THE

Family Psychologist

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PRESIDENTIAL THEME ISSUE

Back to Basics: Systems Thinking

From the President

David Scott Hargrove, PhD

Two women, independently, sought to bear children. They did not know each other. They did know, in common, a kind, generous physician whom they approached to father their children by artificial insemination. This was carried out and both gave birth to healthy boys. As the children developed and the mothers lived their lives, the physician became ill and was going to die. In the last months, he was contacted by some of those whom he had befriended for a dinner that would celebrate some of the relationships of his life. These two women came to this dinner, fell in love, and established a life together.

Studs Terkel closed his presentation in the opening session of the Chicago APA convention in August with this warm, heartening story. It also closes his book, *Will the Circle Be Unbroken*, from which his stories came. His point was that this was love, real love. And that love is, after all, what matters. Studs Terkel has had a career chronicling stories of love.

The message that resounded when I heard that story was that love happened in a system of relationships that came from somewhere. The story of where they came from and where they went is the story of human life. In telling the story, Studs Terkel infused a potion of vibrant humanity into a psychology that sometimes borders on technicalities and irrelevance. He nudged me to rethink my values. He made me reconsider why I wanted to be a psychologist. He provoked some questions that made me proud that I am one. Studs Terkel held in front of us that day the reason for us to know what we know and do what we do.

But we psychologists miss love sometimes. In our zeal to understand and to help, it is easy to overlook love that holds the blood and organs and spirit of our lives together. The bonds that hold families together and pull them through sometimes overwhelming conditions are unexplainable apart from love. While parts of love are understandable from our research, its character and dimension and limits are not fully known. We do know, however, that it is powerful.

Terkel infuses love to put relationships in perspective. Systems thinking helps us put systems in perspective. Our heritage of systems thinking gives us a perspective of under-standing the function and consequences of love. Further, it increases our understanding of the function of relationships in growth and health. Understanding the structure and flow of those relationships is our business, as systems psychologists. When I heard Terkel's talk, I wondered what we did with love as we work with and within the systems that make up our lives.

His presentation strengthened my conviction that it is our understanding of systems that gives us the perspective to be of help to people in distress. Hearing him touch the reality of love within a system of relationships brought about the pulsing humanity that we felt in that room. That is the humanity in which we live and work and seek to help.

The presidential theme for 2003 is "Back to Basics: Systems Thinking." My intent is to revisit our heritage of thinking in systems to appreciate the commonalities that hold together so many diverse aspects of our division and the larger community of people committed to systems thinking. In developing this theme, I have worked with Jay Lebow, President-Elect, to lay the groundwork for his thematic interests in science and practice, which will provide the structure for the 2004 programmatic year. We believe that our collaboration will strengthen the opportunities of the division to develop its interests in practice, research, and education and training.

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Editorial Policy

The *Family Psychologist* is a quarterly publication devoted to news and issues in the delivery of services to individuals and families. Articles pertaining to family psychology and policy are invited.

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

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November 15	Winter	January
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August 15	Fall	October

From the Editor

Mark Stanton, PhD

This is the Presidential Theme issue of *TFP* for 2003. Division 43 President David "Scotty" Hargrove has chosen to go "Back to Systems Thinking" with an emphasis on foundational concepts of family psychology.

In this issue you will find several articles and columns that relate to the theme. Be certain to check out the analysis of the use of systemic concepts in the work of Richard Russo in the "Families and the Arts" column, as well as the collection of comments by several family psychologists on "What is Systems Theory and Why is It Important?"

This issue inaugurates "The Final Word," a new op-ed column on the back cover that will round out the coverage of the theme of each issue. We are happy to feature a commentary by Susan McDaniel on systems thinking for this issue. You may have already read this column by the time you found your way inside.

The Journal of Family Psychology is a strong forum for research on families. We are happy to feature an interview with Anne Kazak, the new editor, in this issue.

Several other interesting articles round out this issue: Jon Etienne Mourot addresses important issues about Same-Sex Domestic Violence that were raised at a well-attended symposium at APA in Chicago; George Hong discusses systemic considerations for psychological services to immigrant families; Dana Crowley Jack raises clinical perspectives on women's depression in families; and Steven R. H. Beach and Frank D. Fincham tackle the important distinctions between marital distress and marital disorder.

Finally, you may notice a few changes in format and design of *TFP* this issue. I want to thank Laura Anibal Braceland, who helped redesign *TFP* upon her return to APA Division Services from her recent wedding and honeymoon. Congratulations, Laura, and thanks!

Subsequent 2003 issues of TFP *will focus on the themes of Divorce, Diverse Families, and Substance Abuse and the Family. Please contact me if you would like to submit an article relevant to one of these themes.*

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Division 43

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

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What is Systems Thinking, and Why is It Important?

I asked several individuals who are active in Division 43 to comment on the Presidential Theme of "Back to Systems Thinking." In the brief comments below they explain their understanding of systems thinking and they provide explanations of its importance in family psychology.
Mark Stanton, PhD, Editor

Jay Lebow, PhD
The Family Institute at Northwestern

I'm delighted that Mark Stanton has focused our attention on the question of "what is systems thinking and why is it important?" Systems thinking represents one of the cornerstones of our work as family psychologists. Yet the term "systems thinking" and the related term "systemic" are often used in many quite different ways in our field, often leading to confusion about what we mean.

There has been an evolution over time in what systems thinking means to most of us. In the early days of family therapy, systems thinking referred specifically to the postulates of general systems theory and cybernetics. This invoked a dense theory derived on from inanimate and biological systems that included such concepts as homeostasis, nonsummativity, and equifinality. Although very interesting, the application of some of the concepts of these theories to families represented an enormous stretch, and included several ideas that didn't speak well to human experience or represent what actually occurs in families (for example, I think it matters a great deal how a family gets to the point it is at and what the individual personalities of family members are like). Systems thinking is essential for us as family psychologists not as an arcane theory, but in bringing to bear the great insight of the first generation of family therapists: that context matters, that people effect each other's behavior, and that there are often circular feedback loops acting as one set of inputs in the ways we affect each other. These notions may not be as elegant or be as rooted in physics as general systems theory, but their implications are profound. These notions lead to a focus on people not as isolated individuals but in the context of their lives, and to a view in which families and other human systems are seen as resources for helping in the process of change. These unique insights of systems thinking truly separate how we think and what we do as family psychologists from the understandings and intervention strategies of most other professionals in mental health treatment.

Michele Harway, PhD, ABPP
Antioch University, Santa Barbara

Systems views of individuals, families and relationships—a key contribution of Family Psychology to the larger discipline of psychology—have a rich history drawing upon traditional psychological theory as well as the multidisciplinary field of family therapy. Psychologists who use systems thinking are not considering different aspects of human behavior than other psychologists. Rather it is the epistemic perspective of the systems thinker that differentiates him or her from other psychologists. The systemic thinker has made a paradigm shift to considering all aspects of human behavior within the multiciplicity of contexts within which they occur. This provides a more expansive view than traditional psychological approaches. Let us look at how systems thinking would apply to a clinical example. Imagine a woman who learns she has breast cancer. Any psychologist is likely to focus on her illness, her feelings about her own mortality, psychological consequences of the diagnosis (e.g., depression), and impact of the physical changes due to the illness on her body image and self-esteem. Approaching the same case systemically would involve focusing on each of the above-listed items PLUS:

Examining the impact of her illness on her family. Her diagnosis may affect her relationship with her husband as he adjusts to new demands placed upon him to be caretaker, to take on chores his wife previously did, and possible changes in the couple's sexual and affectional relationship as a consequence. Her diagnosis and illness may also affect her relationship with her children and with members of her extended family. How each member of the family reacts to the changes, in turn, will affect her functioning.

Examining the impact of her illness on other systems within which she is embedded and how those systems' responses to her illness further affect her (e.g., the medical system, the labor force).

Systems thinking is important because it acknowledges the true complexity of the human experience in context.

Cindy Carlson, PhD
The University of Texas at Austin

Systems thinking views behavior as most comprehensible when viewed as a function of the multilevel, reciprocal relationship and sociocultural context in which it is embedded. Systems thinking challenges us to enlarge our diagnostic, explanatory, and intervention focus to the level of relationship and preferably to the larger matrix of social relationships and organizational processes.

As a school psychology faculty member, teaching systems thinking permits me to challenge the bias toward individual child pathology that permeates a curriculum that comprehensively trains students to evaluate and intervene with *every* imaginable aspect of child functioning (cognitive, behavioral, socio–emotional, psycho–educational, and neuropsychological). The possibility that a child's presenting problems might be functional within their family or classroom context, and therefore, treatment focused only on the child will be ineffective, is disturbing to these well-trained child psychologists. Less conceptually challenging is the possibility that the family might be stressed by the chronic disorder of a child or that a child's problems

may be exacerbated by a stressful family, classroom, school, or neighborhood environment.

If the behavior patterns of individuals are viewed as a function of circular and reciprocal processes within relationships, "cause" and "blame" cannot reasonably be determined to exist within either relationship partner. Systems thinking is important because individual "blame" and "shame, " which reduce hope and resilience, are discouraged, and "shared opportunity and responsibility," which accepts that solutions may arise from any component of the system are encouraged.

Terence Patterson, EdD, ABPP
University of San Francisco

Systems thinking (i.e., the basics of General Systems Theory) is an essential viewpoint in psychology because of its pervasiveness and applicability across modalities and theoretical orientations. A narrow position is often taken that systems thinking applies only to family psychology, or even more narrowly, that "systemic family therapy" is limited to the Milan or a similar approach; nothing could be more misleading.

Whether we are teaching, consulting, or conducting research or therapy with individuals, dyads, or groups, a comprehensive model of assessment, intervention, and evaluation includes contextual, cultural (in the broadest sense), and developmental components. These aspects are not the exclusive domain of any particular theory, technique, or population. The systemic features of circularity, feedback, and internal regulation, for example, inform our understanding and planning. Ongoing attention to these and similar processes enable us to modify our data gathering and intervention in order to achieve collaborative goals. In psychotherapy, it has become standard for many clinicians to work with individuals or parts of a family in a systemic fashion without seeing the entire family for each session. The term "ecosystemic" has been applied to the need to attend to diverse environmental features in working with clients in all modalities, settings, and models.

Human service professionals are urged to consider this point of view as a template for examining social structure and interaction and facilitating change.

Marsali Hansen, PhD, ABPP
President ABPP Family Specialty
Member APA Task Force on Serious Mental Illness
Director, Pennsylvania CASSP Training and Technical Assistance Institute

In 1983 Jane Knitzer wrote a report, *Unclaimed Children,* that resulted in a national commitment to children with serious emotional disturbances, and a new approach named CASSP was founded. Systemic approaches such as partnerships with families and collaboration with communities, child-serving systems, and natural resources, became and remain the national standard for children's mental health. About five years ago, the state of Pennsylvania's Office of Mental Health Services adopted a document of clinical core competencies for all individuals who work with children with mental health concerns in the state. Though the detailed document includes competencies, knowledge, and skills in many areas, the overall approach is meta-systemic. By adopting this document as a clinical standard, the state has embraced systemic thinking and interventions as the focus of children's mental health policy. Recently, Pennsylvania's mental health commissioner, Mr. Charles Curie, MSW, became the director of the federal agency responsible for mental health, SAMHSA. Since his arrival in Washington, DC, he has loudly proclaimed his commitment to CASSP and the corresponding systemic values. To me, systemic thinking, with partnership and collaboration, is important because it *is* what works with children, their families, their culture, their communities, and their child-serving systems.❖

From the President

(continued from p. 1)

My time as president of the division will coincide with a year of postdoctoral work at the Georgetown Family Center in Washington, DC, which already has begun. While on sabbatical leave from the faculty of the University of Mississippi, I will regain my focus on systems thinking as I am involved in patient care and research program development. Uppermost in my mind is the powerful influence of Bowen Family Systems Theory on my own perception is that it limits our thinking, our research, and our practice. The demand for expediency and the press of outside forces for the appearance of efficiency argue against substantive understanding and, in some cases, real, as opposed to apparent, health. These demands frequently push to minimize theory in service of practicality. Most of us can remember that practicality not grounded in good theory is not practical very long. Family therapy frequently is based on systems thinking. Frequently, however, it is not. Systems thinking, however, reaches farther and embraces a broader range of human experience. It is grounded in natural systems theory and can reveal considerable information that enhances our understanding of ourselves and the world in which we live.

The place of love and intimacy in systems has not been fully addressed, in part, I suppose, because of our commitment to science. Love and intimacy are not easy concepts to operationalize but, when we hear and read Studs Terkel, their truth is undeniable. It is clear from Terkel and others that love combines the mystery in life with systems in healthy action. Intimacy is the experience of knowing another and being known, in the context of that love. I would further contend that the self is known within that context. I hope that we will understand these relationships better as we bring to bear the passion and the skills that psychology has to offer.❖

Hong Granted Award

George K. Hong, PhD, is the recipient of the Distinguished Contribution Award given by the Asian American Psychological Association at its 2002 Annual Convention in Chicago. This award is given in recognition of scholarship, practice, and leadership in Asian American and Pacific Islander American psychological issues.

David Hargrove, PhD, and Nancy S. Elman, PhD, Editors

Russo and Triangles: Application of Bowen Family Systems Theory to Richard Russo's Novels

David S. Hargrove and Sara Schiro

In the spirit of the presidential theme, Back to Systems Thinking, we have reviewed some of the work of Richard Russo, whose *Empire Falls* has become a best seller among novels in the past two years. Russo is particularly pertinent to the reader who thinks "family systems" because of the clarity with which he describes the triangles. Hopefully, demonstrating the dynamic flow and constant shifting among the points of triangles in fiction will help in the understanding and interpretation of triangles in our experience.

Richard Russo's imaginative and complex use of triangles may explain his explosion onto successive best seller lists. Two novels, *Empire Falls* and *Straight Man*, and a recent book of short stories, *The Whore's Child and Other Stories*, use the dynamic three-person relationship as a strategy of narrative. His masterful treatment of interlocking triangles provides the continuity, richness, and amusing mystery of the novels. We want to accomplish two objectives in our review. First is a brief theoretical comment on triangles within systems to set a context for our examination of Russo's work. Second, we will identify some specific triangles in Russo's work that give it life and will be especially meaningful to persons oriented toward psychological systems. The way in which Russo's triangles work to stabilize relationships will be of importance.

Our thinking about interpersonal triangles is lodged in the Bowen Family Systems Theory, which is articulated well by Patricia Comella (2001). "A triangle may be defined as the smallest emotional unit in which the stresses of living together can be managed at a given level of intensity, which varies from individual to individual and also with time and circumstances." A triangle is a three-person system that is formed in response to anxiety and functions to reduce the anxiety. The consequence of the triangle is that relationships stabilize. Two individuals in a relationship will bring in a third person to "lower the intensity of the emotional process and the level of stress by converting the two-individual relationship into the larger three-person system" (Comella, 2001).

It is critically important to understand that triangles are not static; they are constantly changing in response to new situations, in which one person may be on the inside of a triangle at one moment and on the outside in another. Triangles also can be interlocking. Important from the perspective of Russo's work is that triangles do not have to involve people. A husband can, for example, bring work or alcohol into his relationship with his spouse. A fantasy person also can be triangled into a couple's relationship, as the main character Hank demonstrates in *Straight Man*. Hank admits that he has "increasingly ridiculous yet vivid fantasies of Lily and other men in the throes of passion," and he "can't help but wondering what they mean" (p. 26). He imagines her with the dean of the school where he works as a professor and various other colleagues, male and female. Hank's efforts to triangle in a person into his and his wife's relationship through fantasy show that he is looking for someone to stabilize the anxiety he is feeling, and possibly has not found anyone yet.

A similar situation is seen in *Empire Falls* where Miles's father Max is constantly drinking to distract himself from the primary problems he finds when dealing with significant others. His drinking habit started when his wife, Grace, was still alive, and it had an obvious effect on their relationship. Max's drinking continued after his wife's death and into his old age, harming his relationship with his son, Miles. Here we see that alcohol can serve the same triangling function.

A common triangle seen by family psychologists results when one member of a couple engages in an extramarital relationship, or becomes emotionally or sexually involved with another person. The function of the affair is to relieve tension in the couple's relationship. Russo frequently calls on this triangle in his story lines. The principle triangle in *Empire Falls* is among the protagonist, Miles Roby; Jenean, his former wife; and Will, a slick man-about-town. Miles and Jenean were married for twenty years when Jenean became dissatisfied and increasingly narcissistic. Youth and physical beauty became her goals. Feeling that Miles was not giving her enough attention, she began seeing Will, an exercise guru whom she believed helped her feel good about herself again. By leaving Miles for Will, Jenean created a triangle between herself, Miles, and Will. Automatically there was an interlocking triangle with herself, Miles, and their daughter, Tick.

Electronic photo not available

Another clever use of the extramarital relationship triangle is found in the short story, "Monhegan Light." A middle-aged California cinematographer traveled to Monhegan Island with his new, young girlfriend to meet his now deceased wife's lover. The irony of this triangle is unwittingly identified by *Washington Post* reviewer Gabriella Boston. She characterizes the story this way:

> Martin...who doesn't start appreciating and loving his ex-wife Laura, now deceased, until he meets her secret lover, a Maine painter who captured her true beauty in his paintings.

“He’d fallen in love with her, truly in love, the moment he’d uncrated the painting back in L.A. and seen his wife through another man’s eyes.” It’s a bleak story where no lessons are learned and mistakes are bound to be repeated. The hotshot L.A. cinematographer, accompanied by his new, much younger girlfriend, Beth, arrives to admonish the old painter’s immoral behavior. But he can’t.

All the painter is guilty of is loving Laura, something Martin was incapable of doing, until now. When it’s too late. What’s worse, Martin realizes that he probably will sell Beth short, too...

Mother–father–child triangles are perhaps the most common triangles in family systems. The child stabilizes the parents’ anxiety but it does not dissipate. The three-person unit inevitably has one person on the outside of the triangle. In a mother–father–child triangle, one parent is close to the child, while the other parent is more distant, on the outside of the triangle. Tick, who was always closer to her father, becomes more so after her mother’s relationship with Will developed. Jenean brings Will into the system to adjust her status as outsider. As anxiety builds, more triangles are formed, creating more anxiety and complicating things further. The process is repetitive in social systems. It also is repetitive in *Empire Falls*, providing the dynamic of the tale.

The examples of Miles, Jenean, Will, and Tick demonstrate both the dynamic quality of triangles and the immediate tendency toward interlocking. Several interlocking triangles are formed from the relations among these four characters. The triangles constantly change in response to given situations. At one moment, Will may be on the outside of a triangle including himself, Miles, and Tick. Will was known for his harassment of Miles by coming into the Empire Grill, where Miles was employed and Tick helped out in the kitchen. Will constantly challenged Miles to an arm-wrestling match, trying to assert his masculine superiority in what was an effort to resolve his anxiety in his relationship to Miles. These annoyances were characteristically ignored, placing Will on the outside of the triangle. However, when Jenean entered the Grill, and obviously put her hand on Will’s lap, she changed the workings of the triangle, allowing herself and Will to be on the inside with Miles on the outside. It takes one gesture to create an interlocking triangle or change the flow of a triangle.

Another example of the interlocking and dynamic qualities of triangles occurs in *Straight Man* when Hank discovers his son-in-law, Russell, cheating on his daughter, Julie, with Meg Quigley. The first triangle formed when Russell left Julie following a fight and stayed with stayed with Meg Quigley. Another triangle was formed when Hank found Russell and Meg together. This discovery, in turn, forms a third triangle, with an alliance between Hank and his daughter Julie, with Russell on the outside. New triangles continuously form and interlock with the older ones. Both old and new triangles constantly change, either by another person entering or by a change in situation or behavior.

The utility of multigenerational thinking becomes apparent in the evolution of the triangle that forms in Miles’s relationship with Jenean. As Jenean becomes more involved with Will, Miles level of functional differentiation increases and he is able to recall his mother’s affair to try to understand his relationship with his own wife. As he begins to separate himself from the various triangles in which he was involved, he is less dependent on others for a sense of who he is. Miles’s ultimate assertion of his newfound self occurs when he finally moves away from Empire Falls to Martha’s Vineyard to begin a new life for himself and his daughter.

The opposite occurs with Hank in *Straight Man*. The longer Hank’s wife is away, the more stuck he is with his ongoing fantasies of her. In order to alleviate the guilt for his imagined affairs with other women, he imagines his wife’s involvement with other men. His self-definition becomes inseparable from her.

Russo’s novels demonstrate how family systems theory can be a useful tool of criticism and understanding of fictionalized accounts of human life. *Empire Falls*, *Straight Man*, and *The Whore’s Child and Other Stories* are lively examples of the function of triangles in intense interpersonal systems. While the novels are clearly enjoyable to the general reader, they should be especially useful and satisfying for thinking about family systems theory.

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David S. Hargrove is doing postdoctoral work at the Georgetown Family Center and is Professor of Psychology at the University of Mississippi. Sara Schiro, a graduate of the University of Mississippi, is participating in Teach for America in Edgard, LA. She anticipates doing graduate study in clinical psychology.❖

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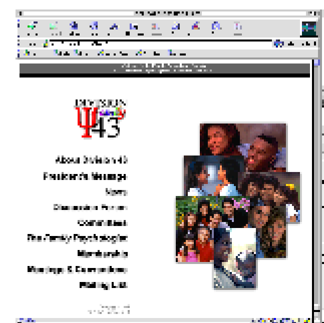

Legal Perspectives on Same-Sex Domestic Violence

by Jon Etienne Mourot

This article summarizes a presentation made at the APA Convention in Chicago in August 2002.

I'm sure it comes as no surprise to hear that the United States Constitution's guarantees of equal protection of the laws is a myth, particularly for victims of same-sex domestic violence (SSDV). GLBT victims of domestic violence are denied many of the rights and protections afforded opposite-sex victims of domestic violence (OSDV). SSDV victims suffer social, legal, and institutional discrimination from state statutes, law enforcement personnel, and the judiciary.

Theoretically, or at least on paper, opposite-sex and same-sex domestic violence victims across the nation may bring criminal charges against their abusive partners. However, the aggrieved person must first convince the police to take immediate protective action and then persuade the local prosecutor's office to pursue the charges in court. This is a daunting task when "police response to same sex domestic violence has been called 'misguided at best and homophobic at worst.'" (Jablow, 2000, p. 1110). A person arrested by police for criminal assault, or related charges, can usually bail out of custody within a matter of hours. That leaves the hapless victim possibly homeless and vulnerable to further injury, or even death. The judicial process may take months before the case is heard and adjudicated. Once tried, the outcome may have more to do with a judge's level of homonegativity and bias than the fair and impartial rule of law.

The behavior of court personnel, including judges, clerks, victim witness advocates, and district attorneys, may be abusive and deliberately unhelpful. Such officials may simply refuse to apply domestic violence laws to lesbians or gay men, even when the statutory scheme provides for such protection. Judges, for instance, frequently dismiss cases of same-sex domestic violence on the grounds that such violence is de facto "mutual," or order inappropriate "relief" such as unwarranted mutual restraining orders, which gives the batterer another tool of abuse (Lundy, 1993, p. 291).

Because conviction does not guarantee imprisonment, the abuse may continue. Criminal charges may be a last resort for those who want relief but do not want the abuser jailed or punished as a "criminal" (Jablow, 2000, p. 1113). The criminal justice system is, therefore, ill suited to provide the protection and relief sought by domestic violence victims, same-sex or otherwise.

Cognizant of the criminal justice system's inability to provide an adequate remedy to victims of domestic violence, all 50 states, Puerto Rico, and the District of Columbia provide recourse to an alternative means of protection through the civil legal system: restraining orders and civil protection orders. Unlike criminal charges, restraining and civil protection orders offer virtually immediate relief to victims of domestic violence. These court orders may be obtained within several hours of filing for protection. Both orders require the abuser to stay away from the victim until a hearing can be held to determine if a permanent protective order is justified. Because these orders require a lower standard of proof than a criminal conviction they are more readily acquired. These orders are designed to separate the victim and the abuser to prevent future violence rather than to punish past offenses through criminal prosecution (Jablow, 2000, p. 1111).

Civil protection orders are preferable to restraining orders because they afford more extensive protection. For example, the abuser may be required not only to vacate the common residence, but also to continue to pay his or her share of the couple's bills. The scope of these statutes varies from state to state. While restraining orders are available to anyone, gay or not, civil protection orders are available, with one exception, only to opposite-sex victims of domestic violence. Vermont is the only state with a domestic violence statute that expressly provides protection to same-sex couples in an intimate relationship.

Due to the ambiguity of domestic violence laws in some states and the specific exclusion of gay men and lesbians in many others, the ability to obtain civil protection orders is usually restricted solely to heterosexual couples. State statutes explicitly protect only opposite-sex members of a relationship from domestic violence in Alabama, Arizona, Delaware, Indiana, Michigan, Mississippi, Montana, North Carolina, South Carolina, and Washington (Fray-Witzer, 1999). Several states, such as Louisiana (La. Rev. Stat. 46:2121.1, 2001) and Texas (Tex. Fam. Code Ann. 71.01 *et seq.*, 1997), implicitly exclude gays and lesbians from protection by limiting the applicability of domestic violence statutes to narrowly defined classes, such as married couples or formerly married couples, a legal status denied gays and lesbians.

In the states that do not explicitly or implicitly deny domestic violence protection to gays and lesbians, court interpretation may be required to extend equal protection to them. Courts have interpreted gender-neutral domestic violence statutes to include victims of SSDV in Florida, Illinois, Ohio, and Kentucky (Jablow, 2000). Until judicial intervention, the question of whether gender-neutral domestic violence statutes of other states also protect members of same-sex couples remains unresolved and subject to the discretion of local authorities.

The 1994 federal Violence Against Women Act is gender neutral in the language of the statute's provisions. Although the legislative history indicates that it was enacted to protect females from male aggressors, this statute has yet to be interpreted. It, therefore, remains unclear whether it protects victims of same-sex domestic violence.

Sodomy laws in 13 states and Puerto Rico (American Civil Liberties Union, 2002) create unique legal barriers for many gays and lesbians seeking protection from SSDV. In order to establish the possibility of domestic violence, sodomy laws may force victims "to confess to a criminal act." (Jablow, 2000, p. 1116). Clearly, this discourages victims from taking legal action. Because most state licensing laws prohibit professionals from engaging in illegal activity, jobs may be jeopardized if SSDV victims go public by seeking protection from the police and legal system. Similarly, SSDV victims in homophobic work environments may fear for their jobs if they come out for their personal safety. Because custody rights of gay and lesbian parents have been denied or terminated in many states, SSDV victims may be reluctant to report their abuse and seek legal protection, if available. Risking legal, economic, and parental peril to escape bodily peril may be too high a price for many battered gays and lesbians.

Call to Action

Ethical Principles of Psychologists and Code of Conduct, Principle F: Social Responsibility

Psychologists are aware of their professional and scientific responsibilities to the community and the society in which they work and live. They apply and make public their knowledge of psychology in order to contribute to human welfare. Psychologists are concerned about and work to mitigate the causes of human suffering.... **Psychologists comply with the law and encourage the development of law and social policy that serve the interests of their patients and clients and the public.** They are encouraged to contribute a portion of their professional time for little or no personal advantage.

Sodomy laws must be eliminated. Thanks to the legal efforts of national organizations, such as the APA, ACA, ACLU (www.aclu.org), Human Rights Campaign (www.hrc.org), and Lambda Legal Defense (lambdalegal.org), sodomy laws have recently been overturned in Arkansas, Maryland, and Minnesota. These groups are aggressively challenging sodomy laws in several of the remaining 13 states that still criminalize private, consensual sex between adults. These efforts need our financial contributions, as well as our professional testimony in the courtroom. Because our *Ethical Principles of Psychologists and Code of Conduct* makes no distinction between gay and non-gay psychologists, I urge each of you to get involved.

Domestic violence statutes must be broadened to expressly extend protection to same-sex victims. SSDV is not the cause celebré of GLBT activism like marriage, adoption, school safety, and antidiscrimination legislation. Why? Though several factors may be responsible, I believe there is one overriding reason: FEAR. Not so much fear by the victims of SSDV, but fear by our community at large. There is a general unwillingness to admit that we, as GLBT couples, are not that different from non-gay couples. We share not only many positive aspects, but also negative aspects. Too many of us fear the repercussions to our other causes if word gets out that we, too, abuse our partners. Gay pride encompasses more than the Ellen and Will Truman facade. Gay pride encompasses our total humanity, blemishes and all.

To borrow the rallying cry of another issue we have struggled with for two decades, Silence = Death. To more fully protect our clients from domestic violence, we must publicize this scourge in our community. We must educate not only our clients, but also our community, our local law enforcement officers, our judicial officers, and our elected officials. I call on you to speak out whenever an opportunity presents itself. Also, I urge you to create opportunities to change this situation. You can work with your local GLBT groups to create alliances with other community groups and with the national groups working to secure equal protection of the laws for all of us. Get involved. **Silence = Death.**❖

Interview with the New Editor of *The Journal of Family Psychology*

Anne Kazak, PhD, was recently appointed as the editor of the *Journal of Family Psychology* (*JFP*). In this interview, she tells us about herself and her plans for *JFP*.

Please tell us a little about yourself, personal and professional.

My professional interests are at the intersection of family psychology and pediatric psychology. I am a clinically oriented family researcher and Professor in the Department of Pediatrics at the University of Pennsylvania School of Medicine. Over the past several years, as Director of the Department of Psychology at The Children's Hospital of Philadelphia (CHOP) and as Editor of the *Journal of Pediatric Psychology*, I have maintained this integration across my research and clinical work.

With a psychiatrist father and social worker mother, the choice of psychology was perhaps not too surprising. More unusual was my upbringing residing on the grounds of a large state institution for the mentally retarded in upstate New York where I first realized the importance of context and systems. At Smith College, I edited the college newspaper and completed an honors thesis on children's humor. My PhD is from the University of Virginia where I had many outstanding developmental, family, and community psychology mentors. Subsequent to internship training in the Department of Psychiatry at Yale University School of Medicine, I launched my career at Temple University and have been at Penn since 1987.

My partner, Chris Coburn, and I live in suburban Philadelphia and are delighted to announce the birth of our son, Samuel, on August 15, 2002. As family psychologists know well, it is a very exciting and busy time!

What are your research interests and clinical pursuits in family psychology?

As an active family researcher, I am knowledgeable about the methods and challenges of conducting research, particularly that conducted in non-laboratory settings. We have several intervention trials ongoing with children with cancer and their families. We are, for example, completing a randomized clinical trial of an intervention that integrates cognitive–behavioral and family therapy approaches. The most recent extension of this work is the development of an intervention for families of newly diagnosed children with cancer. This fall we opened the Center for Pediatric Traumatic Stress at CHOP as part of the National Child Traumatic Stress Network and will be developing and evaluating interventions related to child trauma. I am also an active mentor of junior faculty, staff, and trainees and am committed to the development of new researchers in our field.

I am a family therapist and have worked to integrate the practice of family systems psychology into pediatric practice. My colleagues and I have written several papers related to this work, most recently an article describing a model of family systems consultation (Kazak, Simms, & Rourke, 2002). I believe that it is important to disseminate examples of family psychology in practice and to provide creative linkages between clinical models and research methodologies.

What plans do you have for JFP*?*

The *Journal of Family Psychology* is a robust and well-respected journal, one of the leading journals published by the American Psychological Association (APA), and the premier outlet for family research in our field. My hope is to further solidify *JFP*'s role in the field of family psychology and family research, while also expanding its influence and assuring its responsiveness to the breadth of topics and orientations that fall within its realm. It is essential that the *Journal* continue to be *the* major outlet for the finest research in family psychology. I will be assembling an editorial board of respected experts, with individual and collective expertise that spans theoretical perspectives and methodologies. The goal is to assure that papers receive informed, constructive, and thoughtful reviews. A large pool of ad hoc reviewers is also important in order to provide reviews by experts in specific areas, and to assure needed diversity in terms of reviewer background.

I anticipate maintaining the existing focus on empirical papers, while also providing for submission of review papers and conceptual and theoretical overviews. I would encourage submission of innovative research, particularly papers that illustrate and advance new methodologies and research on understudied populations and topics. I think that a series of commentaries on selected articles can also be an important means of highlighting and fostering consideration of alternative approaches and models, and extension of family psychology to broader levels of impact, including policy. I would also provide for publication of Brief Reports in order to provide expanded dissemination of data that, while important and rigorous, may be more preliminary in nature. I would anticipate initially that we would emphasize the following five general areas, which are not intended to be exhaustive nor definitive, but to rather provide broad organization themes: Health and Illness, Diversity and Culture, Development and Transition, Intervention and Prevention, and Practice and Professional Issues. Each will link to the pragmatic concerns of family psychologists in general, and thereby be relevant to family therapy, research, and policy. While each is focused at the level of family, inclusion of broader issues and interactions among families and other systems will be encouraged, as these remain underrepresented yet important approaches to understanding behavior in context.

How do you perceive JFP *to be helpful to family psychologists in clinical practice? How may Division 43 members work collaboratively with you?*

JFP is broadly disseminated and reaches a diverse readership. A bottom line expectation for papers, however, is that authors integrate comments about clinical implications throughout the paper. This will be a review criterion. Although some papers may be theoretical or represent more basic research, linkages to clinical care, prevention, and policy will be important.

I am very interested in active conversations and collaborations with members of Division 43. I hope that members will contact me (kazak@email.chop.edu) to suggest topics for special issues or to volunteer themselves or nominate colleagues to help increase and diversify our pool of ad hoc reviewers. I welcome your ideas and feedback on the journal and look forward to ongoing collaborations with the Division.

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Conference on Competencies in Psychology Training

By Nancy S. Elman

Division 43 was one of more than 35 sponsoring professional organizations of the Competencies Conference, "Future Directions in Education and Credentialing in Professional Psychology," held November 6–10, 2002, in Scottsdale, AZ. Hosted by the Association of Psychology Postdoctoral and Internship Centers (APPIC), and chaired by Nadine Kaslow, President of Division 43, this was a small working conference, developed from the assumption that clarity about the competencies of psychology would serve trainers, professional psychologists, and credentialers, and better protect the public. The conference aimed at addressing competencies from beginning graduate education through internship, postdoctoral and specialization, and licensing and credentialing, to lifelong learning. The agenda was to identify the competencies, mechanisms for training, and assessment of the attainment of the competency. Sponsoring groups, plenary speakers, and participants were intended to represent stakeholders with significant influence in training in professional psychology.

Over the three days of the working conference, groups of about 12 each worked for several hours each day to identify the elements of

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Spontaneous Remission of Marital Discord: A Simmering Debate With Profound Implications for Family Psychology

By Steven R. H. Beach and Frank D. Fincham

A report released at the Smart Marriages convention this past year is of considerable potential interest to both academic and practicing Family Psychologists. In a large-scale survey of marriages, University of Chicago sociologists Linda Waite and Ye Luo found *no evidence* that unhappily married adults who divorced were typically any happier than unhappily married people who stayed married. Even more striking from the standpoint of Family Psychology, they reported that nearly two thirds (62%) of unhappily married spouses who stayed married reported that their marriages were happy five years later (and 77% of unhappily married spouses remained married). In addition, the most unhappily married spouses reported the most dramatic turnarounds: Among those who rated their marriages as very unhappy, almost 8 out of 10 who avoided divorce were happily married five years later. The report has been taken by many as evidence both that people in the United States may be too quick to divorce, and also as suggesting that marital therapy may be superfluous for many people in distressed relationships (since they may often recover anyway). Clearly claims of this sort are of interest to Family Psychologists.

The report poses a serious challenge to both the intellectual underpinnings of Family Psychology and to the perceived need for services that drives the practice of Family Psychology. On the one hand, it challenges the long held assumption of academic Family Psychology that distressed marriages rarely get better without therapy. On the other, it challenges the longstanding assumption of applied Family Psychology that there is a vast and unmet need for interventions with married couples. The report is, of course, subject to methodological and empirical challenges. For example one might question the validity of a single item measure as an index of marital impairment and dissatisfaction. Likewise, the correlational nature of the data gives rise to third-variable problems, and these could provide the basis for an intellectual challenge to some of the conclusions that have been drawn from the data. Finally, one could bring additional empirical data to bear on this issue. Along these lines, the following post on a listserv discussion represents a fair criticism of the study from an empirical standpoint "If 2/3 of untreated, unhappy couples in Waite's study improve then why is the divorce rate so high? And how does the finding square with 35 randomized clinical trials on marital therapy, which show uniformly that untreated unhappy couples deteriorate. There is no evidence of a spontaneous remission effect in marital therapy outcome research."

As one can see, there are all the makings of a heated interchange...

As one can see, there are all the makings of a heated interchange, complete with choosing sides, academic disciplines making competing empirical claims, and charges of hidden political agendas and differing ideologies. As inevitable as an intellectual slugfest may appear, however, there are alternatives that may be more productive for the field of Family Psychology in the long run.

An Alternative to the Slugfest: Moving Beyond the Continuum of Distress

We in Family Psychology might see the Waite and Luo report as a prompt to reexamine some of our underlying assumptions and see if there is an opportunity for both intellectual development and better practice. An alternative to the slugfest arises when we consider the potential distinction between distress and disorder (marital discord). Is it possible to distinguish marital distress from marital discord among those who are presenting at a clinic or who are distressed in the general community? If it is not, then perhaps the criticisms leveled by those who would do away with marital therapy are justified. Given the Waite and Luo findings, if we cannot distinguish marital distress from marital discord, then perhaps "watchful waiting" is a better strategy than active intervention. On the other hand, if it is possible to distinguish truly discordant couples from distressed couples, then we should take greater pains to do so as we plan for marital interventions and make recommendations for community-level interventions. If we can show that marital discord is distinctly different from marital distress, we will have taken a giant step forward conceptually. At the same time we will have underscored the importance of Family Psychology and the interventions we have to offer. Finally, we will have provided a response to the Waite and Luo study without ever having to engage in an intellectual slugfest over who was right. Although some will be disappointed by the loss of a slugfest-induced adrenaline rush, we think our alternative response is more likely to advance Family Psychology.

Clinic Couples Versus Distressed Community Couples

Who presents for Marital Therapy? As noted by Reiss and colleagues in their monograph on *DSM–V* (First et al., 2002), couples with marital

disorders come to clinical attention for four primary reasons: 1) A couple recognizes their own dissatisfaction and comes for marital therapy, 2) there is serious violence in the marriage and an emergency room or legal authority makes a referral, 3) marital difficulties are noted as part of a comprehensive assessment of an Axis I or II disorder, or 4) marital difficulties are noted as part of a child evaluation. In each of these cases it is likely that there are multiple ongoing and interlocking problems confronting the couple and that both partners have some awareness of these troubles. In each case, one or both partners probably have come to the conclusion that they cannot solve all of the problems that need to be solved. As a result, they are likely to be pessimistic about their potential for change. In addition, given repeated failure, their ongoing attempts to cope with the problem have probably already become part of the problem.

How do such clinic couples differ from unhappy, community couples participating in a survey? For the community couples there is no particular reason to expect that they are confronting multiple, interlocking problems. Such couples may be experiencing relatively transitory stress, and they may not have developed a sense that their problem or problems are unsolvable or that they have exhausted their range of coping responses. As a result, they may use a single-item rating scale in a different manner than a clinic sample. Hidden in the potentially similar responses to a single-item measure of satisfaction with the relationship is the possibility that the pattern or constellation of associated behaviors, feelings, and beliefs is quite different for community and clinic couples. That is, Family Psychologists might expect their clients to be more similar to the portion of Waite's sample that was unhappy and ultimately divorced or that remained unhappy five years later than to the portion of Waite's sample that was initially unhappy but still together and was happy five years later. Further, most Family Psychologists might suspect that the portion of Waite's sample that ultimately divorced was substantially different than the portion of Waite's sample that ultimately stayed together and were happy they did. This is, of course, precisely the type of distinction one might hope for if one were to introduce a distinction between "distress" and "disorder" in the general population. Many of the spouses in Waite's sample may have been very distressed, but not yet disordered. If so, their changes over time might look very different than the changes of those who had passed the threshold for disorder.

Distinguishing Between Disorder and Distress

We distinguish between disorder and distress in all areas of psychological intervention. For example, when we speak of depression we commonly distinguish between symptoms of depression and the syndrome of depression. The basic task of diagnosis is finding the cutting points between "upset" and "pathology" or between "distress" and "disorder." Reiss and colleagues suggest that a similar need confronts our field now. The key issue confronting Family Researchers working in the service of Practicing Family Psychologists is whether we can show that the "manifestations of marital disorder tend to cluster or aggregate in recognizable patterns in the same way that the symptoms of individual psychiatric disorders cluster in identifiable syndromes" (First et al., 2002, p. 163). That is, can we demonstrate that there are "real" disorders appearing in marital clinics, family service clinics, and psychiatric outpatient clinics? Likewise, can we show that marital discord is different from the more common manifestations of "relationship distress" or "unhappiness" found in general community samples? And finally, can we show differential correlates and consequences for marital discord and marital distress? If we can do so, we will have profoundly advanced the intellectual basis of Family Therapy. In particular, we will have begun to create a coherent classification system that is a help rather than a hindrance to clinical practice and research.

The Waite and Luo Study as Opportunity

Reiss suggests that we consider a disorder present only when 1) there are clear, repeated, and fixed patterns of painful and destructive patterns; 2) the patterns are long standing and not a response to a recent stressful event; 3) the patterns are unresponsive to naturally occurring resources in the social environment; and 4) there is clear evidence of a major impact on psychological functioning, physical health, social adaptation, and/or occupational effectiveness in one or both partners. Viewed in light of Reiss' observations about the challenge confronting Family Psychology and the nature of disorders, the Waite and Luo study changes from being a fundamental challenge to the field into an important building block for the task confronting the field: distinguishing between marital distress and marital discord. Consider that Waite and Yuo found evidence of considerable spontaneous remission among distressed spouses. In the clinical literature there is no evidence of spontaneous remission among untreated, martially discordant controls. Waite and Yuo found many people who stayed married five years despite being very unhappily married. In the clinical literature, once a couple has entered therapy, we do not expect them to stay together routinely for five years in the absence of a successful course of marital therapy. In the Waite and Luo study, overall, those who got divorces looked worse off across various measures of psychological health than those who stayed together. Parenthetically, if one focuses only on those who were unhappily married at time 1 and divorced at time 2 there was no decline on 11 of the 13 psychological health measures. From this perspective, the Waite findings are not as surprising as they initially appear to be. Nonetheless, in clinical populations we expect that people who stay in distressed marriages will tend to look worse on various symptoms over time and that people who get divorced will often look better off following divorce. Therefore, a tension remains between the Waite and Luo findings and the expectations we might have for couples seeking marital therapy.

Reconciliation?

Taken at face value, the Waite and Luo study appears to provide an excellent foundation for postulating two distinct groups with different etiologies, different associated syndromes, and different prognosis. Those who are martially distressed but not martially discordant are in one group, and those who are both distressed and martially discordant are in the other. If we can provide a convincing demonstration of the distinction between "marital distress" and "marital discord," we will have an opportunity to take a great step forward intellectually and at the same time provide enhanced practical guidance for those who may be contemplating community level interventions. Relative to the

maritally discordant, those who are maritally distressed may be more likely to show spontaneous remission of their distress, and therefore they may be less likely to experience adverse health as a consequence of their marital distress. The discordant, on the other hand, may be more likely to manifest dissatisfaction in both partners, and be more likely to use physically aggressive behavior. As a consequence, they may be more likely to show spill over of their distress into other areas of the family or other roles.

Summary

We certainly understand those who may decide to challenge the conclusion that marital therapy is unnecessary for most couples seeking therapy, but we hope an alternative is also clear. That alternative is to take seriously the possibility that Waite and Luo offer. Perhaps there is another large group of people in the general population who are suffering transient episodes of marital distress. This condition, marital distress, may be painful to the parties involved, and may have important, transient, implications for the functioning of the affected individual and perhaps for other roles and family members. At the same time, it may have a much better prognosis than the "marital discord" we are used to treating clinically. As marital therapy becomes increasingly "acceptable" and perhaps even "trendy," it would be good for us to be alert to the possibility that an increasing number of marital therapy clients may fall into this other category of "marital distress." If so, we should be alert to the possibility that optimal treatment for the "distressed" may be different than optimal treatment for those with "marital discord." Likewise, for those of us interested in community-based prevention efforts, we should be alert to the possibility that some distressed couples in the community are more like the "martially discordant" couples seen in clinical settings. Again, making such distinctions may lead to better research as well as more effective interventions.

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Council Representatives' Report

James H. Bray, PhD, and Florence Kaslow, PhD

We are pleased to announce that Norman Anderson, PhD, has been confirmed as the next Chief Executive Officer of the APA. Dr. Anderson was the unanimous choice of the search committee and Board of Directors. He has already begun working part time, and he will take over upon Ray Fowler's retirement in January 2003. Dr. Anderson has been a passionate champion for psychology for almost two decades. He was the founding director the Office of Behavioral and Social Sciences Research at the National Institutes of Health from 1995–2000. He is a Fellow of APA, and has been active in APA governance as a member of the Board of Scientific Affairs, Board for the Advancement of Psychology in the Public Interest, and a number of divisions. Prior to his NIH service, he was on the Faculty of Duke University. We think he will do an outstanding job as our new CEO. Please join us in welcoming him.

It is time for us to nominate people for APA Boards and Committees. Please look on the APA Website (www.apa.org) if you are interested in being nominated. Please contact us, James and Florrie, and Scotty Hargrove, Division 43 President, so that we can nominate you. It often takes more than one time to get on a ballot. So now is a good time to start the process.

We now have FOUR psychologists in the United States Congress. In addition, to the reelection of Brian Baird (D-WA), Ted Strickland (D-OH), and Tom Osborn (R-NE), we have a new Member of Congress, Tim Murphy (R-PA). Dr. Murphy was previously a state senator and has been a strong supporter of psychology in Pennsylvania. It is great to have MCs on both sides of the aisle to help with our legislative efforts. We will need to raise even more money to keep our Congressmen in Washington.

The Education Directorate has gained two important legislative wins for psychologists. The Graduate Psychology Education program will continue to be funded by the Bureau of Health Professions (BHPr) in the Health Resources and Services Administration (HRSA). Between $2 and $6 million will be available for grants to support graduate and internship training of health-related clinical psychology programs. Look on the HRSA webpage for further details: www.hrsa.gov.

APA Education Advocacy has also scored a big win for psychology with the passage of the 2002 Safety Net bill, which President Bush signed the into law on Saturday, October 28th. The statute reauthorizes the National Health Service Corps (NHSC) and provides $146 million in financial incentives for psychologists and other eligible health professionals to work in designated underserved areas. In this title on the NHSC, APA Education Directorate lobbyists successfully gained the following: Psychologists are defined as" health service psychologists" and are listed as "primary care providers" along with physicians, nurses, and dentists. In addition, psychology students are now eligible for the National Health Service Corps Scholarship Program, while practicing psychologists are eligible for the Loan Repayment Program. The education directorate has a grassroots lobbying effort, and we need more volunteers to be part of the lobbying effort. James Bray is a regional coordinator for the Education Advocacy Network—so contact him to join the network.

Please contact us (James—jbray@bcm.tmc.edu or Florrie–kaslowfs@WORLDNET.ATT.NET) if you uld like further information about the Council's activities. ❖

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Psychological Services for Immigrant Families: Systemic Considerations

George K. Hong, PhD

Immigration is a major factor contributing to the rapidly growing racial and ethnic diversity in the United States. In 2000, an estimated 10.4% of the U.S. population was foreign born, as compared to 7.9% in 1990 and 6.2% in 1980 (U.S. Census Bureau, 2001). The same data also indicated that about one-fifth of the U.S. population are either foreign born or have one or both parents who are foreign born. The two fastest growing ethnic minority groups in the country are Latinos and Asian/Pacific Islanders, both of which have large percentages of immigrants. About 61.4% of Asian/Pacific Islander Americans are foreign born, and about 39.1% of Latino Americans are foreign born. Among African Americans, 6.3% are foreign born, and 3.9% of White non-Hispanics are foreign born. Another notable statistic is that about 20% of school children have at least one foreign-born parent ("Numbers," 2001). In view of the growing number of immigrant families or families with immigrant members, family psychologists must be knowledgeable about the dynamics or process of migration and its impact on families and communities in order to respond to this demographic trend.

Systems theory provides a useful paradigm for examining culture change and adaptation in immigrant families and host communities (Bronfenbrenner, 1977; Falicov, 1988, 1995; Hong & Ham, 2001). The process of migration often disrupts the ecological fit between the microsystem of the family and the mesosytem (community or social settings), the exosystem (major institutions of society), and the macrosystem (values and norms of the culture). While disruption of any part of an ecosystem will impact all other parts, there are three major areas of concern in regard to immigration.

The first area is one that often catches the attention of the mass media. When a significant number of immigrants or immigrant families move into an area, they bring new cultures and ways of life into the host community. Changes in the host society, for example, may involve businesses catering to ethnic foods and consumer goods, celebration of ethnic holidays, and development of ethnic neighborhoods (Hong & Ham, 2001). Moreover, there will be an increasing need for culturally sensitive business practices and public services, which often include bilingual education and bilingual mental health, medical, and social services. Host-community residents may perceive the addition of a few ethnic stores and restaurants as enriching the diversity of their leisure activities. However, major changes, particularly the need for culturally sensitive education and other public services, are often a source of tension and conflict. Witness the recent case in Maine that was nationally publicized (Labi, 2002). A relatively large number of Somalis have moved into the town of Lewiston over the past 1½ years, and tension flared in the public school and the community, prompting the mayor to issue an open letter urging the Somalis to restrain their influx. This letter, in turn, led to outcries of bigotry and attracted the attention of the nation's mass media. Actually, similar conflicts occur frequently in many other communities with other immigrant groups, and oftentimes the public schools are the frontline of these conflicts. Regrettably, the problem catches public attention only when physical altercations occur. Using a systems perspective, family psychologists are in a special position to examine and understand the dynamics of migration and its impact on the host community as well as the family. We can take a leadership position in preventive work by offering consultation to communities, particularly through the public schools and service agencies, helping immigrant families and host communities achieve a smoother transition.

While the first area of concern is the harmony on the level of the community and larger society, a second area of concern is the immigrant family's adaptation to the way of life in the host society. This may involve all areas of daily life, such as employment, school, housing, health care, and recreational activities, as well as family roles and rituals. The process of adaptation and resulting stress is often dependent on the sociocultural discrepancies between the immigrants' country or community of origin and the U.S. community in which they settle (Berry, 1994). For example, a family from a rural area of a non-English-speaking developing country moving into a metropolitan area of the U.S. will likely experience greater adjustmental stress than a family from a society more similar to the U.S. metropolis. Refugee families often face even greater disruption and stress in their relocation, since many of them fled their homeland under chaotic conditions with little advance planning (Hong & Ham, 2001). As family psychologists, we must be empathic to the impact of the adjustmental stress on the immigrant family, and be aware that this stress may be severe enough to cause impairments in a family's functioning, or may be a factor aggravating an existing family problem. From a systems perspective, family psychologists can explore and understand the ecological fit between the family and its premigration and postmigration ecosystems, as well as a family's experience during the migration process. We can provide more effective preventive and therapeutic service if we become more knowledgeable and appreciative of the changes forced upon the family system by the new ecosystem as an immigrant family struggles to adapt to the host community.

The third area of concern is also located within the microsystem of the family. Here, stress and conflicts may occur when family members have

different migration experiences. For example, parents who immigrated to the U.S. as adults may have a stronger affinity to their culture of origin as compared to their children who immigrated here as young kids or who were born in the U.S. The children, being raised and educated in the U.S., are usually more identified with mainstream U.S. culture than their immigrant parents (Hong & Ham, 2001). This cultural gap can be a major source of conflict within a family. Also, children who were born in the U.S. but whose parents are refugees will have no experience of the trauma their parents went through, and this may create a cognitive and emotional barrier between them and their parents. In other instances, the parents in a family may have different migration experiences, for example, one is immigrant and the other is U.S.-born. These parents may have disagreements over childrearing practices or discipline, or over issues concerning the cultural identification of their children. Again, as family psychologists, we must be sensitive to the complexity of an immigrant family's acculturation process, and the tensions that may become a source of impairment, or may compound a family's existing problems.

In sum, issues concerning immigrant families or families with immigrants are a new frontier of multiculturalism that family psychologists should focus on more, in both research and practice. We need to take a proactive and leadership position in developing a knowledgebase on the impact of migration on the family and its new ecosystem and, at the same time, prepare practitioners to provide better services to these families in prevention and treatment.

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The APA Public Policy Office welcomes applications for the 2003–2004 APA Congressional Fellowship Program and the 2003–2004 Science Policy Fellowship Program. The application deadline for both programs is January 1, 2003. Descriptions of these APA Fellowship programs can be obtained at http://www.apa.org/ppo/funding/homepage.html#fellows

Divsion 43 Board: Col. Carl Settles, James Bray, Nancy Elman, Florence Kaslow, Marsali Hansen, Terry Patterson, Nadine Kaslow, Neil Grossman, Bill Watson, Margaret Crosbie-Burnett, Fontina Rashid, Steven Del Chiaro, and Scotty Hargrove

Systems Thinking and Education in Family Psychology

When I examine Systems Thinking, I focus on a view that includes all levels of thinking, and especially a larger systems view.

Teaching about a larger systems view, I frequently use the Avianca Airline Crash as an example. On January 25, 1990, a jet from Columbia, bound for Kennedy Airport, ran out of fuel and crashed on the north shore of Long Island. The simple explanation for this disaster is that the pilots did not convey to the air-traffic controllers that an emergency condition existed regarding the plane's dwindling fuel supply. The airplane's landing was delayed. Low on fuel, the pilot unfortunately missed the landing at Kennedy and was sent (he accepted the route) on a wide turn over Long Island in preparation for a second landing attempt. On this approach, the plane crashed before reaching Kennedy, and 73 people were killed.

As we look at wider and wider perspectives, we obtain a different view of the many factors that contributed to this accident and that need to be considered in avoiding future tragedies. Some of the other factors that need to be considered are an airport's capacity related to the number of airplanes it can handle in different weather conditions, airline schedules, and pressure from airlines and consumers for on-time flights. Finally, the most important factor is the system of central air traffic control (flow control) housed in Washington, D.C. This central control unit, together with local facilities, makes decisions regulating the number of flights per hour an airport will handle based on the anticipated local conditions. Central control then notifies airlines of ground delays that it puts in effect on the basis of expected conditions. The airlines have the option of canceling fights. Theoretically, after a ground delay, the airplane will be able to fly directly to the airport and land without further delays. When the expected load an airport will be able to handle is miscalculated, problems develop and airplanes are placed in holding patterns at the destination airports. All of these factors led to the crash of the Avianca flight.

As the above example illustrates, when we conduct a systems assessment we want to be sure to include the larger picture as we try to understand a problem. We then will decide what aspects of the multiple systems are the most relevant and where we can intervene most effectively.

Turning to education in psychology, when we look at the larger picture it becomes apparent that two main outcome factors are important concerning students and recent graduates: 1) the number of years required for students to complete their graduate education and 2) the type of employment they can obtain once their education is completed. In recent years the number of years required to complete a course of graduate studies has increased. Pressure on universities to include various subjects in the curriculum has prompted some graduate programs in professional psychology to require five years of study. This results in a larger number of years that a student is in school before he or she can obtain employment, therefore, increases the cost of the education. Regarding employment, the job market for psychologists is much tighter than previously, and the jobs that are available frequently pay lower salaries. Many graduating students cannot find full-time clinical jobs, and they take a number of part-time positions, often without benefits. One solution would be to reduce the number of students entering psychology. This might be a good solution, but individual universities (and professional schools) are in charge of admission policies, and reducing the number of students creates another set of problems. The universities need a certain number of students for a psychology program to be viable and to support a certain size faculty. The Committee on Accreditation (CoA) could have an impact by setting certain criteria in accrediting psychology programs and not grant accreditation to programs that fail to me these criteria. (This can pressure universities to have programs enhance the ability of graduate students to find appropriate jobs.) This can help if you have the correct criteria. However, finding the best criteria is difficult, and once the criteria are found it could take ten years until this approach makes a difference in how psychology departments approach education. One criterion is whether students obtain an APA-approved internship. This is hard to determine because, with the recent pressure on finding internships, some students take non-APA approved internships, unpaid internships, or an apprenticeship that ends up being labeled an internship. The students have invested a number of years in graduate training and with enough pressure they can become very creative in inventing internships. Thus, using this as a criterion may not provide a clear picture. The time it takes students to graduate could be shortened by teaching some of the required material in shorter courses. For example, combine two courses into a one-semester course.

The APA established a commission to look at some of the problems in psychology education, The Commission on Education and Training Leading to Licensure in Psychology. The solution that this commission focused on was to license professional psychologists before they took the internship. This suggestion may solve many of the problems for students. However, it can create a variety of other problems; probably the biggest is that we have worked years to have consistency between state licensing laws. If this change was adopted, it could take 30 years before there would again be consistency between the states' licensing laws. This is because each state would have to agree to the change and vote it into law. In addition, once the question of licensing for psychologists is opened all sorts of unpredicted problems could develop, for example, sun-setting the licensing laws. (The recommendation of this commission has not been adopted.)

Another focus in psychology has been specialization and accreditation of postdoctoral

training programs. With the current job market we may need two levels of training for psychologists. In the first level would be the general practitioner. Ideally, someone could complete their graduate training in three years plus an internship. This would compose the bulk of psychologists. Then, there will be psychologists who receive a few years more training. This additional training could be obtained in formal postdoctoral programs. These psychologists would be highly trained generalists or more likely specialists. Ideally, they will be involved with teaching and training and/or providing specialized services. All of these various factors are interrelated and together make up a bigger picture and must be considered, individually and as a whole, in designing the education of psychologists.

Now, looking at Family Psychology, we need to ask, how are family psychologists trained? Most of us took one or two courses in graduate school, maybe had a family rotation and seminar during our internship, and many CE workshops. Those who were more fortunate had a postdoctoral residency or attended a family therapy institute. Some of us attended a family psychology graduate program, or a clinical or counseling program that had a major track in family psychology. My point is that there is no systematic course that students/psychologists take to become a family psychologist. Clinical, counseling, and school psychology have established accredited programs with specified training sequences. Family Psychology does not have established paths of education and training. We need to develop such paths and to specify them in our Education and Training Guidelines.

The general problem is a lack of good opportunities to develop family psychology training programs. Hopefully, the number of Family Psychology graduate programs will increase now that we are an APA-recognized specialty. The good news is that a number of universities have established Family Psychology Programs or a Family Psychology Focus for a Clinical Psychology Program.

The tasks for Family Psychology are to 1) understand what is realistic, 2) identify education and training tracks, and 3) work to establish them.❖

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Women's Depression in the Family

By Dana Crowley Jack
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Women in the U.S. experience major depression at a rate almost double that of men; currently, depression constitutes women's leading cause of disability in the world (WHO, 2001). It is estimated that one out of every seven American women will suffer from depression in her lifetime. Thus, the chances that a wife, mother, daughter, or sister in the family will experience depression are very high.

What are the signs of major depression? Families need to be concerned if the person experiences depressed mood or anhedonia (the inability to experience pleasure) for two weeks, in addition to five or more of the following symptoms: weight loss or gain, insomnia or excessive sleep, fatigue, feelings of worthlessness, difficulty concentrating or making decisions, or suicidal thoughts. The criteria for depression are the same for women and men, but women with depression more frequently experience guilt, anxiety, increased appetite and sleep, weight gain, eating disorders, and feelings of anger and hostility.

At times, it is hard for family members to recognize these signs of depression in a loved one. Symptoms may have developed gradually and slowly gotten much worse. Depression behaviors, including irritability, withdrawal, and hopelessness, can strain relationships within the family. In fact, when one family member experiences depression, others are likely to be distressed as well (Downey & Coyne, 1990). The good news is that depression is highly treatable. Seventy to eighty percent of people respond to treatment, and when families educate themselves about depression, they also are able to cope more effectively.

What are the causes of women's widespread depression? Experts agree that there is no simple explanation and point to a variety of biological and social factors as contributors. Though many factors are involved, such as poverty, childhood victimization, and violence, studies show that women seem to be particularly affected by problems in intimate relationships. Most women are socialized to find their primary identity in relationships, and to put others' needs first. Women's socialization also leads to suppression of anger, low self-esteem, and feelings of responsibility and self-blame for relational problems. The following factors within the family increase risk for women's depression:

Unhappy marriage. Women in unhappy marriages are three times more likely than men or single women to be depressed, and marital difficulty is the single most common stress in the six months prior to the onset of depression (Sprock & Yoder, 1997).

The lack of a confiding, supportive relationship or the absence of support from a core relationship in times of crisis (Birtchnell & Kennard, 1983; Brown et al., 1986; Hooley & Teasdale, 1989).

Silencing the self, a process in which a woman stops the expression of her feelings and needs, including suppressing her anger, in order to create harmony and intimacy in the family. Both anger suppression and self-silencing are known risk factors for depression (Jack, 1991, 1999).

Women's devalued family roles, including an unequal division of responsibilities for household labor (Bird, 1999), conflict between dual roles of work and family, the isolation and financial dependency that can accompany caretaking of young children while not working outside the home, and the stress of caring for elderly or ill parents.

Two types of therapy proven effective for treating women's depression in a family setting are

Interpersonal Therapy (IPT; Klerman et al., 1984) and Cognitive Behavioral Therapy for Couples (Beach & O'Leary, 1992; Epstein & Baucom, 2002). IPT focuses on resolving the interpersonal difficulties that have triggered depression and that may be maintaining it, such as difficulties around grief, conflicts in relationships, changes in roles, and interpersonal deficits. Cognitive Behavioral Therapy for couples emphasizes communication and problem-solving skills as a means of addressing the interpersonal stresses that might contribute to or maintain depression (Jacobson et al., 1991). Both forms of therapy are particularly helpful for addressing women's focus on relationships, as well as the problems that arise within women's roles and relationships.

Families are very important in helping the depressed woman find treatment and achieve long-term health. Depressed people feel isolated in pain and hopelessness, and family can help by consistently conveying that they care and are willing to help. Families can educate themselves about depression and discuss it openly since doing so is known to improve family functioning. Conveying information about depression to the depressed individual, encouraging her, and repeatedly expressing the belief that she will get better are all helpful, especially when coming from family members. This encouragement can help offset the depressive feelings that she is not "worth" the time and expense of treatment.

While the depressed woman, and perhaps other family members, undergoes treatment, families can try to be as supportive as possible. Depressed individuals often excessively seek reassurance about themselves and their relationships, which may irritate family members. It is important to recognize that such behavior is often part of depression, and to provide assurance (Joiner, 1994). Listening, empathizing, and acknowledging the impact of depression on the individual and the family can encourage the person to continue treatment until the depression lifts. Persistent reminders that depression is a medical condition that responds to a combination of antidepressant medication and therapy—or therapy alone—may offset the hopelessness that can be central to the illness. No matter what type of help a family chooses, the most important step is to begin treatment.

Useful websites for more information:
www.familyaware.org; www.nimh.nih.gov, and specifically, www.nimh.nih.gov/publicat/depwomenknows.cfm; www.nami.org, and specifically www.nami.org/helpline.women.html and www.aafp.org/afp/990700ap/225.html

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Conference on Competencies

(continued from p. 10)

competence in ten component areas of training, as well as strategies for training, and the means of assessment. Perhaps what is of most immediate relevance for family psychology was the seeming emergence of a consensus that specialty training continues to belong in advanced training, generally at the postdoctoral level. While research and intervention with families and children remain as general competencies, broad, general training at the predoctoral and internship level within the existing specialties of counseling, clinical, school, and I/O seemed to remain the focus.

The Competencies Conference was designed to impact the future. At the conclusion, each work group reported on future directions needed in competency-based education in that area. The steering committee and a number of small groups are preparing symposia, presentations, and papers in hopes of furthering the work. The Division 43 Board has endorsed development of a symposium on this topic for the Toronto Convention, so watch for future announcements about this. I was proud to represent the Division at this significant moment in psychology training and look forward to its future influence in the field. Summaries of the findings of the groups, resource bibliographies, and other material on the conference are available on the APPIC website at http://www.appic.org/news/3_1_news_Competencies.htm. Please let me know (elman@pitt.edu) if you have questions or further ideas about competency-based family training. ❖

Reference Corner

Nancy S. Elman, PhD, Editor

This issue of The Family Psychologist *contains reviews of two significant works in the cognitive–behavioral arena: the second volume of* the Comprehensive Handbook of Psychotherapy, *edited by Division Past-President Terry Patterson, and a new work by Albert Ellis and a colleague. Additonally, there is a family assessment and intervention guide worth our noting. Finally, in a first for this column in my years as editor, I review a special issue of* Family Process, *which contains a critical analysis of marital therapy at the start of the 21st century and seems a landmark contribution to our field.*

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 for consideration for review sent as close as possible to the publication date. Send books (or galleys if possible) to Nancy S. Elman, PhD, Program in Counseling Psychology, University of Pittsburgh, 5F28 Posvar Hall, Pittsburgh, PA 15260; email: elman@pitt.edu.

Electronic photo not available

Patterson, Terence (Ed.). (2002). *Comprehensive Handbook of Psychotherapy, Volume 2: Cognitive–Behavioral Approaches*. New York: Wiley. (636 pp.) $125.00 (will go to $150.00). ISBN 0-471-38319-8 (hc).

Reviewed by Michael Robbins

Capturing the essence of one of the most influential areas of psychotherapy research and practice, cognitive–behavioral intervention models and techniques, in a single book is a seemingly impossible task. However, Editor Terry Patterson has done a masterful job orchestrating a comprehensive review of the history, current status, and future directions of cognitive–behavioral clinical practice. Volume 2 of the *Comprehensive Handbook of Psychotherapy* series, edited by Florence Kaslow, is a must have "on the shelf" book for practicing cognitive–behavioral therapists. With respect to couple and family therapists, the *Handbook* provides state-of-the-science reviews of some of the most influential couple and family therapy approaches, written—in many cases—by the original developers/pioneers. The thorough inclusion of couple and family theories, models, and intervention strategies throughout this *Handbook* bears the signature of the editor, who is a diplomate in family psychology (ABPP), past president of Division 43, and deeply knowledgeable about this field.

Succinctly summarizing such comprehensive work is difficult. However, no wordy diatribe better describes the excellence of this volume than Andrew Christensen's compelling statement in the Foreword, "I plan to put my copy right next to my aging 1969 blue book by Bandura."

Cognitive–Behavioral Approaches includes 25 chapters, representing the full range of intervention strategies (prevention to treatment) and formats (individual, couple, family, and group). Chapters cover a range of patient populations, including clinical work with children, adolescents, and adults, and addresses specific clinical populations (such as eating disorders, behavior problems, borderline personality disorder, anxiety and panic disorder, and depression). In addition to excellent inclusiveness throughout the Volume, specific chapters are devoted to working with traditionally underrepresented groups, such as minority and gay/lesbian clients.

The chapters are organized into six sections, each highlighting a specific patient population or intervention format. For example, the chapters in the first three sections (Section I, Psychotherapy with Children; Section II, Psychotherapy with Adolescents and Young Adults; Section III, Psychotherapy with Adults) are connected via their focus on intervention approaches with patients at different stages of lifespan development. Section IV, Psychotherapy with Families and Couples, focuses primarily on working with couples; while Section V, Group Psychotherapy, presents four approaches to group therapy. Finally, supervision and ethical issues in cognitive–behavioral approaches are presented in Section VI, Special Topics. Chapters in the first five sections use a similar organizational framework, including the history, origins, and theoretical underpinnings of the approach; methods of assessment and intervention; major problems/syndromes that are treated utilizing the approach; case examples; and a brief review of research on efficacy and effectiveness.

As a family therapist, I was very pleased to review some of the most outstanding theorists, therapists, and researchers in our field, including the writing of Carol Markie-Dadds, Mark Dadds, Sheila Eyeberg, James Alexander, Thomas Sexton, Howard Liddle, Frank Fincham, John Gottman, Amy Holtzworth-Munroe, Terence Patterson, and Michael Gottlieb. The integrity and quality of chapters is not surprising given that one of the hallmark features of cognitive–behavioral approaches is the clear operationalization of clinical problems, intervention targets, and intervention strategies. Such clarity has engendered a rich research documenting the success of cognitive–behavioral approaches with specific patient populations, with specific problems treated in specific settings. This is particularly relevant for practitioners since the changing landscape of clinical practice is (finally) requiring that therapists be accountable for the services they provide. The excellent descriptions of clinical models with reliable and valid research evidence within this *Handbook* will help to guide practice parameters. Perhaps more importantly, therapists who are able to successfully integrate the procedures and models highlighted in this volume will be responding to our ethical, moral, and professional responsibility to provide legitimate professional services to specific clinical populations.

The richness of clinical theory and practice that has been validated in research studies is exemplified throughout this Volume. With respect to family interventions in particular, Sanders and Markie-Dadds (Chapter 1) provide one of the clearest, most succinct, clinically rich, and research-based presentations of family interventions that I have read. The outstanding quality of information is packaged in a manner that is user-friendly to professionals at every level. Similarly, Sexton and Alexander (Chapter 6) provide an outstanding review of the evolution, complexity, and research evaluation of functional family therapy with behavior-problem adolescents. With solid backing from decades of process and outcome research, functional family therapy is leading the way in successfully disseminating research-based, integrated, cognitive–behavioral and systemic approaches. Similarly, Gottman (Chapter 15) captures the complexity of multidimensional approaches to couple therapy. As one of the most theoretically based, research-informed clinical models, Gottman's approach is an exemplary response to the call for professional accountability.

Cognitive–Behavioral Approaches is more than a must read. It is a must own! The *Handbook* is an excellent source that will help guide the day-to-day activities of both therapists and researchers.

Michael S. Robbins, PhD, is a faculty member in the University of Miami School of Medicine's Department of Psychiatry and Behavioral Sciences, where he is studying family-based interventions with drug using, behavior problem adolescents. He is a co-editor for the next Handbook of Family Therapy.

Ellis, Albert, & Wilde, Jerry. (2002). *Case Studies in Rational Emotive Behavior Therapy with Children and Adolescents.* New Jersey: Merrill/ Prentice Hall. (152 pp.) $18.00. ISBN: 0-13-087281-4 (pbk).

Reviewed by Alex Singleton

Over thirty years ago, REBT founder Albert Ellis wrote *Growth Through Reason* (1971), a collection of verbatim counseling sessions with adults. Ellis and co-author Jerry Wilde's new book, *Case Studies in REBT With Children and Adolescents*, is a collection of 10 cases. Like *Growth Through Reason*, each case is presented verbatim, followed with analysis and commentary by the authors. The cases involve clients with problems from weight issues and self-esteem, to peer pressure and anger management.

Case Studies in REBT With Children and Adolescents opens a review of the basic theoretical formulations of REBT that will be familiar to REBT therapists, and functions well as a primer to those new to this approach.

In Case 1, therapist Howard Young uses paradoxical techniques to disarm and teach a hostile and aggressive teen. Young's skills are creative and personally charismatic, skills that are not antithetical to REBT, as is sometimes believed. Ellis may surprise some readers with his forceful counseling style. For example, he is extremely direct and confrontational with one 10-year-old boy. Commenting on the session, Ellis mentions that the boy is mature and tough-minded, and did not respond to "gentle" REBT in prior sessions. The case is a good example of how to communicate with a sophisticated child in terms the child understands and respects. In the case of "A 9-Year-Old Girl Upset about Her Parents' Separating," Ellis discusses the use of rational coping statements for clients who are too young to dispute irrational beliefs, and problem-solving that can help younger clients better manage circumstances they cannot change.

To their credit, the authors include sessions in which clients showed little progress. One such case is a 16-year-old who kept avoiding her irrational beliefs by continually mentioning new problems, "switching the A" (activating event). However, Wilde misses the opportunity to explain how a therapist should proceed once such a pattern is recognized.

Ellis' commentaries are lucid and authoritative; he offers insight, but is comfortable letting REBT speak for itself. Wilde, too, is insightful, but at times too eager. For instance, his praise for therapist Howard Young ("Just in case some of you might not recognize genius when you're reading it …" and "More gold from Howard Young") was distracting. But, minor flaws aside, *Case Studies* provides valuable examples and advice for therapists who work with children and adolescents.

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Alex Singleton is a graduate student in Marriage and Family Therapy at the University of San Francisco.

Thomlison, B. (2002). *Family assessment handbook: An introductory practice guide to family assessment and intervention.* Pacific Grove, CA: Brooks/Cole. (174 pp.) $43.95. ISBN 0-534-36598-1 (pbk).

Reviewed by Mary Hayes

The *Family Assessment Handbook* is an instructional guide directed primarily to students and professionals in the field of social work who are learning the fundamentals of family assessment and treatment planning. That being said, family therapists in any of the mental health disciplines, especially those in the early stages of training and/or practice, can benefit from the materials provided in this volume. The author's purpose is clearly to present introductory information for those who use a brief(er) model in work with families.

The text has a broad definition of family and an emphasis on the multi-systemic context in which families and therapists are embedded. Professional, legal, and ethical considerations of which the therapist must be aware are also introduced. The importance of these standards to achieve effective practice is woven into instructional sections.

Direct and indirect and both qualitative and quantitative methods of assessment are carefully described for the reader, and the merits of self-report and observational approaches are evaluated. The need for ongoing assessment to

monitor progress during the intervention stage of treatment is addressed, as is the importance of using instruments that allow the practitioner to continually focus on family strengths. The impact of cultural diversity in families on all aspects of the assessment process is highlighted. The author confirms that the "best practice" is to continuously question the purpose(s) of assessment with a particular family system or subsystem.

Thomlison clearly states that assessment results should guide the selection of interventions the practitioner uses to improve and/or maintain effective functioning and relationships in families. She lobbies for the therapist's use of empirically supported strategies whenever possible, but stresses that "matching the interventions to the family's issues and concerns" (p. 75) is primary.

The *Handbook* instructs the practitioner to incorporate the client(s) into the assessment and intervention stages of treatment as much as possible: involving them in developing genograms and family maps; engaging them in contracting for realistic goals for cognitive, affective, or behavioral change; and helping them understand measures used to evaluate progress during treatment. Obviously, the goal of getting families to participate very actively is to help families own the outcomes of their efforts.

It is evident that the author believes that one of the major tools for training the family practitioner is the student's examination of his/her own family experience, using the assessment strategies in the text. The perspective is presented in a narrative followed by an outline that, when completed, provides a comprehensive picture of the trainee's family system and the many ways it may influence the work. In my estimation, this section on the analysis and reflection of the practitioner on family of origin, whether adoptive or biological, is a clear strength of the book.

Five case studies containing descriptions of various problems that families might present complete this practice guide. Questions precede each case study to focus the reader on issues of family assessment and intervention. Summaries of key principles are provided at the end of each chapter, followed by learning activities that can be used to practice the skills Thomlison is teaching within the body of the chapter.

A great deal of helpful information has been provided for the family practitioner, but there are also limitations in this text. Two chapters devoted to family interventions contain a limited selection of strategies and continue to emphasize the assessment component of treatment. In fact, there are descriptions, but no psychometric analysis of a number of family assessment instruments in the intervention and case study section, the placement of which I find confusing. I would have liked to see in the bibliography a more interdisciplinary array of references from all of the disciplines that study and conduct family therapy. Many significant contributions to the topic of family assessment and intervention are missing.

Nevertheless, I would recommend that the *Handbook* be used as a supplementary resource in a beginning course with family practitioners as an aid to focusing specifically on basic assessment and intervention activities, especially writing reports for different audiences. The book will also be a useful resource and guide to ways to involve trainees and new family practitioners in the study of their own family patterns, strengths, and biases.

Mary Hayes, Ph.D. is Associate Professor and Director of Training in the Graduate School of Professional Psychology at the University of St. Thomas, Minneapolis, MN

Pinsof, W. M. (2002). *Marriage in the 20th Century in Western Civilization: Trends, Research, Therapy and Perspectives*. Special Issue. *Family Process*, Volume 41, No. 2. Rochester, NY: Family Process Institute, Inc. (282 pp.) Single Issue Price: $18.00.

Reviewed by Nancy Elman

The place of marriage and couples therapy in the broader context of family and systemic therapies is often unclear. *Marriage in the 20th Century in Western Civilization: Trends, Research, Therapy and Perspectives*, a special issue of *Family Process*, fills the gap. In a slim but powerful issue, Guest Editor William Pinsof and a handful of contributing authors have articulated what the subtitle of the issue promises: national *trends* in "Till Death Us Do Part," a compelling synthesis of *research* on marriage, a critical analysis of the *practice* of couple therapy over the past century, and two thoughtful critiques, one from a feminist and one from an African American *perspective*. Noticeable across these papers is an integrative flavor that subsumes any one theory or approach into a coherent wholeness of approach. What more could a reader interested in a straightforward grounding of marriage and couple work possibly ask for in one volume?

Clinical journals and professional writing on couples and marriage tend to be read among a small core of professionals in the field. Bill Pinsof's introductory article to this issue is likely to be one of the exceptions: long talked about in the broader national conversation about marriage and garnering a fair amount of controversy from both professionals and the public. In "The Death of 'Till Death Us Do Part,'" Pinsof reports that "divorce replaced death as the most common endpoint of marriage" (p. 135) in Western civilization. He suggests that although the life span continues to be extended, the majority of divorces occur before the 20th year of marriage, possibly because this is a natural endpoint to our evolutionary capacity for pair-bonding. If this is true, says Pinsof, we need to have a different view of cohabitation, co-parenting, and divorce in our social and legal structures. This view would validate the intentionality of families in forms other than traditional marriages.

It should come as no surprise that a statement such as this in a scholarly professional journal would be a lightening rod for the popular, and in particular the conservative, press. Going far beyond the article, one conservative writer suggests that Pinsof's perspective could explain why a lot of Americans are afraid to consult marriage counselors! Another, quoted in USA Today (07/28/02), said: "Saying divorce is normal is like saying polio is normal, and let's focus on a better iron lung." Exaggerations of this type were balanced by more neutral comments in the USA Today article, but the

point is that the intensely emotional and value-laden issue of marital stability has been inflamed by Pinsof's paradigm for pair-bonding as we head into work in family systems in the 21st century. Marital and couple psychologists will want to consider its implications for research and practice.

Far less controversial are the two articles that follow. John Gottman and Clifford Notarius review and synthesize decades of evolving research in marital work from a methodological and outcomes perspective. In about 25 pages they concisely and clearly demonstrate the evolution of research from simple paper and pencil self-report (and its concomitant common method variance) to research on interactional processes that evolved from theoretical advances, to observational, then game theory research and the use of multiple measures including, of course, Gottman's justly renown research on affective states using such physiological measures as heart rate.

Summaries of research such as these tend to have some practitioners rolling their eyes and ready to move on to the clinical writing, but Gottman and Notarius manage to demonstrate the application of well-articulated research accomplishments in such areas as developmental transitions, power, and the newest interests in health and longevity and child outcomes, including emotional self-regulation. Gottman and Notarius conclude their review with a call for continued skillful development and application of research methodologies to foster exactitude in understanding complex systems of couple interaction and a 5-point agenda that could serve as the criterion for choosing and supporting such research in the future.

Alan Gurman and Peter Fraenkel follow this research review with a "Millennial Review" of the history of couple therapy. They suggest that the history of couple therapy has evolved through four conceptual phases: atheoretical; psychoanalytic experimentation; family therapy incorporation and (since l986); refinement, extension, diversification, and integration. Space does not permit here a summary of the evolution from "marriage counseling," (circa 1950) to the systemic gurus of the 1980s and finally to the evolution of such models as Fraenkel and Pinsof's "therapeutic palette," designed to assist in the coalescence of multiple levels and systemically coherent elements of integrative therapy. Gurman and Fraenkel's synthesis of the phases of research on couple therapy focuses on intervention rather than on couple functioning and behavior, as Gottman and Notarius have done, and is slender, by comparison, and less likely to contribute to research development.

On finishing reading these two finely wrought syntheses articles, I found myself thinking that perhaps the truly systemic or integrative evolution of marital/couple knowledge and practice will come when these two discrete topics are addressed in one article that integrates research and practice. I had a similar reaction to reading Cheryl Rampage's pithy critique, "Marriage in the 20th Century: A Feminist Perspective," and Elaine Pinderhughes' articulate "African American Marriage in the 20th Century." Rampage basically suggests that the preceding articles make two types of errors: one to acknowledge that gender is relevant but to declare the problem solved, and the other to see elements of the problem of gender but fail to recognize it as a "significant and coherent issue" (p. 261). Pinderhughes reminds of us of the influence of larger systemic issues on couples that earlier articles address less well, and focuses on Bowen's conceptualization of the societal projection process for a model of understanding African American marriages in cultural context. As with my hope upon reading the earlier articles that in some future decade or century review of marriage and couples there will be one article that integrates both practice and research, I completed these last two articles with hope that in that future state-of-the-art review, there will be no need for a coda to add the voices of feminism and diversity because both the questions and the writers are embedded unselfconsciously in the main text.

Bill Pinsof and the Editorial Board of *Family Process* are to be congratulated for this clearly written and thoughtfully articulated state of the art work on *Marriage in the 20th Century*. Its contemporary and farsighted views, accompanied with complete reference sections to work that of necessity was only briefly overviewed here, make it a first choice for new researchers and clinicians, a solid review and update for those who have lived through or who helped create the history, and an excellent teaching tool for both initial training and continuing education in marriage and couples in family and cultural systems.❖

Work, Stress, and Health: New Challenges in a Changing Workplace

March 20–22, 2003
Continuing Education Workshops on March 19, 2003
Sheraton Hotel, Toronto, Ontario

The American Psychological Association (APA), the National Institute for Occupational Safety and Health (NIOSH), and the School of Business, Queen's University, will convene the fifth interdisciplinary conference on occupational stress and health. The conference, Work, Stress, and Health: New Challenges in a Changing Workplace, will be held at the Sheraton Hotel, Toronto, Ontario, on March 20–22, 2003, with Continuing Education Workshops on March 19, 2003.

The conference will feature interactive poster presentations, papers, symposia, and workshops on new research findings, policy, and prevention/intervention programs that address 16 major themes, including Work, Family, and Community.

Advance Registration (before January 15, 2003): $285
(attendees and presenters), $165 students;
Late/On-Site Registration: $335
(attendees and presenters), $200 students.

To Register On-line, Please Visit Our Website: http://www.apa.org/pi/work/wsh5

Join Div 43 Listserv

Send an email to listserv@lists.apa.org. In the body type subscribe div43 [Firstname] [Lastname] (replace [Firstname] with your first name and [Lastname] with your last name—leave off the brackets). Do not put anything in the subject line. Do not put a signature (turn off automatic signature).

The Problem of Licensure Mobility

Ronald F. Levant, EdD, ABPP
Nova Southeastern University
APA Recording Secretary

Psychologists seeking to obtain a license in another state, whether for purpose of relocation, for a multi-state practice, or for engaging in tele-health, might find themselves facing a real nightmare. The Board of Psychology in the new state might ask the psychologist to jump over many hurdles, such as producing notarized supervision forms, when some of the supervisors have retired or passed on. As former APA President Pat DeLeon (2000) has observed, "few psychologists realize how difficult it is to get relicensed in a new state."

The problem arises because each state determines the qualifications for professional licensure. By 1977, all states had enacted a psychology licensure law, however with a great deal of variation in the requirements. The APA Practice Directorate, using the APA Model Licensure law, has attempted to reduce some of this variation in order to promote mobility. However, many variations remain.

Other professions have addressed this problem. The National Council of State Boards of Nursing has endorsed a model based on the driver's license, in which mechanisms exist for mutual recognition and reciprocity. Licensure is recognized across state lines, with the nurse subject to the laws and rules of the new state. So, too, the pharmacists facilitate mobility through uniform licensure requirements and a clearinghouse program that transfers the pharmacist's license to the new state, verifying background information and screening for disciplinary actions.

APA has been attempting to address this problem. The APA Council of Representatives at the February 2001 meeting gave formal approval to an ongoing strategic plan developed by the Committee for the Advancement of Professional Practice (CAPP) for helping to provide a climate within which existing mechanisms for professional mobility can continue to develop.

CAPP, at Council's request, had been implementing a strategic plan to provide a supportive environment for giving visibility to the existing mechanisms for professional mobility available through the National Register of Health Service Providers in Psychology (National Register), the Association of State and Provincial Psychology Boards (ASPPB), and the American Board of Professional Psychology (ABPP). CAPP conducted programs at the annual State Leadership Conference, disseminated invited articles to state and provisional psychological association newsletters, and took other strategic actions. In February, Council approved the continuation of this plan, and as a result, additional articles on the status of the various mobility mechanisms have been, and will continue to be, published, as appropriate, in APA and Practice Directorate publications (e.g., Smith, 2001; Sullivan, 2000–2001), additional conference programs will be arranged, and meetings among parties of interest will be facilitated. In addition, the author and Jay Benedict, Associate Editors of the journal, *Professional Psychology: Research and Practice*, are preparing a special section on this issue.

By 1977, all states had enacted a psychology licensure law, however, with a great deal of variation in the requirements.

Background

The information in this section of the column has been drawn from various APA governance documents. In February 2000, Council suspended its rules and approved a new business item, titled "Reciprocity of Licensure Among States," introduced by Drs. Carol Goodheart and Ron Levant, and 20 other Council Representatives. This item affirmed that the attainment of reciprocity of licensure and other mechanisms for professional mobility are urgently needed. It directed CAPP, as the lead group, and BPA to work in collaboration with ASPPB to develop a plan to achieve this goal.

In March 2000, CAPP and the Practice Directorate made time available before the start of the State Leadership Conference for representatives of state psychology licensing boards and state psychological associations to meet to discuss mobility, in a forum coordinated by ASPPB. This was the second consecutive year for this particular forum.

At its meeting later in March 2000, CAPP discussed the Council item and decided to convene a conference call among representatives of CAPP, BPA, and ASPPB to determine what would be most helpful in promoting mobility. This call took place in June 2000. It highlighted several relevant issues, including the type of support that APA could provide, the potential implications of technology changes and tele-health for licensure, and the recognition that other organizations have also developed initiatives to facilitate licensure for psychologists moving to different states. Of considerable importance, the participants on the call noted that there are two different mechanisms for promoting professional mobility: **Reciprocity**, which refers to agreements between jurisdictions in which states are willing to recognize each other's licensees based on comparable requirements for licensure, and **Endorsement**, which is a vehicle to recognize individuals as having met a high standard qualification, such as the Certificate of Professional Qualification (CPQ) developed by ASPPB, which is accepted by jurisdictions as meeting most of the qualifications for licensure. In the past 10 years only 10 states have entered into reciprocity agreements. This makes endorsement the more promising mechanism for promoting mobility, since more than two dozen states are in various stages of recognizing the more recently developed CPQ.

In July 2000, CAPP continued discussion of

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this issue with representatives of ASPPB and the National Register. CAPP noted that decisions about licensure reciprocity and mobility are not the province of APA but rather of state and provincial psychology boards. CAPP also noted that BPA has a work group examining tele-health issues, and that these issues are clearly relevant to any consideration of reciprocity and mobility. CAPP felt that it could take two additional actions supportive of reciprocity and mobility at the present time: 1) Provide a climate and create an environment in which existing mechanisms for mobility can flourish, by informing members about the various mechanisms for mobility offered by ASPPB, the National Register, and the American Board of Professional Psychology (ABPP), and 2) inform Council of the distinctions between reciprocity and endorsement, and the status of the latter as being the mobility mechanism more widely accepted by states and provinces.

As part of providing a climate to support existing mechanisms for mobility, CAPP offered to compile and disseminate to state and provincial psychological associations (SPPAs) invited articles written by ABPP, ASPPB, and the National Register about the various mechanisms and initiatives each has developed to promote licensure reciprocity and mobility. Each of the organizations was contacted and agreed to prepare a brief article suitable for publication in SPPA newsletters. These three articles were circulated in September 2000, and have been reprinted in various SPPA newsletters. In October 2000, CAPP reviewed the progress made in publicizing the various mechanisms for promoting mobility and the increasing acceptance that these mechanisms are receiving, and decided that a continuation of the current strategy would be recommended to the Board and Council. In December 2000, the Board of Directors approved the strategic plan prepared by CAPP.

Mechanisms to Mobility: Implications for Practitioners

At this point in time it seems clear that the need for mobility for psychologists will continue to increase. However, since we really don't know how events will unfold in the future, all of the vehicles for increasing psychologists' mobility should be supported. We need all of our "oars in the water," so to speak. Readers are encouraged to contact the sponsoring organizations to learn more about each of the mobility mechanisms: the National Register, the ASPPB, and ABPP.

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

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Biographical Sketch

Ronald F. Levant, EdD, ABPP, is in his second term as Recording Secretary of the American Psychological Association. He was the Chair of the APA Committee for the Advancement of Professional Practice (CAPP) from 1993–1995, a member of the Board of Directors of Division 42 (1991–1994), a member-at-large of the APA Board of Directors (1995–1997), and APA Recording Secretary (1998–2000). He is Dean, Center for Psychological Studies, Nova Southeastern University, Fort Lauderdale, FL. ❖

Division 43 Members Invited to Join Division 44

Division 44, Society for the Psychological Study of Lesbian, Gay, and Bisexual Issues, extends an invitation to members of Division 43. Membership is $30 ($10 for students). We look forward to the collegial synergy generated by co-members. To join, request an application from Deborah Liddi Brown at liddibrown@earthlink.net.❖

Viva Italia

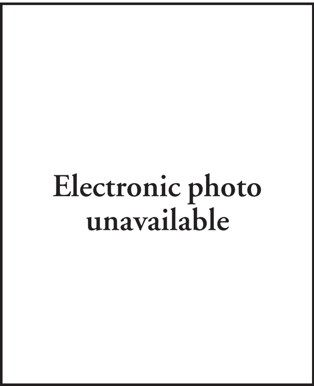
It had been 8 years since our last sojourn to Italy and the IAFP Conference in Padua, with presentations afterwards in Rome and Bari, when we went there in April 2002. The fine cuisine remains "molte delicioso" and the warmth and generosity of spirit and hospitality are appealing and again made us feel most welcome during the 2 weeks we were being hosted there. Everything is colorful and high-spirited, and, with what seems a booming economy, the prevailing mood is one of optimism and confidence.

Our first stop was Milano, where I taught a 2-hour course on the Stages of Divorce at Catholic University. This is a huge urban university with over 40,000 students housed in a former monastery. The long outside corridors surrounding interior gardens make it an attractive, if rather old, setting. Dr. Eugenia Scabini, the family psychologist who hosted my visit, is Dean of the entire Faculty of Social and Behavioral Sciences—including Psychology, Social, Political Sciences, etc. Both Dr. Scabini and family psychology enjoy high status. There are between 1,200 and 1,300 undergraduate psychology majors and several hundred graduate family psychology majors. The department is academically and research oriented, and trainees must go to the separate, freestanding institutes for clinical training, if they desire this.

There are many contradictions in this predominantly Catholic country. I was informed that divorce was legalized in 1975 and the number of divorces since then has continued to spiral upwards. Because annulment—with the accompanying admission that somehow there was misrepresentation and therefore the marriage did not really exist, which is required in order to be remarried within the church—does not appeal to everyone, many either cohabitate or get remarried in a civil ceremony only. The number of professionals consulted by people pre-, during, and post-divorce has become very high; it accounts for the numerous requests to

lecture about these painful partings and their sequelae.

Although many of the divorced men remarry, this is less true of the women, particularly if they do not want more children and they are gainfully employed. The feminist movement has had a huge impact in the last decade, and having a career has become increasingly important to many women. I was surprised to be told that Italy now has the lowest birth rate in Western Europe, with less than one child per family the average. It is difficult for women to work and raise a family since the necessary infrastructure of day care and other services has not yet evolved, and having a child often necessitates staying at home, like their mothers did; this is not the preferred lifestyle for many of the young women. A number of the male therapists recounted to me that this has been very disturbing and disruptive to them and to their male patients and they really find this new attitude of the women somewhat baffling. The current gender changes in Italy are reminiscent of the upheaval many couples and families experienced in the U.S. in the 1970s and 1980s, as women felt free to make their own choices and act in a more liberated way in all spheres of life.



Several years ago Italy passed a law that anyone wishing to practice as a psychotherapist must be a psychiatrist or other physician, or a psychologist, and all would-be therapists now must acquire a certificate showing they have completed 4-year postgraduate training at a government-approved institute. This entails having completed several thousand hours of coursework, plus clinical practice under supervision. Thus, the institutes are running huge enterprises and people are clamoring to enroll.

This was certainly true at two major institutes in Milan—those directed by Drs. Luigi Boscolo and Gianfranco Cecchin, and by Dr. Matteo Selvini. These two institutes espouse different theoretical orientations and conduct therapy based on different philosophic rationales. Nonetheless, they joined together to co-sponsor my day-long workshop on “The Impact of Children on Marriage” and thereby provide an additional educational opportunity for their trainees.

The assembled audience of over 300 was intrigued when I had each person do his or her own personal projective genogram. Although many had been trained in the use of traditional genograms, this technique added some new variations and the ability to acquire additional data from clients. In the afternoon, after we had broken bread together at lunch, I invited Drs. Cecchin, Boscolo, and Selvini to join me on stage as a panel to discuss what I had presented and to field questions. Their divergent points of view and very different personality styles fostered a spirited discussion. My own reaction was one of pleasure that they undertook to collaborate in hosting this event, as I believe trainees benefit from such wider exposure to different theoretical schools and to some of the clashes and schisms. Here as elsewhere throughout this trip, I was provided with fine translators, for which I am always grateful.

The next two presentations were in Treviso and Florence, respectively. Treviso has a lovely old walled city in its center and is quite quaint and lovely. Florence, replete with many magnificent museums, churches, and shopping venues is a joy to visit. In both cities, the invitations were extended by various Family Therapy and Divorce Mediation Institutes. [The turnouts of current trainees (and those from past trainee groups) was enormous—partly because such training is mandatory.] Divorce mediation is clearly in vogue now and has been for the last several years—given the spiraling divorce rates alluded to earlier. Some people have tried to arrange to offer mediation services under Church auspices, but met with no success since the Catholic Church’s official position is still anti-divorce. Such a service under the aegis of the Church would seem like it was condoning divorce. Thus training and mediation, like therapy, are happening at and by Institutes and in the emerging independent (private) practices. The number of Institutes in the major metropolitan regions is proliferating, and everyone present appeared eager to acquire more knowledge about both the divorce and mediation process, and techniques to help clients cope with either or both.

I learned the day before the workshop in Florence that in the late afternoon I would be joined on a panel by the directors of a half-dozen prestigious Institutes in the region. The format was to be that each would give a brief summation and then have time to address questions to me. These directors were bright, energetic, enthusiastic, and curious, as were many of the therapists, lawyers, judges, and mediators in-training in the audience. (Since at present Italy is a country that has no rules and regulations governing who can be a mediator and what their qualifications should be, people from all kinds of backgrounds are requesting training. No doubt as the field becomes more popular, some regulations to protect the public will be put into effect.) Their statements were well thought out articulations of their various positions; the questions were provocative and challenging to answer. Mediation is definitely thriving in Italy under the leadership of some outstanding theoreticians and practitioners, and I was delighted to be able to contribute to its deepening and expanding.

Combining the workshops and presentations with witty and informative lunch and dinner conversations among colleagues with visits to the Pitti Palace, the Academy, and other fine museums and attending a performance of Boris Gudonov by La Scala Opera in Milan was a thoroughly marvelous experience. Participating in family psychology internationally is truly exciting and rewarding.❖

American Board of Professional Psychology Family Specialty: Presidential Update

Marsali Hansen, PhD, ABPP
President

The Family Specialty Board of ABPP met in Chicago at the annual conference of the American Psychological Association. New members and officers were elected, and plans for the future were discussed. Dr. Frank Batkins passed on the duties of president to Dr. Marsali Hansen at that time. Dr. Tanya White has accepted the position of treasurer, and Dr. David McGill has accepted the position of secretary for the board. New members elected to the board include Drs. Anne Kazak, Mary Anne Watson, and Arthur Freeman. Dr. Florence Kaslow will continue as Board of Trustees representative, and Drs. Terry Patterson, Karen Prager, and John Zarski will continue on the board.

Within this past year the regional chairs have expanded to cover the newly repartitioned three regions. For the west, Dr. Rodney Nurse has agreed to coordinate activities. For the east, Dr. Tanya White will assume the responsibilities from the previous chair, Dr. Marsali Hansen. Dr. Charles Guyer has agreed to continue the responsibilities for the southern region. In addition to his duties as past president, Dr. Frank Batkins has offered to assume the responsibilities of credentials review chair for new applicants. Dr. Aylmer will continue to chair mentoring efforts. Dr. Frank Ezzo is heading up the Academy of Family Psychology and will be collaborating closely with the board.

This past year has been a very successful one for Family Specialty Candidates. Since January, nine psychologists received their diplomas in the family specialty. A special congratulations goes out to Dr. Arthur Freeman, Dr. Claudia Hoffman, Dr. Michele Harway, Dr. Lenore Walker, Dr. John Thoburn, Dr. Rory Remer, Dr. Ron Levant, and Dr. A. Melton Strozier, Jr. Let us continue this great effort; I encourage all who are interested in obtaining the specialty to visit the new ABPP website or contact any member of the board for assistance. It is important to note that applications to the senior track continue to be accepted. If you are considering this option please request an application packet.

The board plans to meet in Philadelphia the first weekend of March 2003. The meeting will include examinations for all who are ready at that time. I encourage those of you interested in obtaining you board certification to get your materials in for review before the end of 2002.

I want to end with a special thanks to all those who have participated in the efforts of the specialty this past year. Drs. McCool and Lebow's service during their terms on the board is greatly appreciated. All those who assisted as examiners this year are also to be given special recognition for their work.❖

Are You Board Certified?

Florence W. Kaslow, PhD

American Board of Family Psychology Representative to
American Board of Professional Psychology
Division #43 Council Representative

Now that family psychology has been officially recognized by APA as a specialty area, Board Certification has become a more visible and important credential. Throughout the field of psychology and the other health professions, specialty certification by a *duly recognized certifying body* that utilizes qualified peers to administer oral exams, subsequent to careful credentials review and work sample submission, is becoming the gold standard. We are reprinting below an article written by a recent ABPP President, Ted Packard, which elucidates the generic benefits of Board Certification across the 11 specialties that ABPP now recognizes. Anyone who is interested in applying should contact

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It really is a worthwhile journey and quest. Our numbers are expanding rapidly and we hope to welcome you as a diplomate soon.

Why ABPP Is Necessary and Essential

Ted Packard, President
American Board of Professional Psychology

When we approach colleagues with the suggestion they consider applying for an ABPP specialty certificate a frequent response is "Why?" I often smile, try to give a few facts (e.g., "military psychologists earn more money"), and muffle any sense of irritation at the oft-repeated question. It's easy to assume the answer is self-evident—that ABPP is a "good thing" and represents a credential to which all self-respecting psychologists should aspire. However, being a "good thing" is no rationale at all, and the "why" question is an eminently fair one and deserves a strong, credible, and unequivocal response.

Following are five reasons why I believe ABPP is necessary and essential to the continued development of professional psychology in our part of the world. Individually, each represents a strong rationale for the importance of specialty credentialing in psychology at this point in our profession's development. Taken collectively, the rationales should represent a persuasive argument for motivating individual psychologists to seek board certification in spe-

cialty of interest and for which they meet basic qualifications.

1. The exponential growth of psychological knowledge leaves no alternative but to specialize.
The scientific foundation that undergirds psychology practice has grown at an accelerating rate since the establishment of ABPP in 1947. My doctoral training was in the 1960s at a very respectable institution, and I am amazed continually as I compare the curriculum and learning I experienced with what we require currently of our psychology trainees. The differences are vast, both in terms of quantity and specificity. Students are overwhelmed with the shear amount of conceptual material and related professional skills to be learned. And by the 3rd or 4th years of their doctoral programs inevitably they begin "to specialize" despite the fact that doctoral curriculums (and the explicit premise of APA's Accreditation system) are built around the premise of "broad and general" predoctoral education and training. The mass of available conceptual material, related empirical research, and potential practice applications leaves no alternative. "Everything" cannot be learned or mastered, and doctoral students inevitably must make choices about what to emphasize and where to focus their academic efforts.

2. Our work environments impel us to specialize.
Academics have known this for years. Earning tenure and respect in a research-oriented university requires new faculty to establish quickly a focused and specific program of research. Practitioners have been confronted with this reality in harsh and heavy-handed fashion over the past two decades. We are all too familiar with the capture by corporate America of the U.S. health care economy and the related control of health services and practitioners by profit-oriented managed care organizations. While the current system is unstable, and continues to evolve, one thing seems certain: We will not return to the nostalgic fee-for-service days of the 1970s when large numbers of psychologists established respectable practices as "generalist" service providers. In recent years, "expensive" psychologists have been squeezed out of the traditional health care system by MCO cost containment practices. And their ranks have been filled on MCO provider panels by Masters degree level mental health providers (LPSs, LCSWs, MFTs) and even Bachelors degree level mental health technicians. In order to survive economically, creative psychologists have had to adapt and to develop new patters of practice. Formerly unknown "niches" have been identified and new practice patterns are emerging, and in the process "specialization" has become a necessity for many rather than an option for the few.

3. Our professional context reinforces the need for specialization.
Psychology is recognized by our society as a "profession" because it (1) provides valued services, (2) is based on a "corpus" of knowledge, (3) uses methods, techniques, and procedures derived from the body of knowledge, (4) has developed internal self-regulatory mechanisms (e.g., ethics codes, practice standards, specialty certification, etc.), and (5) is regulated legally through licensing statutes and related laws. The history of most professions recognized currently is in many ways a story of the development of specialties and specialty practice. Medicine is a clear example. The American Board of Medical Specialties currently includes 24 member specialty boards ranging from the American Board of Allergy & Immunology to the American Board of Urology. Numerous subspecialties also are subsumed under the 24 recognized medical specializations. Most physicians seek board certification as a necessary credential for credible practice. Specialization can be found in all recognized health service professions. With the recent establishment of the NASW Specialty Certifications Program, social work joins licensed professional counseling (through the National Board for Certified Counselors) as masters degree recognized professions that also offer specialty credentialing to licensed practitioners.

Because of the complexity and scope of its scientific and professional knowledge base, the structures and demand characteristics of the environments within which psychologists work, and the models for specialization presented by all health service professions, psychology *must* maintain a credible and esteemed system for specialty recognition and certification in order to insure the continued growth and development of the profession. ABPP *is* psychology's umbrella organization providing specialty certification to individual psychologists by peer review and examinations through its 12 affiliated and recognized psychology specialty boards.

4. Enlightened self-interest mandates that individual psychologists develop specialty skills that subsequently are documented through attainment of specialty certification.
As noted above, "generalist" practice is an option for a rapidly diminishing proportion of psychologists. Some will thrive because of an unusual practice "niche" (e.g., working with the hearing impaired) or because they have strong multicultural competence or because they possess bilingual or multilingual communication skills. However, an increasing number of psychologists will move into widely recognized areas of specialty practice. "Primary care" psychologists (e.g., some clinical and counseling psychologists) will be frontline specialists consulted by clients with myriad presenting issues who work directly with some clients and refer others to specialists. At more focused levels of practice, psychological services will be directed to special groups with special needs and in special ways (e.g., family, health, behavioral, school, and psychoanalytic psychologists). Sharply delineated specialists will provide services, sometimes via referrals from others professionals or agencies, to clients with clearly defined concerns (e.g., forensic, neuropsychological, rehabilitation, and group psychologists).

Psychologists who have documented their specialty skills through certification by a recognized psychology specialty board will have distinct advantages over self-identified or "vanity board" (e.g., no examination) credentialed specialists. ABPP is in its 54th year of existence and is recognized broadly across the profession and by society in general as psychology's primary specialty certification organization. ABPP credentials are recognized broadly and increasingly by

- Hospital, health, and medical organizations
- State and federal courts and related legal institutions
- Psychology licensing jurisdictions
- Military, Veterans Administration, and various government agencies
- Universities and educational systems

- Professional organizations involved directly or indirectly with psychology

Positive consequences to individual practitioners include increased access to job possibilities and work situations; enhanced opportunities in various health facilities, legal institutions, and governmental programs; increased respect and recognition from potential referral sources and fellow health and human services colleagues; earned credibility and enhanced possibilities of effective influence for positive outcomes; and maximization of one's economic potentialities. Enlightened self-interest complements altruism and service motivation, and both can be facilitated by the documentation of skill inherent in recognized specialty certification.

5. Protecting the public from charlatans and the ill prepared requires personal and professional self-regulation.
Protection of the public is a final strong rationale for the necessity and essentiality of the American Board of Professional Psychology. With few exceptions, governmental licensing jurisdictions in North America, whose sole purpose is protection of the public, continue to implement generic psychology licensing statutes. The widely used Examination for Professional Practice in Psychology (EPPP) is constructed and standardized to test for knowledge and skills basic to *all* areas of psychological practice. The peer review processes and examinations constructed and offered by ABPP-affiliated psychology specialty boards are designed to identify practitioners who possess the knowledge and skills basic to *specialty* areas of psychology practice. Thus, the public protection function of ABPP supports and complements the primary regulatory function mandated in state and provincial licensing statutes. ABPP plays a vital role in enhancing public protection by making information available to consumers about board-certified psychologists working currently in recognized psychology specialty areas.

Self-identified specialization is *not* characteristic of a mature health and human services profession nor in the long run does it serve the public interest. These are five strong rationales supporting the necessity and essentiality of the American Board of Professional Psychology and its 12 affiliated specialty boards. My appreciation and best wishes to all of you as we continue this important work.❖

Relational Diagnosis Work Group

Florence Kaslow, PhD
Terry Patterson, EdD

First Dr. Florence Kaslow reported to the Division 43 Board on November 17 on the background and development of relational diagnosis in the past 15 years and efforts made by Division 43 leaders as a group and in spearheading the Coalition on Family Diagnosis, formed in 1986, that was active for about 6 years (see Fall 2002 issue of *The Family Psychologist*). Then Dr. Patterson summarized the discussions he had had with members of AABT interested in relational diagnosis earlier in the same week. Terry expressed his thanks to the AABT Couples SIG members, especially Kristi Gordon, Scott Stanley, Deborah Capaldi, Anne Marie Cano, Steve Beach, Bob Weiss, Frank Fincham, JoAnn Davila, Barbara Ann Perry, and others who contributed to the bridge building between Division 43 and AABT.

Out of his discussions with SIG members and our discussions at the Board meeting, it became apparent that there are various communities of interest that need to be involved in the process of formulating, researching, testing, drawing conclusions about, and writing up the various relational diagnoses. These different groups might need to be involved at different times in the process, and there may be partially divergent agendas, so the tasks could be quite daunting. At times different groups' objectives might coincide and overlap; at other times, they could be quite different and even at odds with one another. They are as follows: 1) researchers, 2) theoreticians, 3) practitioners, 4) the *DSM–V* Task Force, 5) consumers of services, and 6) NAMI and other patient advocacy groups.

A summary of the SIG and Division 43 deliberations appears below:

No one indicated opposition to pursuing this issue, although there is significant variance in the breadth and depth of interest.

SIG has primarily a research agenda; the establishment of relational diagnoses that would lead to a common terminology and criteria for assessment.

SIG is not particularly interested in the reimbursement issue; many practitioners and clients are.

SIG members stressed that although efforts leading toward inclusion in *DSM* may further a research agenda, it need not be driven by *DSM*.

Although NIMH has allegedly indicated no interest in funding *DSM* research, individual researchers might apply using research agendas that include a *DSM* focus.

APA has not determined whether to include relational diagnosis work groups in the task forces it has established for *DSM–V*, and may in fact move publication up significantly to 2005, which will not provide ample time to make much progress on this research.

The APA Practice Directorate has signaled an interest in supporting Division 43's explorations of this issue and has appointed a staff member from the APA Practice Directorate to work with us as a liaison.

Additional conceptual delineation and field trials to discriminate between individual and relational disorders regarding duration, severity, and comorbidity are definitely required and will need appropriate funding for the research to take place.

Although *DSM* will continue to be a manual of individual disorders, sufficient evidence exists for relational disturbances that affect personal functioning, work, etc. (violence, sexuality, abuse) without individual disorders. There is speculation as to whether these should be included in the *DSM* or in a separate publication that strives for equal recognition and utilization.

Allied mental health (and consumer) organizations will have to be included in the effort; political strength may influence funding priorities and political decisions.

In the meantime, we will continue these dialogues and elicit the support of other organizations in the upcoming weeks and months. This will include other national and international family psychology organizations as well as other mental health organizations. Dr. Scotty Hargrove, Divi-

sion 43 President-Elect, is checking on the possibility of a meeting to be held the end of March at the Bowen Institute at Georgetown University. The timing will coincide with the next Division Board meeting in Washington.

Dr. Nadine Kaslow distributed the chapter "A Research Agenda for *DSM–V*" from the current *DSM–IV* (TR) edition (2002). It is highly informative and recommended reading. Many of the issues alluded to in the chapter were discussed.

Since there was strong support from the Division Board for our continuing this endeavor, our work will proceed over the next few months as an exploratory work in progress. We will await the hoped-for interdisciplinary meeting in Washington to get a broader sense of where the larger mental health field is heading and what our leadership and other roles in the process should be.❖

Final Word

(continued fromback cover)

3. In taking the traditional medical history, we look for the transgenerational transmission of symptoms, which gives the treatment team a view of the patient's health beliefs and coping with illness. The genetic revolution makes this biopsychosocial systems approach that much more important, as we trace family histories of genetic illness AND coping.

4. We imported the systems view of "resistance," helping physicians think about what they themselves might be doing to encourage patients not to adhere to a treatment plan. For example, are they "pursuing" the patient, ignoring all behavioral signs that the patient or family doesn't agree with the treatment plan?

5. We developed "family of origin groups," mixing physician and psychology faculty to discuss our own families and our problem patients. In my youthful zeal and naiveté (I was 28 when I started to work in the Family Medicine Department), I thought I'd provide invaluable consultation to my physician colleagues on their difficult cases and their personal work/family binds (the most common involves the confusion of roles when a physician has a sick family member). What I quickly discovered (after one group in which I was so desperate for input on a difficult case that I presented it to this physician group) was that I had as much to gain as to give in this group, as well as in the setting more broadly.

Working in this context makes evident the value of a biopsychosocial systems approach to patients. It also helps balance what can be an exclusive perspective on psychological experience. Certainly I am far more cognizant of the role of exercise, diet, and sleep to my own and my patients' sense of well-being. A biopsychosocial systems approach allows us to experience the interconnection between physical, individual, relational, and community health.

So, much has happened since I started this work over 20 years ago on how illness affects emotional process, and how systems theory illuminates medical practice. What I've seen deepens my understanding of the basics of systems theory. The early pioneers (Bowen, Wynne, Bloch, Whitaker, and Minuchin) were physicians, and all saw the theory as emanating from biological as well as psychological and social experience. Now psychologists, many of them in Division 43, make major contributions to understanding the science and practice of family systems healthcare. We and the public are fascinated by the interaction of the mind and the body; systems theory helps us to conceptualize these artificial constructs in a new way. In addition, psychology is now described as a "health profession," rather than only a "mental health profession." Like avoiding the false mind–body dichotomy, as biopsychosocial systems thinkers we can lead the way in understanding both individual and interactional dynamics as important to the comprehensive understanding of any human problem. The concepts that organize medical family therapy, "agency" (or self-efficacy) and "communion" (or spiritual and interpersonal connection; Bakan, 1967), are markers for the need to promote both individual and interpersonal functioning. Psychotherapy can be a vehicle for encouraging people to care for themselves physically; for summoning both the courage to look deeply inside and define oneself clearly, and the courage to be intimate and vulnerable with those we love; and for galvanizing social action to improve the health, broadly speaking, of our communities. Biopsychosocial Systems: my Final Two Words.

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McDaniel, S. H., Hepworth, J., & Doherty, W. J. (1997). *The shared experience of illness: Stories of patients, families, and their therapists.* New York: Basic Books.❖

The Section on Child Maltreatment's 2003 Dissertation Award

The Section on Child Maltreatment (Section 1 of Division 37, APA) announces its fourth annual dissertation award. A $400 prize will be awarded to one successful graduate student applicant to assist with expenses in conducting dissertation research on the topic of child maltreatment. Applicants are requested to submit 1) a letter of interest, indicating how the applicant would use the award funds toward the completion of the dissertation research, 2) a 100-word abstract, and 3) a five-page proposal summarizing the research to be conducted.

Please submit applications by April 1, 2003, to: Mark Chaffin, PhD, Director of Research, Developmental and Behavioral Pediatrics, University of Oklahoma Health Sciences Center, P.O. Box 26901, Oklahoma City, OK 73190. (405) 271-8858, fax (405) 271-2931, mark-chaffin@ouhsc.edu

Applicants will be notified of the decision in mid-June. The award will be presented at the annual meeting of the American Psychological Association in Toronto, Ontario, Canada, August 7–10, 2003.❖

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THE FINAL WORD

Susan McDaniel

BIOPSYCHOSOCIAL SYSTEMS

One of the tenets of systems thinking is that we cannot understand our current lives without understanding where we came from, the emotional process of the generations that came before us. In the same way, our new President, Scotty Hargrove, asks us to reexamine the basics of systems theory. This includes the concepts that first caused each of us to understand ourselves and those we love differently. Of course it didn't stop there: Soon we realized that the same concepts that made us see our families in a new light—triangulation, intergenerational coalitions, pursuer/distancer, family role selection, differentiation in the face of anxiety—can also be useful in understanding the workplace and other stable systems inhabited by human beings.

My career to date has focused on applying these principles to healthcare. I was raised in a medical family and I live in one now, so this context seemed very natural to me. I quickly found the application of basic systems concepts is very useful for physicians and nurses who want to understand their patients and themselves, and for teams of health professionals who need to work together for the benefit of their patients. Many of the physicians now on the faculty of Family Medicine with me had 1–3 years of training in family therapy themselves, after finishing our residency, where systems theory is the organizing principle behind our psychosocial curriculum. It's hard for me to comprehend how physicians conduct their medical practices without some training in systems thinking, but somehow many do!

Let me share a few examples of basic systems concepts that can transform healthcare if appreciated:

1. First is attention to the multiple levels of a patient's systems, the biopsychosocial model of medicine that includes biology, psychology, family, and community. The biopsychosocial model of George Engel (my colleague in Rochester until his death several years ago) evolved from the same roots of general systems theory as did family systems theory. George (1979) had the vision to describe this alternative model, in which physicians attend to multiple levels of the patient's experience (as well as the physician's own subjective experience of the patient). However, the mechanisms of influence between levels of the system, and understanding the level of the family system, were not well described by Engel, his students, or colleagues. That became the focus of my work on the medical side—with Tom Campbell, MD, Dave Seaburn, PhD (1990; in press), and others; and on the family psychology side—with Bill Doherty, PhD, Jeri Hepworth, PhD, and others (1992; 1997).

2. We suggested the most obvious and simple things: Have family members come into the exam rooms and participate in doctor visits, rather than waiting in waiting rooms. This allows for multiple perspectives, and increases support for the patient and the treatment plan.

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