training

I would like to propose working toward a more defined and tightened frame within which to conceptualize educating and training in family psychology, in particular with the practice aspects of the field. The overall system of educating and training in this area of family psychology could be improved by more linkage among the three stages of: (1) doctoral programs; (2) post-doctoral programs/licensing; and (3) early career course. In order to accomplish this improvement, delineating the third

stage of career development is the next step. I would suggest a metaphor of training characterized by carefully planned linking and carefully delineating of each step in order to tighten the frame and obtain more clarity.

The metaphor for the education and training of the family psychologist that comes to mind is that of training the airline pilot. That young woman or young man, after a careful selection period, is initially guided through an intense, tense, and sometimes risky period of education linked to specific micro-steps of flight training that involve classroom and "hands on" flight instruction before reaching graduation. After graduation that young pilot does not take on full responsibility for a plane flight, for example, a major international flight (God help us if she or he did!). He or she is likely to work as a co-pilot on a smaller plane, perhaps not first with a major airline, leading to co-piloting with more responsibility and finally reaching the level of full responsibility for piloting with a crew for a major airline on national or transcontinental flights. The pilot must, of course, maintain and further his skill through continuing

learning and checks along the way through the pilot's career through to retirement. Now, I don't think we have to be as rigidly specific as pilot training requires, but given our serious responsibilities in assisting families in distress and enhancing the development of families, I believe that we should be no less thoughtful in our planning and execution as we educate and train young professional aspirants through to conduct interventions at a high level of consistent competency.

Now, back to earth with some details for considering planning for competency. Family psychology has a place in the four areas of doctoral programs—general professional emphasis, counseling, clinical, and school programs. These program areas are relatively mature and have a long history of development.

My discouraging experience, however, with stage 2, the post-doctoral level, this past year in selecting and supervising post-doctoral residents, is that some students interested in family work have not developed much ability to think systemically, even though they may have taken classes in family theory and had some experience with families. I may be expecting too much. Others supervising post-doctoral residents may have had quite different experiences. I hope so. What I am aware of, speaking positively, is that more attention is being paid to the more careful development of post-doctoral residencies, and their evaluation, as was done over the years with pre-doctoral internships. So I trust that as development continues the systemic orientation of family psychology will play a consistent role in all areas of post-doctoral experience, and of course specifically with family interventions. I also trust that with these developments increasingly effective loops of communication will evolve between doctoral programs and post-doctoral residencies to shape both. I conceptualize the post-doctoral phase as concluded, not with the end

of the post-doctoral residency itself, but with the passing of the licensing examination.

The third stage of development for the young professional for the next few years following licensure is distinctively more self directed, and is sometimes aided by mentoring, assisted by supervision and consultation, and almost always accompanied by collegial relationships furthering socializing more clearly into mature status, usually emphasizing academia or the world of direct service. Achieving tenure in academia and moving distinctly past a probation period in agencies may indicate the end of this third stage for some. However, the one standard clearly marking reaching the end of this stage for the practitioner is the awarding of the diploma signifying Board Certification, awarded under the auspices of the

American Board of Professional Psychology ABPP (ABPP), spun off from APA and established shortly after WWII. There are now 13 specialty areas of Board Certification within the ABPP structure. One of these specialties under ABPP is Family Psychology, falling immediately under the American Board of Family Psychology (ABFamP).

Dr. Norma Simon, President of the Board of Trustees of the ABPP, writes on page 1 of the ABPP website (abpp.org): "After years of training in a specialty, becoming board certified is the highest credential for a psychologist..." It is the "final examination," she writes, and, I add, is a major professional stamp for quality practice. I will also add that the actual submission of materials and the orals examination not only includes an expectation that a candidate has

basic knowledge of family psychology and related ethical issues, but specifically focuses on the candidate's self-declared areas of expertise within the family psychology specialty. Not so incidentally, the malpractice discount for those holding board certification reflects practically the effectiveness of practice by those who are board certified.

In conclusion I propose that in addition to specific education and training in family psychology within the four doctoral program areas (professional, counseling, clinical, and school), and the intermediate step of the post-doctoral residency experience, we tighten our model of preparing for practice of family psychology by explicitly including this third level of development capped by the awarding of Board Certification in Family Psychology.

(Final note: After I completed this writing I checked the ABPP Directory on the web and found that 7 of the last 8 presidents of our division are ABPP Board Certified, all but one of those in Family Psychology. This reflects our leadership's active appreciation of the ABPP, and reinforces my belief that we need to take the next step of clearly stating achievement of Board Certification as the major way to mark conclusion of the third phase of career development).

Join a SIG!

Division 43 is creating several Special Interest Groups (SIGs) around key areas of interest in the division. In addition, there are several standing Committees that address important issues. The goal is to identify division members who are interested and active in these areas for networking and collaboration. It is anticipated that each of the SIGs and Committees will convene in the Division 43 Hospitality Suite in Washington DC. If you are interested in participating in one of these groups, please contact the chair indicated.

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Education and Training in Family Psychology: Development, Issues, and Trends

James Dobbins, PhD

The author uses the extant literature of family psychology, family therapy, and education and training in clinical psychology to frame a discussion for students, educators, training directors, and professionals who are practicing as family therapists and family psychologists. In approaching this task the investigator conducted a literature search using Psych Scan 2004 which resulted in over 12,000 hits when using the key words "family therapy." A similar number of hits was reached (11,000) by a search using the key words "psychotherapy education and clinical education and counselor education." These results indicate there is a broad base of literature upon which to discuss education and training in family therapy and training issues in clinical psychology. However, when the key words "family psychology" were used in the search the results dropped to 1320 hits, of which only 198 concerned matters of education and training. After eliminating duplications, the author reviewed the abstracts of 60 references from which he selected key articles that seemed relevant for the focus of this discussion. Among the references that will be cited here, most are taken from conference proceedings and other technical publications of governing bodies that carry mandates for education and training in clinical psychology (American Psychological Association, 1994a & 1994b; American Psychological Association and Association of Psychology Postdoctoral and Internship Centers, 1997; Association of Psychology Postdoctoral and Internship Centers, 2004; Dobbins, J. E. in proceedings of the National Counsel of Schools and Program in Professional Psychology, 2004).

Many of the training citations were drawn from these same sources, and from major journals in family psychology and family therapy, as well as from edited books or reference texts. Thus, there is a significantly smaller but representative body of literature for students, faculty, researchers, and practitioners who are interested in understanding more about the acquisition of skills, knowledge, and professional attitudes, supervision, and evaluation of training in family psychology.

Remembering that this was a search for information on education and training, the most frequent citations respectively concerned policies, procedures, and standards in education and training followed by the next largest domain of focus, family therapy and family psychology supervision. Topics that were moderately well covered included teaching methods, training outcomes, multicultural issues, and training outcome studies. Evaluation, evidence-based models, training in spirituality, and assessment tools, were the least well represented in terms of scholarship that focuses attention on family psychology training and education.

Family Psychology and Clinical Education and Training

Training and education in clinical psychology involves the coordinated efforts of several interrelated constituencies. The enterprise of producing a family psychologist concerns the input of individual students who are the recipients of training, a broad array of organizations that provide governance for the field, and individual institutions of higher education that hold in tension the continuity between the goals of the trainee and the standards of governing bodies.

With rather delicate handling, education can be differentiated from training. Education

is often thought of as the values, goals, policies, and procedures that form the boundaries and foundation of the profession. Here we are concerned with consensual agreement among all of the players in family psychology who are expected to apply the values, standards, and goals of the pro-



James Dobbins, PhD

fession in a reliable, dependable, and ethical manner in order to effectively teach the requisite knowledge, skills, and professional attitudes related to the highest standards of psychological research and practice. Education concerns credentialing of members of the profession, and certification, accreditation of training and certification of continuing education for professionals.

Training is differentiated from education in that it focuses on the product of education via the use of curricula and field experiences that help the novice become a professional and the practicing professional to become more competent. Training operationally relies upon didactic content and practical experiences at graduated levels of competency and includes evaluating students and programs for adherence to ethical and legal principles in the interest of client, student and organizational welfare.

Core Content in Clinical and Family Psychology Training

The NCGE (National Conference on Graduate Education, 1987) specified that a clinical psychology curriculum should minimally include instruction related to the Biological basis of behavior, the Cognitive basis of behavior, the Social basis of behavior, History and Systems, and Research and Design. This particular set of content domains makes it difficult to know how Family Psychology is supposed to fit into this

model of education and training. Given that these areas were largely designed to account for scientist practitioner training. This training model assumes that clinical psychology is a “generalist specialty” in and of itself. However, other training models assume that competency based models of training are more appropriate for practitioners in clinical psychology (Weiss, 1992). In order to support and account for emergent client and training needs, new methods, philosophies, and clinical specialties have been developed since the time of the NCGE conference. This accommodation includes the unique origins and developments that are peculiar to Family Psychology, which has a foundation that includes psychology and the contributions of several other disciplines.

It is clear that there is a link between Family Psychology and the social basis of behavior, especially with the strong reliance on systems theory. However, using a competency based model, it is apparent that all of the domains of the NCGE model apply to Family Psychology as a specialty field. There are theories that account for family behavior from cognitive, affective, and biological bases. There is a well documented and history and systems of thinking that guide research and intervention that is well documented (Marley, 2004). Family psychology specifically calls for assessment, evaluation and research as cornerstones of the specialty. Thus the NCGE elements are foundational in clinical psychology education and training, but the field has had to draw upon other definitional elements and models in order to accommodate the products of family psychology as a specialty with its specific standards, criteria, and perspectives on how to interpret results and outcomes.

Differentiating Family Therapy and Family Psychology

It has been noted that training a family therapist is not the same as training a family psychologist. For example, the family therapist designation is allowed for individuals who have completed Bachelor’s level training in some fields such as nursing, counseling, or Social Work, especially if they are

working in community or public health environments. In other cases, individuals with a master’s degree in psychology may hold themselves out to the public as family therapists if they have a limited license or are working in organizational settings as psychology assistants.

Complicating the certification issue further is the fact that the major credentialing of family psychology lies within psychology, but the major body for credentialing family therapy lies outside of the governance of psychology. The American Association of Marriage and Family Therapy (AAMFT) has an established set of criteria for family therapy with very rigorous standards for internship and professional supervision experiences (Williams, 1994). Many states that offer a license in marriage and family therapy conform to the AAMFT criteria. A clinical psychology license usually meets and exceeds these standards and thus a clinical psychologist with a license can practice provided he or she used graduate training to gain experience in family, marital, and couples intervention and research that meets state licensing standards. It is imperative that the clinical psychologist check local state standards in order to understand what restrictions apply to the practice of marriage, couples, and family therapy (Utesch & Patterson, 1991).

Family Psychology as a specialty requires post-graduate certification by the American Board of Professional Psychology. For the psychologist, family therapy is a subspecialty of clinical or counseling psychology because family therapy is not inclusive of all of the training elements that are required for a family psychologist (i.e., research assessment and broad based generalist clinical training that includes the study of multiples theories and approaches to psychotherapy intervention) and examination by a national board of examiners.

Training Opportunities In Family Psychology

Most undergraduate students are unaware of the issues in credentialing and accreditation that pertain to clinical training. Those

students who come to graduate school with an awareness that they want to work with families, children, or couples probably have a bit of an edge at least in terms of being vigilant and investigative about training options in family psychology. Some training programs offer concentrations in family and couples work, but most offer one or more elective courses that come late in the curriculum. There appears to be a general consensus among training faculty that family work is complex and should be learned after the acquisition of basic theory and intervention skills associated with individual and group therapy (May, 2003).

This is not a well tested assumption and certainly there are terminal masters programs that offer post-Bachelor’s training in marital and couples therapy as testimony to the fact that skills can be taught prior to doctoral level training. Others have also done research to test the ability of undergraduates to learn techniques of family therapy (Prouty, Johnson & Protinsky, 2000). These considerations notwithstanding, family psychologists obtain training via extensive supervision on internship and in postdoctoral field training after completion of doctoral level didactic and research instruction.

Where Are Family Psychology Training Sites Located?

Dobbins (2001) conducted a review of training sites as indicated in the Association of Psychology Postdoctoral Internship Training Centers (APPIC, 2002, 2004) program listings. The frequency of availability of family and couples therapy was tabulated in contrast to the frequencies for adult, adolescent, and child training sites. The majority of the internship training sites where family and couples training are provided included sites that specialized in adolescent and child populations. A significant amount of family therapy and couples therapy are collateral forms of treatment in those settings. So, for students who plan to go into such areas it is recommended that they also get basic education in systems theory and field training in couples, marital, and family issues prior to internship level training. When family therapy training was

examined independent of the child and adolescent sites, community mental health centers had the next highest number of available training sites where family intervention was a part of their major rotations. The largest frequency of family therapy as a minor rotation occurs in VA Medical Centers. The largest frequency of couple's therapy as a minor rotation occurs in university counseling centers.

Community mental health centers and medical school centers had the highest frequencies across all five of the population groups that were counted. Interestingly, family therapy or couples therapy are represented among almost all of the types of settings listed by APPIC, including prisons. These results suggest that students who do not get exposure to families during graduate basic training can obtain training in a wide variety of sites at the internship level. If individuals want to obtain certification as a family psychologist after licensure, respecialization is possible, but often difficult to obtain thorough most university-based or free standing programs. For individuals who have a strong background of scholarship or practice in family therapy there is a "Seniors Tract" in the certification process through which they may be eligible to obtain specialty certification.

Topics and Issues in Education and Training

Topics and issues for advancing training and education in family psychology are complex and wide in scope. In the space that is available here it is not possible to give adequate attention to all of the relevant aspects of development and the history of longstanding polemics, much less the emerging trends. One of the most interesting readings in this review was a research article that examined the preferences that psychiatric residents had for residency training. The trainees listed family interventions as one of the top three areas in which they wanted to receive more training. If students most often get exposure to family intervention in field settings, internship and postdoctoral programs should augment their program with family psychology con-

tent to a significant degree in order to accommodate the preferences that students have for this type of training. Seminars as well as externships may provided the exposure that trainees are seeking.

Smith (1993) noted that twenty years ago the field was focused on the examination of various family systems theories, an understanding of family-of-origin issues, the use of live supervision and direct feedback, and exposure to unique ethical problems when working with married clients. Ten years ago he asserted that the next wave of concern was to explore the theoretical and practical utility of constructivism, feminist family therapy, and diversity. He advised the field to research these issues as "present penetrating challenges" to existing training paradigms. He further asserted that these variables affect the methods used in training and areas of concentration in preparing counselors and therapists for professional roles. His assertions were on point as the literature in family psychology has shown an increase in investigative activity in the areas of multicultural issues and the constructivist ideas associated with culturally competent treatment and research. Dobbins (2001, 2004) also notes that multicultural issues are still an area of needed focus especially since the theoretical congruities in family psychology and multicultural psychology share theoretical foundations given that family is the original culture from which our clients are molded as individuals.

Much more emphasis is needed on program evaluation and outcome research to support training and intervention models as well as to address differences in training standards that are proposed by different governance bodies (Hines, 1996).

Other topics of emerging investigation include the need for more emphasis in supervision on the trainee's co-constructed transference issues involving their family of origin, and focus on the person of the trainee in supervision. While work continues in regard to traditional theories of family therapy, many new models are being pro-

moted in the literature. Four areas that are likely to be given much more consideration in the future are models of spirituality and family psychology training, the need for school-based training models, and the use of qualitative methods in program evaluation. Multicultural issues and services to the underserved, including the families of the severely mentally ill, are very much on the table and are likely to be a challenge in regard to evidence-based models that do not test their manual approaches inclusive of ethnic and chronically ill populations.

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Multicultural Family Therapy in the Community: Implications for Training Curriculum

George K. Hong, PhD

Some years ago, a client with major depression was referred to me. This client, an immigrant from China who had been in the United States for a few years, suffered a disability as a result of an accident. Unable to resume his original work as a waiter in a restaurant in the community, he received social security/disability benefits, which was just enough to cover his expenses of living in a lower socioeconomic neighborhood. Prior to the accident, he was making enough money to send monthly support to his wife and teenage son in China. With his disability and not able to speak English, there was little chance that he would find gainful employment with proper accommodation. The only placement he could get from rehabilitation services was a sheltered workshop where all the supervisors speak English only and could not communicate properly with him. He stopped going there after a few weeks. He thought about having his wife and son immigrate to the United States to live with him, both for emotional support and for help with daily chores. However, he worried how they might perceive him as a person with disability, and whether they would add to his financial burden. Pre-migration marital issues also resurfaced. In addition, his limited income from social security was not enough to qualify him to sponsor his family for immigration, and he needed legal help on how to proceed. On top of this all, he was facing a hearing from disability determination, which was threatening to terminate his payments, because his condition seemed to allow him find work with proper accommodation. In sum, this client had multiple needs on top of his depression that resulted from his accident and disability.

In working with this client, one had to be resourceful. Besides addressing his depres-

sion over changes in his life situation and exploring family issues, he faced multiple social environmental challenges, such as: proper rehabilitation placement, financial support for family, legal services to help with family immigration, support and help with disability hearing, etc. Going beyond the focus on the individual client to the focus on the community, there were issues pertaining to the lack of culturally and linguistically appropriate rehabilitation placement, and sensitizing mainstream disability determination officials to the lack of job opportunities for non-English-speaking monolingual immigrants with limited education. For example, while a mainstream client with mobility problems could work as a computer data entry person or a phone receptionist, such jobs were not an option for this client. Availability of affordable legal services for this socio-economically disadvantaged population was another concern. In order to address this client's problems adequately, one had to attend to his multiple needs through consultation and liaison with other professionals such as, rehabilitation workers, legal services, and medical providers and community workers (the latter two disciplines to help with documenting his disability and unemployability in the community). One would also need to advocate for him in dealing with the various agencies involved. On a broader systemic level, one would have to collaborate with other community workers to assess the needs of the community and work on locating and developing resources, including appealing to funding sources, and educating community employers, so that clients like him might have better services in the future.

Psychologists working in ethnic minority populations in lower socioeconomic neigh-

borhoods frequently face situations similar to the above. These clients have multiple challenges that need to be addressed beyond the traditional confines of the therapy room. In order to ensure that they receive adequate services, psychologists often have to assume multiple roles in liaison and consultation with other providers, and in advocating for clients when agencies and institutions are not responsive to their needs (Hong & Ham 2001). Given the limited public funding available in today's economy, psychologists should join other providers in the community in locating and developing resources for client service. A truly culturally responsive psychologist is one who, in addition to understanding the socio-cultural perspectives of the client population, also empathically recognizes the social environmental obstacles the clients faced in daily life and in their mental health recovery process, and actively seeks to eliminate these obstacles.

This view of cultural competency has often been noted in the literature. For example, in discussing the operationalization of multicultural competencies, Arredondo and her colleagues (1996) indicated that cultural competency on the skills level includes advocating for clients and promoting institutional changes to ensure adequate, fair, and quality care for client populations. The "Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists" (American Psychological Association, 2002), also talk about psychologists taking on the role of change agents. Yet, how do graduate programs and training institutes prepare psychologists to function as advocates and change agents, or to perform consultation and liaison work? How are these roles reflected in the curriculum?

It is important for faculty and trainers to take a critical look at the curriculum of psychology programs. This is particularly salient for family psychologists, because in working with families, their efforts are often interfaced with other agencies, such as schools, after-school and other youth recreational programs, child and family pro-

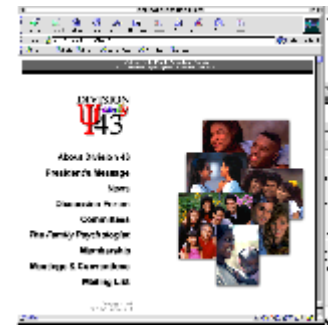
tective services, community programs, social services, adult education, probation, and family courts, etc. Family psychologists should be educated about the configuration of these services in the community, as well as how to consult and liaison with them. They should also know how to advocate for their clients to ensure that these agencies are responsive to their socio-cultural needs. They have to learn how to restructure programs or design new programs when necessary. While performing these multiple functions, they must know how to maintain their clinical focus and boundary. All of these are topics that should be given more attention in the training of family psychologists.

Currently, multiculturalism has established a foothold in the curriculum of psychology programs. However, we must continue to promote a more comprehensive view of cultural competency that goes beyond understanding culture, to taking action in advocacy for equality and socio-culturally responsive care for all clients. In addition to telling students and trainees *what* they should do, we also need to teach them *how* to do it. Addressing cultural competency in a single course is never enough. It must be treated as a comprehensive subject that is covered throughout a trainee's education and training, (Hong, Garcia, & Soriano, 2000).

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RESEARCH CORNER

Stephen R. H. Beach, PhD, Editor

Family Psychologists need to incorporate a strong foundation in science as they mentor graduate students. But, it is not always clear how this can best be accomplished. In the article below, Charles Kamen reports on his interview with former Division President Nadine Kaslow and suggests a number of important guidelines for mentoring graduate students in Division 43.

Stephen R. H. Beach

Mentoring the Next Generation of Researchers in Family Psychology: A Dialogue with Nadine J. Kaslow, PhD, ABPP

*Charles Kamen
University of Georgia*

Mentorship is vital for the future of Family Psychology as a field, and it is an area that few have approached with greater passion than Dr. Nadine Kaslow. Dr. Kaslow is an inspiring example of someone who, despite a complex and busy schedule, has made one of her highest priorities understanding and mastering the skills, knowledge, and attitudes required to become an expert mentor. As an outstanding researcher on family issues, Dr. Kaslow's views on this subject are likely to be of interest to many. Dr. Kaslow is also well known to Family Psychologists for serving as President of the Division in 2002, acting as President of Division 12 in 2004, and for working as the Associate Editor of the *Journal of Family Psychology*. She is widely known as a gifted clinician as well. Adding to these accomplishments, in recognition of her mentoring ability, she received the Distinguished Contributions to Education and Training Award at the 2004 annual meeting of the American Psychological Association in Honolulu. Dr. Kaslow was kind enough to share her thoughts on the importance of mentoring with the readership of the *Family Psychologist*. Below I will present a distillation of her intriguing and innovative ideas.

My first question for Dr. Kaslow was about the general role of mentorship in psychology. Her perspective on mentorship is a broad one, encompassing elements far beyond mere academic advising and clinical supervision. She described a good mentor as akin to a professional parent, responsible for, and concerned with, all aspects of a trainee's life, intuiting emotional and intellectual needs as well as helping the trainee to ascertain the next appropriate step in her/his professional life. This "parental" model seems especially appropriate in Family Psychology, where the construct of good parenting is particularly salient. Dr. Kaslow stressed the importance of working with students from a very early point in their careers to focus their attention on the importance of critical thinking and the scientific process. By offering classes that emphasize being a scientifically-minded thinker to undergraduates and exposing young psychology students to a broad range of research fields, we can help foster a new generation of students that is well prepared to handle the rigors of training in Family Psychology with an eye for the empirical and a scientific consciousness. On the other hand, Dr. Kaslow argued against early specialization. Even while on internship, she firmly believes that graduate students in Family Psychology should gain exposure to a broad range of couples and families, as well as individuals across the life-span. Particularly for those who will be producing research to guide the formation of the field, a broad range of clinical experience is of critical importance for developing a clinically-informed perspective. At the post-doctoral level, she posits, it is appropriate to specialize, narrowing one's focus to determine long-term research

and clinical goals and develop one's own perspective on the field. Throughout the education of a trainee, it is important for a mentor to expose him or her to a balance of didactics, combining both research modalities and clinical practice opportunities that involve families, couples, and larger systems. It is useful as well to have more than one faculty member at a given institution dedicated to the study of family issues in psychology, and for the non-family oriented researchers to be accepting and supportive of the systemic approach.

My next question for Dr. Kaslow addressed the changing role of the mentor throughout the trainee's career. Obviously, as a student moves to post-doctoral work and

then into a research or clinical position of their own, the need for a mentor as an academic advisor diminishes. This natural development process requires considerable finesse. But Dr. Kaslow was quick to point out that the role of mentor is not necessarily a transitory one. Students build a "cadre of mentors" over the years, and even when their graduate advisor has ceased to be the person they turn to for clinical supervision or research advice, they may yet think of their graduate mentor or internship or postdoctoral supervisors first when personal or professional dilemmas arise. Dr. Kaslow emphasized the value and importance of a strong emotional connection between mentors and trainees. At the same time, there may be cases in which this strong emotional bond does not develop. In such cases, it is acceptable and perhaps preferable, in Dr. Kaslow's view, for the mentor to serve merely as an advisor, rather than attempting to force a "parental" relationship on a student who may not be ready or willing to accept it or in instances in which there is



Stephen R. H. Beach, PhD

seek out and secure a new primary advisor or supervisor, because unlike in family systems, new professional parents can be had.

One of the difficult aspects of mentoring Family Psychology graduate students is that Family Psychology students are being trained for “competency.” When I asked for an elaboration on the definition of competency, Dr. Kaslow replied that the concept of being competent could refer either to meeting some minimal threshold, or to showing capability in a particular area. Competency should not be viewed as an absolute, then, but as a continuum, gradated from experts on one end, to those who are developmentally competent but still developing appropriately, to novices. This “developmental” framework for understanding competency suggests a problem with the current approach to licensing, in that it does not impel students to become experts—they are required to learn only enough to become licensed. The role of a mentor, then, is to instill in students a desire to be excellent and to go beyond the minimal requirements of licensing and getting a job. Competency in its purest form involves an integration of knowledge of a subject, skill in that field, and a proper attitude that incorporates an ongoing love of learning and a dedication to quality, integrity, and cultural competence.

Of course, mentoring itself can be viewed within this developmental framework and conceptualized as a form of competency. I asked Dr. Kaslow about mentorship education, or the responsibility of mentors to teach their trainees how to be mentors themselves. She agreed that this is an aspect of mentoring that is not stressed enough. “Lots of people want to mentor,” she said, “but they don’t know how.” To be a mentor, one needs knowledge, skills and attitude, as with any other competency, and more often than not individuals will have to experiment before finding a style of mentorship which is right for them. One of the most important skills, Dr. Kaslow stressed, is asking for feedback from trainees. Mentors have to be open and flexible to the needs of those under their care, while at the same time pro-

viding adequate direction. Part of the parental model of mentorship is providing a holistically supportive atmosphere while helping to instill core values; creating this environment also allows mentors to train students from many different disciplines. Though Dr. Kaslow works in Family Psychology, she mentors a diverse group of psychologists and physicians, including emergency medicine faculty members who share her interest in working with survivors of domestic violence. She told me that at times her trainees will call her and ask for a hug – as their mentor, Dr. Kaslow is one of the first people they turn to when they are in need of emotional support, and providing such support is a skill that mentors must acquire. Dr. Kaslow also emphasized the importance of mentors being very available to their trainees. She said that her students have always appreciated her availability, her quick response to their e-mails, and her trust in giving them her cell phone number.

Another thing that mentors need to keep in mind is that they are shaped by their trainees as well. Unlike the advising model, mentorship is a two-way street, similar, again, to being a parent. Trainees are not passive, any more than mentors are omniscient; each can learn from the other, and part of being open and available as a mentor is acknowledging this fact.

The field of Family Psychology is still moving from a “guru” model, where great minds single-handedly shaped the direction of research and practice, and others sat back and learned from their expertise. While we are indebted to these individuals, the field should shift and is shifting to a more mentor-based approach to graduate, internship, postdoctoral, and advanced training. With Dr. Kaslow as a role-model, it is easy to see how this new perspective may prove an even more ideal fit for a field as integrative as Family Psychology. Her developmental model of mentoring emphasizes key self-correcting processes that will allow the field of Family Psychology to continue to expand while remaining attentive both to the importance of clinical work and research.

Being a mentor is not easy, of course; it takes time and effort, but the rewards of watching students grow and develop, Dr. Kaslow assures us, is well worth the investment.

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Board Certification in Family Psychology

John E. Northman, PhD, ABPP
President, Academy of Family Psychology

As psychology has grown and flourished across the twentieth century, it may be viewed as inevitable that specialized fields and areas of study would emerge. One needs to look no further than the sheer number of divisions, currently 55, within APA. One of the areas to have emerged and become formally recognized by APA within the past quarter century is family psychology.

As psychology has become diversified in its topics of study, another well recognized change started to emerge during the second half of the twentieth century. As psychology matured it began to expand its scope beyond its research base. Psychological principles began to be applied in many areas, from schools to industry to clinical settings. State licensing laws were enacted across the country, recognizing and legitimizing the practice of psychology as a profession.

The combination of specialization and licensing made it inevitable that formal recognition of specialty training would become increasingly significant for professional practice. The American Board of Professional Psychology, founded in 1947, has long been regarded as psychology's premier specialty board.

The primary purpose of the Academy of Family Psychology is to encourage and assist psychologists attain ABPP recognition in the specialty of family psychology.

Why, you may ask, attain ABPP certification? Let me count some of the ways...

Psychology continues to become increasingly specialized. Importantly, clinical practice focuses on specific sub-areas. One need look no further than credentialing forms, routinely sent by insurance carriers, asking questions such as "populations served" (in-

dividuals, couples, families, age groups, etc.), "problems addressed" (anxiety, depression, conduct disorder, etc.) and "methods used" (psychoanalytic therapy, cognitive-behavioral therapy, family systems therapy, etc.). True, such check-off lists may be flawed and limited; nevertheless they do reflect the recognition that psychology has become increasingly specialized.

Legitimate board certification (as opposed to vanity boards) is the gold standard for professional practice. Consider medicine. Would you seek the services of a non-board certified physician? Note that the importance of board certification holds for all areas of medical practice including primary specialties such as family medicine and pediatrics. Similar specialty recognition will become increasingly important within psychology.

As individuals and organizations outside psychology increasingly seek and demand specialty credentials, enlightened self-interest mandates that individual psychologists attain such credentials as legitimate demonstration of their skills. ABPP credentials are broadly recognized by groups and organizations such as hospitals, health and medical organizations, third party payers, state and federal courts, government agencies, licensing jurisdictions, etc.

From government's perspective, protection of the public has long been the rationale for licensing any profession. The peer review specialty board certification process afforded by ABPP supplements the generic licensing statutes used in each state. The stature of the ABPP credential assures the consumer that the psychologist has demonstrated the highest level of expertise in the chosen specialty.

As board certification becomes increasingly recognized, individual psychologists may benefit via increased employment options, increased recognition from colleagues and

referral sources, increased credibility within the local community, and increased stature within the profession.

To my colleagues in Division 43: The Academy of Family Psychology stands ready to encourage and assist anyone seeking board certification in Family Psychology.

To my ABPP colleagues in Division 43: Thank you for encouraging current and potential family psychologists to apply for ABPP status.

To the board of Division 43: Thank you for providing space in *The Family Psychologist* for the Academy of Family Psychology to explain its primary mission. There is a very natural overlap of focus between Division 43, the American Board of Family Psychology (ABPP) and the Academy of Family Psychology. I welcome the opportunity to work together in the best interests of all three organizations.

**For information, contact the
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Nancy S. Elman, PhD, ABPP Editor

This issue of the Reference Corner includes a pair of clinically relevant books on treatment approaches, as well as a review of a new research and scholarly work on intimate relationship, and a film about gay fathers that seems quite relevant to the issues surrounding gay marriage and adoption in our country at this time. Together I hope each of these can help to deepen our understanding of advances in theory and practice in the field of family psychology. In keeping with Editor and Division President Mark Stanton's presidential emphasis on Family Psychology Education and Training, each issue of the Reference Corner this year (including this one) will have at least one review by an advanced graduate student or new professional. If you are a trainer, please consider encouraging a student to write a review (perhaps with you) as an opportunity to begin to publish contributions to the field. I hope this emphasis will be useful to both trainers and students and will bring a fresh perspective to new works for those of us who have been viewing the field from a longer perspective. Please contact me with suggestions or requests.

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 to be considered for review sent as close as possible to the publication date. Send books (or galleys if possible) to Nancy S. Elman, Ph.D., Editor, University of Pittsburgh, 5946 Posvar Hall, Pittsburgh, PA 15260; email: elman@pitt.edu.

McFarlane, Malcolm, M. (Ed.).
2004. Family Treatment of Personality Disorders: Advances in Clinical Practices. New York: Haworth Clinical Practices Press. (409 pp.) [\$49.95 (hc) ISBN: 0-7890-1789-X; \$34.95 (pbk) ISBN: 0-7890-1790-3].

Reviewed by Ann Bender

Not all clinicians feel at ease when treating clients with personality disorders. A preference for short-term therapy, the difficulty in obtaining long-term insurance benefits, and, of course, that pesky transference issue, may all contribute to a clinician's reticence to take on such clients. Yet, recent advances in treatment modalities for personality disorders demonstrate that such clients can make defined changes. While most of these new treatments address the internal experience of the patient, there are effective interventions that employ interpersonal and relational approaches. However, there is little current literature specifically using a family therapy approach to personality disorder. Malcolm McFarlane, a widely published family and marriage therapist from Ontario, addresses this situation with his latest book, *Family Treatment of Personality Disorders*.

McFarlane highlights the interplay between the disordered individual and the family, stressing the importance of the family as a system. In the introduction, John Livesley, a respected personality theorist and clinician, points out the importance of context for an individual with a personality disorder. "Dysfunctional relationships do not just contribute to the development of pathology – they also initiate and maintain maladaptive patterns . . . [so] it is unrealistic to expect new patterns . . . when the individual continues living in a social situation that . . . continues to reinforce maladaptive ways" (p. xix).

McFarlane divides the book into two parts, with a first section providing a broad and thorough overview of personality disorders, assessment of these diagnoses, and a variety of therapeutic approaches. Outlining these therapies is important, since many of the treatment modalities in the second half of this book are integrative in nature. They draw from several theoretical treatment models, including psychodynamic, cognitive-behavioral, and interpersonal. Specifically, this first section outlines the theory and application of interpersonal and object relations treatment modalities for personality-disorder, including a very

detailed case example, replete with 17 pages of process notes, using object relations theory to address passive-aggressive patterns.

The second part of *Family Treatment of Personality Disorders* contains invited chapters that offer treatment options for seven personality disorders (PDs), including three chapters devoted to borderline personality disorder, acknowledging the broad prevalence and critical impact of this disorder on family interactions. To provide a unified structure to the chapter format, each is divided into identical sections, including a description of the disorder and its impact the on the family or marriage, a treatment model with case examples, strengths and limitations of the model, benefits of treatment for the family, crisis management, and cultural and gender issues. Each chapter introduces a different treatment approach to the personality disorder in question. Treatments are not matched to a specific disorder. Rather they provide the clinician with a cadre of clinical approaches that may be employed to address the issues that face a personality-disordered client and the family or spouse. The parallel format for each chapter promotes a facile comparison between these treatments, and the case examples provide rich, in-depth clinical information.

Two individuals with personality disorders frequently come together to form a relationship. In fact, "until the middle 1980s, the histrionic-obsessive pattern was the most common couple relational pattern presenting in private practice . . . for couples therapy" (p. 150). One of the most clearly written chapters in this book is from Dr. Len Sperry, director of the doctoral counseling program at Florida Atlantic University. Dr. Sperry presents a psychodynamic-systemic perspective of a marital relationship between two disordered individuals, and he ably describes a treatment model based on this perspective. He then highlights the components of the model through specific sections of the case example, allowing the reader to see the treatment model "at work" in the process of therapy.

Three of the ten PDs classified in the *DSM-IV* are not included in McFarland's book. It may be reasonable to exclude schizoid or schizotypal personality disorders since these individuals are often estranged from their families and may be less likely to seek therapy. The exclusion of antisocial personality disorder (ASPD) is disappointing but understandable, given the scarcity of available literature. Yet, the spouses and families of individuals with this disorder are often profoundly affected, and future discussion of this disorder in family systems treatment would be important.

Approaches to the treatment of personality disorders using contemporary family systems therapies is a re-emerging area. McFarland's work is an excellent early step, highlighted by the breadth of appropriate therapies it offers. Given the prevalence of personality disorder among therapy populations, and the impact that these disorders have both on the individual and those around him/her, this book will serve a family or marital therapist very well in determining appropriate and effective interventions.

Ann Bender, PhD, is a post-doctoral associate in the Center for Research of Chronic Disorders, University of Pittsburgh, researching the contribution of personality to treatment adherence and healthcare utilization. She is a clinician at the Western Psychiatric Institute and Clinic, Pittsburgh, and volunteers at Family Resources, a child abuse and treatment facility.

Gehart, Diane R., & Tuttle, Amy R. (2003). *Theory-Based Treatment Planning for Marriage and Family Therapists: Integrating Theory and Practice*. Pacific Grove, CA: Brooks/Cole. ISBN 0-534-53616-6. (pbk) (269 pp.) \$48.95.

Reviewed by Jaime E. Mendoza

Theory-Based Treatment Planning for Marriage and Family Therapists is a good book to own. It is easy to read and comprehend, yet not so elementary that the reader loses interest, and will be a good supplemental book for a family therapy course. It provides a general outline of key aspects of each theory covered, allowing an instructor to present and expand on them in a lecture, and helping students to complete a case application paper. The book is valuable for a clinical placement course or a practicum site. The authors do an exemplary job in describing eleven multiple family system theories, their key concepts, and an outline of how to approach a case using the particular theory. At the end of each chapter, three practice vignettes are provided. This allows the reader to apply concepts from any of the theories into a theory based treatment plan.

The preface sets the stage for the book as it explains the rationale and development of symptoms-based treatment plans. The authors describe how theory-based treatment plans may be more effective for clinicians regardless of their level of training. They target commonly used family systems therapy theories and help apply them to individuals, couples, and families, emphasizing relational issues. The book concludes with an appendix of available and useful video and internet resources for additional learning.

Chapters are brief (18-21 pages) and easy to read. Each chapter is divided into three sections with emphasis on the first two. The first section provides information about the theory (Structural, Strategic, Milan, MRI, Satir, Symbolic-Experiential, Intergenerational, CBT, Solution-Focused, Narrative, and Collaborative), a historical overview, key concepts, goals of therapy, structure of therapy, assessment, and techniques. Each of these subsections is referenced to both the originators and the most current contributors to the theory. In the second section, the authors provide a general outline of the treatment plans with short, middle, and long-term goals and potential interventions within each phase. Three vignettes are presented so that the reader may practice applying the material immediately. The "answer" for each case follows a few pages later.

The third section is a brief list of references and suggested additional reading material.

The chapter on Narrative Therapy is the one I appreciated the most. Prior to this book, I had attempted to explain the theory and its key concepts to masters' level students and had not been very successful in presenting the theory succinctly. Consequently, a guest lecturer had been invited to present the information to my students. As noted earlier, Gehart and Tuttle explain the theory in comprehensible terms, including the language and politics of the model. In the technique section, they describe the process of externalizing a problem linguistically. Essentially, the goal of the technique is to treat the dilemma as an object instead of a character trait so that it may be resolved/moved more easily and quickly by the client. The authors emphasize their point further by referring to a chart (from Freedman and Combs, 1996) comparing externalizing questions used by this theory to traditionally informed questions. This chart helps to visually emphasize the technique on a conceptual basis. Readers and practitioners may find other chapters equally influential depending on what theory they are least experienced with and with which they want to gain more knowledge.

Four recommendations might have been beneficial to the book. Although the authors dedicate some time in the first chapter to explaining the importance of considering diversity when developing a treatment plan, they do not address how diversity is viewed within each theory. Noting this, they present diversity issues within the vignettes and treatment plans. A second suggestion would be to have omitted the CBT and Solution focused chapters, because these two theories have received a significant amount of attention in the literature. As a replacement, the authors could have considered including multi-systemic and functional family theory. These two theories have shown positive results with culturally diverse communities and at-risk families. A third suggestion would be to describe how one theoretical treatment plan might have been applied during the clinical hour. This case material would have made each chapter longer. Nevertheless, describing how the interventions applied in therapy would be beneficial for a

student or a clinician developing a systemic approach to working with clients, providing a greater opportunity to assimilate the concepts into the clinician's style of working during the clinical hour. Finally, it would have been advantageous if the authors had employed one common vignette throughout the text so that the reader could also see how each theory would inform the same case.

In summary, *Theory-Based Treatment Planning for Marriage and Family Therapists* is a good resource to own. Gehart and Tuttle do an outstanding job describing each theory in simple terms, providing good examples and helpful outlines of how to develop a theory-based treatment plan. This book will be useful for professors developing lectures on systemic marriage and family theories, for clinical supervisors who are teaching trainees to think in theoretical terms, and for students who are learning how to translate theory to clinical cases.

Jaime Mendoza, Psy.D., is Assistant Professor, School of Education and Behavioral Studies at Azusa Pacific University's Department of Graduate Psychology. He is also Director of the Child and Family Development Center.

Harvey, J. H., Wenzel, A., & Sprecher, S., (Eds.). (2004). *The Handbook of Sexuality in Close Relationships*. Mahwah, New Jersey: Lawrence Erlbaum. ISBN: 0-8058-4548-8. (hc) (686 pp.) \$125.00.

Reviewed by Stacia Nilson

The complexity of sexual behaviors in humans is produced by our high intelligence and multifaceted societies, rather than being governed almost entirely by natural drives as in most other animals. Although nature remains the main driver of human sexual behavior, its form and expression depends on culture, gender, personal choice, and a number of other factors that lead to a highly complex range of sexual behaviors. Adding emotional intelli-

gence to sexuality in humans complicates the equation. In *The Handbook of Sexuality in Close Relationships* the authors have edited an exceptional collection of papers concentrating on sexuality's role within the romantic relationship.

The editors of this volume have created a major work that intersects sexuality and human intelligence and covers an array of dimensions not previously linked to this extent. The editors' main goal was to provide a reference guide, merging past contributions to the fields and offering future research directions. This comprehensive 23-chapter work contains chapters by over 50 scholars spotlighting the bi-directional relationship between these two fields, covering the close romantic relationship from inception to maintenance to later life, and exposing external forces that influence the romantic relationship. Harvey, Wenzel, and Sprecher organized these contributions into five parts, and conclude with two scholarly commentaries in a final summary. The chapters deal with biological foundations, behaviors, and attitudes within a sexual context from theoretical and methodical perspectives. The writing, although clear, is technical in nature and integrates and analyzes a number of researchers' studies to support the discussions.

The first section of the book is an introduction focusing on conceptual, theoretical, and methodological issues in the study of sexuality. The four chapters offer a review and evaluation of the strengths and limitations of these perspectives as applied to the study of sexuality in individual romantic relationships. Most notably, data sets of sexual practices and attitudes regarding premarital sex, number of partners, frequency of sexual activity, and types of sexual activity among heterosexuals, homosexuals, and adolescents are presented to portray current trends in the U.S.

The second section's focus is on the role of sexuality in the formation, development, and maintenance of close relationships, beginning with Regan's well formulated paper highlighting the attraction process. Through theoretical analysis and discussion, she highlights how such attributes as love, lust, chastity, and fidelity play an integral and ongoing role in

sexual desire and passionate love. This section continues with Baxter and Bullis's remarkable examination of the "passion turning point" (p. 136) in relation to the emotional expression of love prior to and after the first sexual involvement and how it positively and negatively affects the developing relationship for both men and women. Consideration is given to both attachment theories and analyses of samples and measures. The chapters that follow include views on connects and disconnects between the mind and body from a biological and psychological perspective, and discuss the importance of their interrelatedness and the significance of their intersection (Hendrick & Hendrick). Feeney and Noller's paper identifies interactional goals of secure and insecure attachment styles in romantic relationships, while Byers and Wang offer a thorough discussion on social exchange theory and how its components are directly linked to behavior and satisfaction in a relationship. Finally, Sprecher and Cates highlight the frequency and quality of sexual expression and satisfaction as a major component in overall relationship stability.

Section three briefly analyzes the dark side of sex in close relationships. Studies of unrequited lust in various contexts, characteristics of sexual aggressors, and perspectives on sexual and emotional jealousy are presented in three chapters. Although more discussion and recent statistics could have been presented, Christopher and Kessler's chapter, *Sexual Aggression in Romantic Relationships*, is useful in detailing evolutionary and ecological approaches to explaining sexual aggressiveness in men, and Christopher's *Symbolic Interaction Theory* offers insight into sexual aggression in dating relationships.

Section four addresses sexuality in specific couples and contexts, covering some exclusive and non-exclusive sexuality issues in lesbians and gay men, during pregnancy and postpartum, and in marriage and mid- and later-life relationships. Other areas explored include sexual development from a familial perspective and sexual motivations in men and women. Each chapter offers an introduction to the topic, with some having stronger data presentation than others. The authors also call

for further research into the external influences on sexuality in these contexts.

The fifth section provides applications and clinical aspects, and is particularly valuable for the practitioner. Aubin and Heiman's paper on sexual dysfunction not only discusses diagnostic assessment but also implications for treatment, including treating the dysfunction in the context of the couple rather than the individual. Noar, Zimmerman, and Atwood present shocking data on increasing risks for STDs and HIV in relationships, and describe research on risk analysis for people with multiple partners, the frequency of STD prevention, and the process of assessment of a partner's risk. Implications for treatment are also offered for the bi-directional association of emotional and psychopathological disorders (Wenzel, Jackson, & Brendle). Finally, with the increasing data about the role of sexuality in relationship satisfaction, Perlman and Campbell offer suggestions for combining the two modalities of sex and couple therapy for addressing sexual issues directly in order to maintain healthy relationships.

This all-inclusive guide concludes with scholarly views and analyses of the papers presented on this wide range of subjects. Strengths, weaknesses, and limitations of the research are discussed and constructively critiqued. *The Handbook...* offers comprehensive perspectives and consistent directions for researchers, instructors, and clinicians. Besides being theoretically and scientifically based, the material in this volume contains invaluable practical applications for clinicians working with intimate relationships.

Stacia Nilson is a graduate student in Counseling Psychology at the University of San Francisco, on internship with the Department of Public Health and the Northern California Service League.

Video Review:

Symons, Johnny (Director). (2004). Daddy & Papa: A Story about Gay Fathers in America. [Documentary DVD/VHS]. Berkeley, CA: New Day Films. (57 minutes). Available from Persistent Visions, PO Box 3486, Berkeley, CA 94703. \$95.00. <http://www.newday.com/films/DaddyandPapa.html>

Reviewed by Nancy Elman

Given the recent controversies about gay marriage and the intensifying politicization of the issues of gay rights surrounding the recent election, and in APA and this Division itself, it seems a good idea to draw the attention of our readers to this compelling video about gay fathers adopting children in America. Filmed mostly in the San Francisco Bay Area, the video documents the personal developmental experiences of gay fathers, as well as the societal and legal challenges (several states have recently banned gay adoption, although this has had less visible publicity than the gay marriage issue). Director Symons began the film in an effort to "chronicle the shift in the community as more men moved away from mainstream gay cultural values like independence, spontaneity, and sexual freedom, and chose the responsibilities of parenting instead" (Symons, personal communication, 11/17/04). The scenes of gay fathers (some single, others coupled) with their adopted children ranging in age from infants to adolescents, are warm and charming, with a lot of heart and empathy for their experience. Noticeable is the way that some of the challenges and changes in the fathers' lives sound remarkably like those of new and adoptive parents from traditional and multicultural families. In multiple scenes it is clear that gay fathers are loving, amazed by their children, dedicated to making the homes and lives of the children

the very best they can be. Like parents everywhere, the availability of a solid support system or community seems to make a difference—with members of the fathers' own families, with children's foster families, with schools.

What are not so similar are the societal challenges about both gay parents and adoption, and the layer of anxiety and isolation that can arise from those. In a most poignant scene, an organization of fathers and their children meet at a local park for a celebration event/picnic—but none of the rides for children are open that day. No one planning the park event for a gay group considered that some of the men had families and that their children would enjoy the rides. But this is not a film intended primarily to point to social justice issues. It is a film to document the developmental experience of a number of men who choose to parent, some single - some coupled, because they want to nurture young lives and they want to have loving, productive families. As such, it would be appropriate for use in graduate courses in diversity.

Our scientific knowledge about the impact on children and families of gay and adoptive fathers is limited—our emotional responses tend to be influenced by cultural and political assumptions. This well-made and visually appealing one-hour film may provide insight and a human perspective from which family psychologists may continue a productive dialogue about the developmental and systemic realities of these families.

INTERNATIONAL ROVING REPORTER

Florence Kaslow, PhD

This column takes us to a country many of us will be visiting for the first time, albeit vicariously. Dr. Schwartz provides a macroscopic traveler's view through the discerning eyes of a sensitive psychologist and photographer (whose work has been exhibited). She zeroes in on the ornate beauty of some of the churches, splendid in the midst of the extreme poverty of the majority of the residents. She mentions the overcrowded, multiple-family housing units which, for many decades, had been the norm in many Eastern European countries. And we feel the pathos of the existential condition of



Florence Kaslow, PhD

very young children who here, as elsewhere in poverty regions, are out on the street begging. Yet, despite the many tragic circumstances that have engulfed the Ukrainian people, Schwartz also conveys the enduring pride in their national heroes, in the finer moments of their history, and the continuing ability to enjoy and be enlivened by their own folk music. As in many other third world countries, the "close knit family" many Ukrainian colleagues have told me about, remains the bulwark of this at times almost crumbling society, which is now in the throes of rebuilding.

Florence W. Kaslow, PhD, ABPP

Sailing Down the River: Ukraine

Lita Linzer Schwartz, PhD

Seven years ago, I sailed down the Volga from St. Petersburg to Moscow. This past August (2004), I sailed on a similar riverboat down the Dniepr from Kiev to Odessa in Ukraine. What a contrast! The stops made each day revealed a marked difference in the communities visited, but even more in the economies of these two areas, each of which had been part of the former Soviet Union and which had both been part of the newer Russia until August 24, 1991, when Ukraine declared its independence from that larger nation.

The Ukrainians we met on this recent trip were unanimously proud of their independence. While recognizing that their economy is very poor indeed, they were also unanimous in averring that "next year will be better!" From what we saw, that optimism is vital to their mental health and daily survival.

Several of the cities along the Dniepr had been virtually wiped out during the Nazi attacks and occupation of the early 1940s - 60+ years ago! - and were still trying to recover in terms of construction and industry. It was interesting to note that the numerous cathedrals along the way had abundant and costly gold leaf restorations on their cupolas and that memorials to various important figures and events were well made, but that housing was poorly constructed. This suggests the priorities of decision-makers in the various communities. Obviously, some of the apartment houses had been built quickly after World War II ended, but even those erected after Khrushchev's support of new construction looked rather shoddy. In many cases, we were told by our local guides, more than one family would occupy a small apartment, even today.

Kiev, capital of Ukraine, is at the junction of the Dniepr and Dniestar rivers. The city

Continuing Education in Women's Health

The Second Annual Clinical Health Psychology Institute will focus on women's health. This continuing education event will be held April 1-2, 2005 at the APA Building, Washington, DC. The CHI Institute on Women's Health is co-sponsored by the APA Division of Health Psychology and the APA Education Directorate, with additional support from the Society for the Psychological Study of Women (Division 35) and the APA Women's Programs Office.

An interdisciplinary faculty from medicine and psychology has been chosen for their expertise in women's health, health psychology, and the psychology of women. Overview lectures and applied workshops are designed to translate state-of-art research in women's health to clinical practice. Presenters and topics include Susan H. McDaniel, PhD, former president of Division 43, presenting on Genetic Testing in Women's Health

For more information and details about registering for this cutting edge CE event, go to www.apa.org/ce/ or call 1-800-374-2721 ext. 5989 to talk to a CE Representative.

is more than 1000 years old and has more than 2,500,000 residents. It also has 15 major museums, 18 universities, 7 theaters, countless cathedrals (St. Sofia being a particularly beautiful one), and memorials including one at Babi Yar, site of an infamous Nazi concentration camp where thousands of Jews were killed. A visit to a major monastery, stemming from the 11th century and rebuilt three or 4 times (most recently after the Soviets destroyed it), revealed some of its original art, such as paintings of saints and apostles. An especially negative side of the visit, however, was the presence of beggars wherever we went, some of them as young as 3 or 4 years old.

The next port was Kanev, hometown of Ukraine's national hero and poet, Taras Shevchenko (1814-1861). There was both a handsome statue of the poet and the thatched-roof home of his grave-tender. One part of that small structure was a memorial to the poet, and the other part was a replica of the *room* in which the grave-tender, his wife, and 9 children lived. We then walked down to a "plaza," where the local people were selling whatever might entice a buyer - jewelry, blouses, religious items, tablecloths, and flowers. The women who were selling offered beautiful bouquets, which they had allegedly grown themselves, for one "grivna" (local currency) or about 20 cents! Even that would be a lot of money to them, apparently, if they could sell enough.

Next stop was Kremenchug, an industrial city with somewhere between a quarter-million and a half-million inhabitants (depending on who was providing the information). Apparently the main industry is an oil refinery, although there are several other large companies here as well. During the Nazi occupation, mid-1941 - Sept. 29, 1943, 97% of the city was destroyed and six concentration camps were located in the area. Those two years, plus the collectivization of property under the Soviets, really impoverished the area. It is still very poor. While here, we visited poorly equipped schools, a hospital, and had lunch at a local farmhouse. Our guide was a high school English teacher, who told us that teacher salaries were very low - about 300

grivnas or \$60 a *month*. With high tax deductions and prices that are high relative to earnings, this means that almost everyone tries to have two jobs.

It was here, perhaps, that we had our best glimpse of family life. At one school, a special room was set aside to recognize both members of the children's families and the glorious heroes from World War II and later. The latter was one example of what appeared to be strong multi-generational ties within families. Another example was at the farmhouse luncheon. At least three generations of female family members had cooked and baked for it from the wee hours of the morning. At our next port, we observed three generations of families enjoying the beach and swimming in the Dniepr (despite remnants of nuclear waste from the Chernobyl explosion reposing on the river bed). We also saw at least two generations working together at vendors' stalls at various stops we made along the way. Given the available housing facilities and the limited incomes of most workers, it appeared that three generations might live together in an apartment or house, possibly with additional members of the extended family. It may be that all this "togetherness" contributes to the generally optimistic perspective Ukrainians displayed.

On to Zaporozje, a somewhat more modern small city, founded in 1770, and home of the Cossacks. Population is about 900,000, and it is a very industrialized city. An equestrian performance by the Cossacks was very skillful. The description of their traditional enlistment procedure sounded like a cross between a fraternity initiation with its pranks and a monastery, as no contact with women was allowed for the first seven years of the enlistment.

On Ukraine Independence Day, we arrived at the city of Herson, where the Dniepr meets the Black Sea. We were told that 30% of the population lives below the poverty level here, and that the average annual salary is the equivalent of \$750! One in five residents has HIV/AIDS, and hyperthyroidism and high blood pressure are also com-

mon health problems. Medical care is available, although not necessarily high-quality.

Sevastopol, an important naval port, was the site of the Crimean War in the 1850s. There is a fascinating museum there, called the Panorama Museum, which depicts that war in an amazing three-dimensional circular art work. From there, we went on a bus through the countryside en route to Yalta, site of the February 1945 Conference of Churchill, Roosevelt, and Stalin. Much of the landscape was filled with vineyards, fruit trees, corn, and other farm products. When we arrived at Yalta, our primary visit was to the Livadia Palace where the three heads of state had met, and which had been a vacation home for Tsar Nicholas, Alexandra, and their children from 1911-1914. Visiting the conference rooms had a strong impact on most of us, almost producing goose bumps. Yalta itself is a sprawling harbor city with a population of 70,000, a number multiplied many times over by tourists and vacationers in season.

Our final port was Odessa, a city with more than one million residents, and a major harbor on the Crimean Sea. It was the most cosmopolitan city we had seen on this trip, having been ruled and visited by the French, Italians, Turks, and others over its two centuries as a port. There is still rebuilding going on, both from the war and from Soviet times, although at a slower rate than people would like. We saw many fine sailboats in the harbor, belonging apparently to politicians, even as we saw children begging in the streets. This was true at previous ports as well, and the corruption was even mentioned by some of the guides.

The trip was certainly an educational journey to places with a history and life-style markedly different from anything I'd seen elsewhere in Europe, and with wonderful toe-tapping folk music. Indeed, as we moved on for a visit to Prague, which by contrast was positively wealthy, we could only characterize Ukraine as a "Third World," albeit feisty, country.

Journal of Family Psychology

The Division of Family Psychology recognizes the important research published by the *Journal of Family Psychology*. We encourage our members to consider some of the articles in the most recent and upcoming issue of JFP. The March issue features a special emphasis on research methodology.

December 2004

Gunnoe, M., & Hetherington, E. M.—Stepchildren's Perceptions of Noncustodial Mothers and Noncustodial Fathers: Differences in Socio-Emotional Involvement and Associations with Adolescent Adjustment Problems

Gattis, K., Berns, S., Simpson, L., & Christensen, A.—Birds of a Feather or Strange Birds? Ties Between Personality, Similarity, and Marital Quality

Mezulis, A., Hyde, J. S., & Clark, R.—Father Involvement Moderates the Effect of Maternal Depression in Infancy on Child Behavior Problems

Manne, S., Ostroff, J., Fox, K., Goldstein, L., Grana, G., & Rini, C.—The Interpersonal Process Model of Intimacy: The Role of Self-Disclosure, Partner Disclosure and Partner Responsiveness in Interactions Between Breast Cancer

Love, K., & Murdock, T.—Attachment to Parents and Psychological Well-Being: An Examination of College Bound Late Adolescents and Early Adults in Intact Families and Stepfamilies

Holmbeck, G., Friedman, D., Jandasek, B., & Zukerman, J.—Three Differentiated Components of Parent Functioning and Their Bi-directional Relations with Child Adjustment in Families of Preadolescents with Spina Bifida

Lavee, Y., & Ben-Ari, A.—Emotional Expression and Neuroticism: Do They Predict Marital Quality?

Cox, M., & The National Institute of Child Health and Human Development Early Child Care Research Network—Fathers' and Mothers' Parenting Behavior and Beliefs as Predictors of Children's Social Adjustment in the Transition to School

Howe, G., Lockshin, M., & Caplan, R.—Job Loss and Depressive Symptoms in Couples: Common Stressors, Stress Transmission, or Relationship Disruption?

Verela, R. E., Vernberg, E., Sanchez-Sosa, J. J., Riveros, A., Mashunkashay, J., & Mitchell, M.—Parenting Style of Mexican, Mexican American, and European American Families: Social Context and Cultural Influences

March 2005

Special Issue: Methodology in Family Science

Snyder, D. K., & Kazak, A.—Methodology in Family Science: Introduction to the Special Issue.

Christensen, A., Baucom, D., Vu, C. T. A., & Stanton, S.—Methodologically Sound, Cost-Effective Research on the Outcome of Couple Therapy

Heatherington, L., Friedlander, M., & Greenberg, L.—Change Process Research in Couple and Family Therapy: Methodological Challenges and Opportunities

Fals-Stewart, W., Yates, B., & Klostermann, K.—Assessing the Costs, Benefits, Cost-Benefit, and Cost-Effectiveness of Marital and Family Treatments: Why We Should and How We Can

Gilgun, J.—Qualitative Research and Family Psychology

Fiese, B., & Spagnola, M.—Narratives in and About Families: An Examination of Coding Schemes and Guide for Family Researchers

Welsh, D., & Dickson, J.—Video-Recall Procedures for Examining Observational Data and Subjective Understanding in Family Psychology

Howe, G., Dagne, G., & Brown, C. H.—Multilevel Methods for Modeling Observed Sequences of Family Interaction

Laurenceau, J. P., & Bolger, N.—Using Diary Methods to Study Marital and Family Processes

Atkins, D.—Using Multilevel Models to Analyze Couple and Family Treatment Data: Basic and Advanced Issues

Whisman, M., & McClelland, G.—Designing, Testing, and Interpreting Interactions and Moderator Effects in Family Research

Henry, D., & Tolan, P.—Clustering Methods in Family Psychology Research

Cook, W., & Snyder, D.—Analyzing Nonindependent Outcomes in Couple Therapy Using the Actor-Partner Interdependence Model

Kelley, M., & Martin, N.—Survival Analysis in Family Research

Defining Family Forensic Psychology

Neil S. Grossman, PhD, and Barbara F. Okun, PhD

Family forensic psychology is a sub-specialty within family psychology. The focus of this area of study is formed by the overlap of family psychology, forensic psychology, and law (see Figure 1). Family forensic psychology is defined as:

the study of families, members of family units, organizations, and larger systems from a family systems perspective in assessment and intervention regarding interaction with the legal system. Among the areas that assessment and intervention include are prevention, education, evaluation, various forms of conflict resolution, treatment, and outcome assessment. Family forensic psychologists provide expertise to the legal system.

The best known areas of family forensics involve child custody and family violence. Recent work focuses on lesser known areas of family forensic psychology, such as alternative families, elder law, family business, reproductive technologies, ancillary forensic roles in custody cases such as guardian-ad-litem or parent coordinator and training of lawyers and judges (Grossman & Okun, 2001, 2002, 2003; Kaslow, 2000; Okun, 1999). Although with more of a focus on family law, family forensic expertise is relevant in any area of law that involves families and a systems view. For example, the knowledge of family systems may be important in a murder case, such as when an adult child kills a parent who has sexually abused this child.

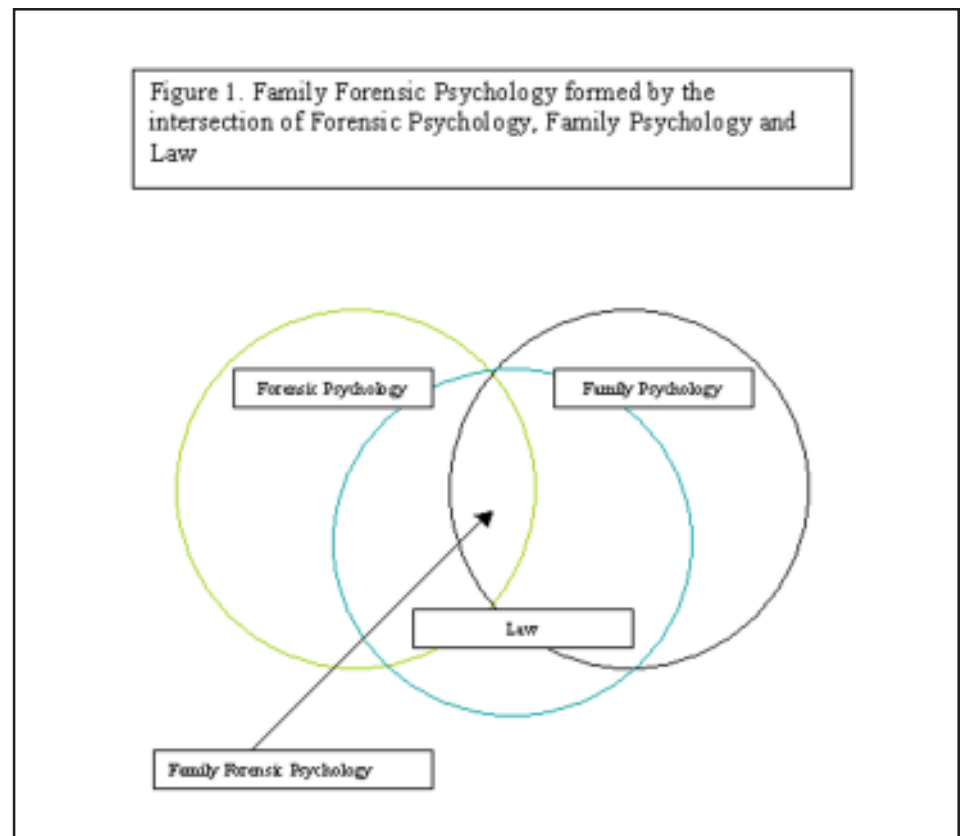
Aside from providing expertise to the legal system, family forensic psychology would like to assist the legal system as it evolves to better meet the needs of families and children. Melton (1987) suggested that the best way to reach the legal system is by publishing articles in law reviews. Examples of other ways to impact the legal system are to publish in the form of a bench book (Kenny-Markan & Vigil, 2002) or a briefing paper for a State Court (Sydlik & Phalan, 1999) and to train judges (Okun,

1999). It is also possible to facilitate change by using systemic interventions that introduce different programs to the legal system. In addition, changing the way that problems are viewed can lead to new and innovative solutions (Grossman, 2004).

Using multilevel systems thinking, the legal use of the divorce principle of “the best interests of the child” is expanded to the “best interests of the child in relation to the family.” Movements toward collaborative divorce and therapeutic jurisprudence are developing across the country, encouraging teamwork among psychologists, lawyers, judges, and divorce parties, rather than adversarial interactions, and a focus on the post-divorce adjustment of the family as well as on the legal divorce (Nurse & Thompson, 2000; Okun, 1999; Schneider,

1999). These perspectives represent changes in the legal system. Sometimes a small shift in language can change the meaning and dynamics of legal proceedings. For example, considering parenting plans rather than custody and visitation and focusing on comprehensive elder planning and care rather than last wills and testaments contributes to a more positive approach.

The specialty of forensic psychology focuses on the utilization of sound psychological appraisal to legal and judicial processes and procedures. Forensic psychologists are “engaged regularly as experts and represent themselves, as such in an activity primarily intended to provide professional psychological expertise to the judicial system” (Division of Forensic Psychology, 2000, p. 5).



The forensic psychology specialty petition also states that “the distinctiveness of forensic psychology derives from the forensic psychologist’s professional obligation to obtain advanced knowledge and skills on the intersection of legal theory, procedures and law with clinical issues, practices and ethics” (p. 6). Forensic psychology practice is described as primarily occurring in civil and criminal areas. (Family law is one part of civil law.) The major practice has been in areas of assessment with much less attention paid to treatment (Otto & Heilbrun, 2002). An examination of the research and journal articles in forensic psychology shows the majority of articles are in criminal law, criminal procedure, evidence-related concerns, jury issues, and mental health law topics (Ogloff, 2000).

An important difference between forensic psychology and family psychology is that family forensic psychology has a broader integration with family law, whereas forensic psychology has a narrower focus on family law and a broader involvement with criminal law and other areas of civil law. We emphasize the sub-specialty of family forensic psychology, in part, to draw attention to this area of practice that involves family law and to emphasize the need to look at the family and to apply family psychology principles when working with this area of law.

¹Much of the material in this article is taken from Family Psychology and Family Law: Introduction to the Special Issue (2003) by Neil S. Grossman and Barbara F. Okun. *Journal of Family Psychology*, Vol. 17, No. 2, 163–168

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The Final Word

(continued from back cover)

opmental Psychology textbook. I had two criteria and I had difficulty finding a textbook that met both. My first criterion was that the developmental process be couched within a systemic perspective. I found that most graduate textbooks in this area describe the developing infant, youngster, and adolescent growing and changing in a vacuum. The focus is on developmental milestones with very little understanding that, at least in the early years, development is occurring in a systemic context: at the very least the individual is growing and

changing within a family, a culture and larger systems.

My second criterion for a graduate developmental textbook was that it consider development from a clinical perspective. I train clinicians-to-be. Yet, most training programs isolate Developmental Psychology from clinical courses. How often are budding clinicians taught to integrate a developmental perspective in their case assessment? In a similar vein, Sperry (2004) argues for the inclusion of Human Development courses in graduate counseling and marriage and family programs because he says “students exposed to the basic theory and clinical correlations of attachment styles and the neurobiology of interpersonal relationships could be more sensitive to such developmental processes when working with clients and couples...” (p. 333). He gives the example of a depressed individual. Chronically depressed persons, he says, are operating at a preoperational level of cognitive development. This has implications for their ability to be empathic to another (they are unable to take another’s perspective) and their understanding of the consequences of their own behavior (they do not understand cause and effect relationships). Clinicians who are aware of this cognitive level of functioning, thus, might not use interventions which require empathy for another and/or an understanding of the impact of one’s behavior on others. Needless to say, like me, Sperry finds the available textbooks lacking. I am happy to report that the textbook I finally chose met both my criteria. It did consider development within the many systems in which the developing individual is embedded and it did allow clinicians to consider case material from the perspective of development. My students were specifically taught to look at a clinical vignette and analyze the clinical issues that were present (e.g. Was this normal behavior for a child of age 4? What impact did the parent’s response have on the child? What cultural and contextual factors were involved?) With this approach, students were able to consider a normative framework before considering any form of pathology. (See Broderick, P.C. & Blewitt

Plan Ahead!

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In addition, there will be a conversation hour at the Hospitality Suite following the program in order to provide more time for discussion and interaction.

(2003). *The life span: Human development for helping professionals*. Upper Saddle River, N.J.: Merrill Prentice Hall.)

A related dilemma in education in Family Psychology is to find instructors who are systemically trained. It is however, a Catch 22: until we have more doctoral programs training people in Family Psychology we will continue to have a scarcity of qualified instructors. My colleagues and I at Antioch University Santa Barbara are beginning to confront this problem. We are developing a new doctoral program with a family psychology emphasis. Our first hire is supposed to be a Family Psychology expert. We are a little concerned that the numbers of qualified applicants will be limited and we hope that applicants who claim a family or systemic background have more than superficial knowledge about Family Psychology. Perhaps some of you will apply.

Some key members of the division are working hard to ensure that doctoral level education in Family Psychology thrives. A survey of existing programs emphasizing Family Psychology is about to be undertaken. The Division did such a survey in

the mid 90s and found few programs in existence then. One hundred programs did respond to the questionnaire identifying existing education and training opportunities at the doctoral level in Family Psychology. At that time, most offerings were limited in scope, although a few programs reported having an extensive track or emphasis area in Family Psychology. In spite of the limitations of the resulting document (and the fact that it is now out of print), it remains highly in demand among prospective students. We also know from other sources that Family Psychology is of high interest to students and others in the field. Sayette and Mayne's (1990) survey of APA-accredited training programs indicates that the topics of family research, family therapy and family systems ranked second only to behavioral medicine in the number of graduate departments involved (49% and 43% respectively) and the number of students and faculty participating.

Another way to gauge interest in Family Psychology is through an examination of the ABPP membership rolls. The ABPP in Family Psychology is alive and well and new Family ABPPs are being accepted every year. The acceptance of Family Psychol-

ogy as a specialty area in Psychology and its approval by CRSPPP is another indicator of the increasing popularity of the discipline. Until the new survey of doctoral offerings in Family Psychology is complete, we won't know for sure whether the number of programs has increased since the specialty application was accepted by APA. However anecdotally, the numbers of programs does seem to be increasing.

The bottom line is that the future for Family Psychology seems encouraging. Please join me in promulgating the benefits of training in our field.

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THE FINAL WORD

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The biggest challenge in family psychology education today is a public relations one: We must educate both professionals and the public about the nature of Family Psychology.

Individually-trained psychologists often have the notion that family psychology is a relatively narrow discipline and that family-trained practitioners can only work with a fraction of the kinds of presentations that individually-trained practitioners can. However, working in Family Psychology requires making a significant paradigmatic shift as it is not just the number of clients that distinguishes Family Psychology but rather it is qualitative factors that account for the differences.

The paradigm shift involves educating people that systems approaches are inclusive of individual approaches and that in fact, systemic training allows psychologists to do more than what individual training prepares them to do. As we wrote in the family psychology specialty petition (citing Coyne, 1987): "The types of problems treated by a Family Psychologist are not different from those treated by other professional psychologists. Any diagnosis found in DSM-IV may be treated by a Family Psychologist exclusively or in collaboration with other clinical specialists. The difference is not in the problem treated, but in how one chooses to

conceptualize the problem. A family psychologist conceptualizes psychological problems in terms of how the symptom(s) was created, maintained and influenced others with whom [the clients] are related and interact." (cited on p. 2 of the specialty petition). Family Psychology is more than what most people (psychologists included) imagine it is. It is more than working with multiple individuals at once. Weeks and Nixon (1991) described a Family Psychologist in this way: "A family psychologist may engage in the clinical practice of treating individuals, couples or families. Regardless of the number of clients being treated, the family psychologist conceptualizes problems in terms of the systems perspective" (p. 10).

But of course, I am preaching to the choir. I find myself needing to educate people around me about this point of view. As an educator, I encounter prospective students interested in graduate level education who don't understand the Family Psychology perspective, probably because their undergraduate training has only focused on individual approaches. At information meetings, I have to articulate the paradigm shift that students will need to make and then in the early days of their graduate training, I have to facilitate their making the shift.

As an instructor, I find few textbooks that consider issues from a systemic perspective, even in areas where a systemic perspective is implicit. Consider my search for a graduate level Lifespan Devel-

continued on p. 32

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