

**PETITION FOR THE RECOGNITION OF A  
SPECIALTY IN PROFESSIONAL PSYCHOLOGY**

THIS PETITION gives guidance to the types and amounts of information necessary for a formal decision to be reached. Petitioning organizations may use additional pages where necessary. The petitioning organization is free to provide any additional material deemed relevant.

NOTE: Complete responses to all questions posed in each of the criteria are required. Appendix materials should not be considered as substitutes for the completion of responses to questions in the criteria.

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**PETITION PACKAGE**

## Preamble

Family Psychology is a previously established specialty recognized by the American Psychological Association and its Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP). In 2016, Division 43 of APA officially changed its name from the Society of Family Psychology to the Society of Couple and Family Psychology. Couple and Family Psychology (CFP) is a specialty area of professional psychology practice characterized by a distinctive configuration of theories, models, and approaches for specified problems and populations. Couple and Family uses the broad conceptual foundations of Systems Psychology uniquely focused on both the understanding and the intervention in systemic relational systems (couples, families, groups, organizations, and society in general). As such, what differentiates CFP from other specialties is the way in which basic systemic thinking has been translated into a systemic relational approach that uniquely considers the way in which relational systems work and how they interact with larger community and social systems. The unique focus on both systemic *and* relational elements of behavior is unique to CFP. The theoretical ideas of CFP have also been translated into specialized and evidence based couple and family psychology oriented intervention programs with significant scientific support. Moreover, these models are being systematically implemented in community settings. The evidence in the field (and presented in this application) suggests that the conceptual models that consider behavior as a systemic relational process and the evidence based intervention programs that do so have strong support and are unique and distinctive approaches unlike other specialties.

The systemic knowledge base of Couple and Family Psychology provides for a unique focus on assessment, treatment, and consultation with the individual, couples, families, and other systems/subsystems that have unique theoretical and practice foundations that consider the important areas of:

1. The context in which various systems are embedded;
2. Identification of patterned interactions in relational systems;
3. Accounts for developmental processes over the life span;
4. The centrality of issues related to diversity and culture.

The Specialty of Couple and Family Psychology is comprised of (a) core scientific foundations in psychology; (b) a basic professional foundation; (c) advanced scientific and theoretical knowledge germane to the specialty; and (d) advanced professional applications of this knowledge to selected problems and populations in particular settings, through use of procedures and techniques, and (e) systematic training that provides various levels of training (major area of study, emphasis, experience and exposure) at the doctoral, internship, postdoctoral and post licensure levels.

Other organizations that work in related areas are not part of the specialization of Couple and Family Psychologists because of their different training programs, related competencies, and ethics and rules of professional practice. For example, AAMFT (American Association of Marital and Family Therapy) AAMFT is a professional guild with training requirements different from those of CFP. The specific training requirements, different ethical codes, and differences in practice domains would make it impossible for AAMFT to be part of the core pathway for training CFP. While some psychologists may be involved in both AAMFT and APA, compared to MFTs, they have received advanced clinical preparation in Couple and Family Psychology based on CFP science and their training makes them eligible for ABPP certification. Advanced preparation in MFT does not qualify a professional to be eligible for the ABPP certification in CFP.

Name of Proposed Specialty: **Couple and Family Psychology**

Please check one:

☐

Petition for Initial Recognition

☒

Petition for Renewal of Recognition

<b>Petition Sponsor</b>
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**Criterion I. Administrative Organizations. The proposed specialty is represented by a specialty council or one or more organizations that provide systems and structures sufficient to assure the organized development of the specialty. *Commentary:***

- a) Please provide the following information for the organization or specialty council submitting the petition:

Name of organization or specialty council: Couple and Family Psychology Specialty Council (CFPSC)

Address: c/o Alan Groveman, PhD, ABPP, Chair  
City/State/Zip: 13 Inkberry Trail, Narragansett, RI 02882  
Phone: (201) 912-2290 FAX: N/A  
E-mail address: njpsych@gmail.com

Website of organization: CFPSC does not have a website. Please refer to Council of Specialties in Professional Psychology Website: COSPP.ORG

Please provide the following information for the President, Chair, or representative of the organization or specialty council submitting the petition:

Name: Chanda C. Graves, PhD, ABPP, Past President of the Society for Couple and Family Psychology

APA membership status: Member  
Address: 3717 Liberty Drive, SW City/State/Zip: Powder Springs, GA 30127  
Phone: (404) 616-9830  
FAX: N/A  
E-mail address: ccgrave@emory.edu

Alan Groveman, PhD, ABPP.  
Chair, Couple and Family Psychology Specialty Council  
President, American Academy of Couple and Family Psychology

Cindy Carlson, PhD, ABPP  
Professor Emeritus  
University of Texas at Austin | Dept. of Educational Psychology  
President, American Board of Couple and Family Psychology  
Secretary, Council of Specialties

Adam R. Fisher, PhD, ABPP  
Associate Clinical Professor, Brigham Young University



Clinical Lecturer, Northwestern University  
President, APA Division 43: Society for Couple & Family Psychology

Hamid Mirsalimi, PhD, ABPP  
Board of Directors, American Board of Couple and Family Psychology  
Past President: American Academy of Couple and Family Psychology

Christen Carlson, PhD, ABPP  
President Elect, American Board of Couple and Family Psychology

Thomas Brewer, PhD, ABPP  
President Elect, American Academy of Couple and Family Psychology

Shawndeeia Drinkard, PhD  
Assistant Professor  
California School of Professional Psychology  
Alliant International University, Los Angeles  
President Elect, Society of Couple and Family Psychology

Marianne Celano, Ph.D., ABPP  
Professor, Department of Psychiatry & Behavioral Sciences Emory University School of Medicine

- Please provide the following information for the organization or specialty council submitting the petition:

Year founded: 1992

Incorporated? Yes \_\_\_\_\_ No X \_\_\_\_\_

State incorporated \_N/A

- Describe the purpose and objectives of the administrative organization or specialty council submitting the petition.

The *Couple and Family Psychology Specialty Council* (CFPSC) is the representative organization for the specialty of Couple and Family Psychology. The Couple and Family Psychology Specialty Council represents the following constituent organizations and interests: the *Society for Couple and Family Psychology (Division 43 of APA)*; the *American Board of Couple and Family Psychology* (ABCFP), which is a specialty board of the American Board of Professional Psychology (ABPP); the *Academy of Couple and Family Psychology* (ACFP), which is comprised of all board certified specialists in Couple and Family Psychology of the ABCFP.

The *Couple and Family Psychology Specialty Council* is responsible for the following functions: 1) facilitating communication and developing coherence and consistency of policies and procedures within Couple and Family Psychology; 2) promoting quality assurance of education, training, credentialing, and practice in Couple and Family Psychology; and 3) representing the specialty of Couple and Family Psychology to the Committee of Accreditation (CoA) and the Council of Specialties in Professional Psychology (CoS; Couple and Family Psychology Specialty Council Bylaws, 2015).

### *History of Couple and Family Psychology as a Specialty within APA*

The Specialty of Couple and Family Psychology began with the formation of the Committee on Family Psychology Accreditation of Postdoctoral Training Programs (CFPAPTP) founded in February 1992. This committee was co-sponsored by the Academy of Couple and Family Psychology, the American Board of Couple and Family Psychology, and Division 43, the Society for Couple and Family Psychology (we are using the new name of Couple and Family Psychology, but in this history, the specialty was Family Psychology). The Committee was formed to coordinate the efforts within the specialty of Couple and Family Psychology and work in conjunction with the Interorganizational Council for the Accreditation of Postdoctoral Programs in Psychology (IOC). Following the recommendations of the IOC, this Committee was organized to have representatives from all the stakeholders in (Couple and) Family Psychology. Following the June 1996 IOC recommendation for the formation of an organization of postdoctoral training directors, the membership of the CFPAPTP was expanded with the addition of a subcommittee of representatives from Family Psychology Postdoctoral Training Programs. Following the 1996 recommendation from the IOC and with the approval of the three co-sponsoring organizations the Committee was renamed the Family Psychology Specialty Council (FPSC). In 2007, at the request of the Boards of the American Board of Couple and Family Psychology (ABCFP), Academy of Couple and Family Psychology (ACFP), and the Society for Family Psychology (Division 43), the Couple and Family Psychology Specialty Council (CFPSC) agreed to function as a liaison to promote the interaction and coordination of the CFPSC's constituent groups. In 2015 the constituent groups voted to change the name of the Specialty Council to, Couple and Family Psychology Specialty Council (CFPS) in order to represent similar changes in each organization. The name on this and our previous petition submitted in 2017 represented that change.

The CFPSC meets annually in conjunction with the APA Convention and holds conference calls as needed. The chair of the CFPSC attends the annual Council of Specialties in Professional Psychology meeting held in the fall at APA offices in Washington, DC. Because the CFPSC is conceptualized as an umbrella organization representing a variety of membership groups within the discipline of Couple and Family Psychology, CFPSC's membership exactly replicates these constituent groups. Thus, two individuals are appointed by the President of Division 43 to represent the division on the CFPSC. The representatives' term of office is currently two years, with a maximum of two terms. Although it is not required that the division representatives be members of the Board, selected representatives attend Divisional Board meetings and the Annual Convention of the American Psychological Association, in order to facilitate the liaison function between the two groups. In addition, the American Board of Couple and Family Psychology (ABCFP) and the Academy of Couple and Family Psychology (ACFP) also select two members to represent their organizations, including the presidents of the respective groups. There are no dues and the budget for CFPSC is extremely modest and dependent on funding from constituent groups as needed.

### *Couple and Family Psychology Specialty Council*

The Specialty of Couple and Family is structured and organized around a group of related psychological organizations. The Society for Couple and Family Psychology represents the specialty within the *American Psychological Association*. The Board of Couple and Family Psychology

(ABCFP) is a part of the *American Board of Professional Psychology* (ABPP), which recognizes specialty practice in Couple and Family Psychology. The American Academy of Couple and Family Psychology represents the Board Certified Family Psychologists (<https://coupleandfamilypsychology.org/>).

### 1. Society for Couple and Family Psychology (Division 43 of APA)

The Society for Couple and Family Psychology is the representative body of Couple and Family Psychology in the American Psychological Association. Couple and Family Psychology integrates the understanding of individuals, couples, families and their wider contexts. The Society for Couple and Family Psychology seeks to promote human welfare through the development, dissemination, and application of knowledge about the dynamics, structure and functioning of families. The purposes of the Society for Couple and Family Psychology are:

- 1) To advance the contribution of psychology as a science and as a profession to understanding and helping families through basic and applied research, clinical practice, and scholarly contributions;
- 2) To promote the education of psychologists in matters of Couple and Family Psychology including the appropriate roles of psychologists in the field of Couple and Family Psychology; and
- 3) To inform the psychological, mental, and physical health communities, third-party payers, health management organizations, other appropriate institutions, and the general public about current research, educational and service activities, and the training and competence of Couple and Family Psychologists as clinicians, educators, supervisors, consultants, and researchers.

### 2. American Board of Couple and Family Psychology

The American Board of Couple and Family Psychology (ABCFP) is a member board of the American Board of Professional Psychology (ABPP). The ABPP oversees and authorizes the credentialing activities of thirteen specialty boards. The ABCFP is responsible for establishing criteria related to the definition and requirements for education, training, competencies, and the examination, which leads to Board Certification in Couple and Family Psychology. The ABCFP is governed by a Board of Directors who are certified in Couple and Family Psychology and are representative of the specialty on a national basis.

The Board, in association with the American Board of Professional Psychology (ABPP), is responsible for conducting Board Examinations in the specialty of Couple and Family Psychology, mentoring and training examiners, and awarding the Diploma in Couple and Family Psychology. Board Certification by ABCFP is intended to certify that the successful candidate has completed the educational training and clinical experience requirements of the specialty, including a practice sample and examination designed to assess the competencies required to provide quality services in the specialty of Couple and Family Psychology. The primary objective of the ABCFP Board Certification process is to recognize, certify, and promote competence in the specialty.

### 3. American Academy of Couple and Family Psychology

The Academy is devoted to the advancement of the specialty of Couple and Family Psychology in general and board certification in that specialty in particular. The Academy's website describes how to obtain specialty certification through the American Board of Professional Psychology if you are a psychologist, and how to select a qualified Couple and Family Psychologist if you are a member of the public. Links to related websites are also provided.

The American Academy of Couple and Family Psychology is composed of all psychologists who are board certified in Couple and Family Psychology by the American Board of Professional Psychology. Upon award of board certification in Couple and Family Psychology, an individual becomes a fellow of the Academy. The Academy of Couple and Family Psychology is involved in teaching and mentoring, promotion of the specialty of Couple and Family Psychology, and communication among board certified specialists.

#### 4. Couple and Family Psychology and other non-psychology organizations

The Couple and Family Psychology Specialty Council, therefore, is the CFP group composed of the Society for Couple and Family Psychology, the American Board of Couple and Family Psychology, and the Academy of Couple and Family Psychology. Only these organizations contributed to the CRSPPP Renewal. Couple and Family Psychologists may hold memberships in other organizations such as: the American Association of Marriage and Family Therapy, the American Association of Sex Educators, Counselors, and Therapists, and the American Association of Family and Conciliation Courts.

Marriage and Family Therapists (MFTs) and Couple and Family Psychologists (CFPs) share a similar history and work in the same general domain of practice. Yet, while both work with couples and families, MFTs and CFPs are distinct and unique in practice and training. CFPs receive different training that is based on a different set of competencies, work in different settings, and have different licensing requirements than MFTs. For these reasons, AAMFT has never been involved in any of the CRSPPP petitions for the recognition of Couple and Family Psychology as a specialty of Professional Psychology. While some Couple and Family Psychologists are also AAMFT members, membership in both professional organizations is not common, and MFTs are not qualified to achieve ABPP status, which is the highest level of clinical recognition as a Couple and Family Psychologist. In fact, the majority of MFTs are master's level clinicians who follow the AAMFT Code of Ethics, not the APA code of Ethics, and whose training is based on the AAMFT Core Competencies, not those endorsed for Health Service Psychologists or Couple and Family Psychologists. The field of MFT has its own specific set of principles for training, its own competencies, and its own scope of practice which are separate and distinct from the competencies of Psychology and Couple and Family Psychology in particular.

It is also important to note that Couple and Family Psychology is not defined by areas of interest shared with MFT, but by its distinct science and empirical foundations, its specialty competencies, and the professional organizations that represent the specialty. While there is overlap in knowledge, theories, and techniques, there are also some substantial differences between MFT and CFP practice and training standards (see sections below). MFT is population-focused, hence its emphasis on working with couples and families, while CFP emphasizes the use of a systemic lens and the use of

psychological science to understand human behaviors and work with diverse systems, not only couples and families.

<b>Name of Organization</b>	<b>Couple and Family Psychology Specialty Council</b>
<b>Frequency of Meetings</b>	Minimum of an annual meeting usually conducted at the APA Convention
<b>Number of Meetings per year</b>	Minimum of an annual meeting and teleconference meetings as needed
<b>Membership size</b>	Eight: Alan Groveman, Cindy Carlson, Adam Fisher, Thomas Brewer, Christen Carsen, Shawndeeia Drinkard, Chanda Graves, Hamid Mirsalimi
<b>Functions Performed</b>	See bylaws Article II
<b>How are decisions made</b>	In accordance with Articles IV, VI, and VII of the Bylaw meetings are conducted in accordance with the latest edition of Keesey's <i>Modern Parliamentary Procedures</i> ; votes may be conducted by mail, e-mail, or fax and amendments to the bylaws may be made by a two-thirds majority vote of the members of the Couple and Family Psychology Specialty Council.
<b>Types of committees</b>	There are no committees or subcommittees in the CFP Specialty Council.
<b>Dues Structure</b>	There are no Dues, operating expenses are provided primarily by Division 43 and secondarily by the Academy of Couple and Family Psychology. The only recurring expense is the Chair's attendance at the annual Council of Specialties meeting.

<b>Names of Publications</b>	There are no publications from the Couple and Family Psychology Specialty Council. Two APA journals represent the specialty of Couple and Family Psychology: <i>The Journal of Family Psychology</i> ® has been published bimonthly by the American Psychological Association since 1987. The journal’s purpose is to provide: “cutting-edge, ground-breaking, state-of-the-art, and innovative empirical research with real-world applicability in the field of family psychology. <i>Couple and Family Psychology: Research and Practice</i> ®(CFP), first published in March 2012, is a scholarly journal publishing peer-reviewed papers representing the science and practice of family psychology. <i>CFP</i> is the official publication of the Society for Couple and Family Psychology (APA Division 43) and is intended to be a forum for scholarly dialogue regarding the most important emerging issues in the field, a primary outlet for research particularly as it impacts practice and for papers regarding education, public policy, and the identity of the profession of family psychology.
<b>Website</b>	There is no website for the Couple and Family Psychology Specialty Council. The following are the online addresses for the websites of Division 43 - Society for Couple and Family Psychology, the American Board of Professional Psychology (links to American Board of Couple and Family Psychology), and the American Academy of Couple and Family Psychology: <a href="http://www.apadivisions.org/division-43/index.aspx">http://www.apadivisions.org/division-43/index.aspx</a> <a href="https://abpp.org/application-information/learn-about-specialty-boards/couple-family/">https://abpp.org/application-information/learn-about-specialty-boards/couple-family/</a> <a href="https://coupleandfamilypsychology.org/">https://coupleandfamilypsychology.org/</a>

*Additional Material:* The Bylaws for the Couple and Family Psychology Specialty Council are provided in Appendix A. The Bylaws for the Society of Couple and Family Psychology are provided in Appendix B. The Bylaws for the American Board of Couple and Family Psychology are provided in Appendix C. The Bylaws for the Academy of Couple and Family Psychology are provided in Appendix D.

A summary of the structure, functions and administrative features of the Specialty Council are listed below.

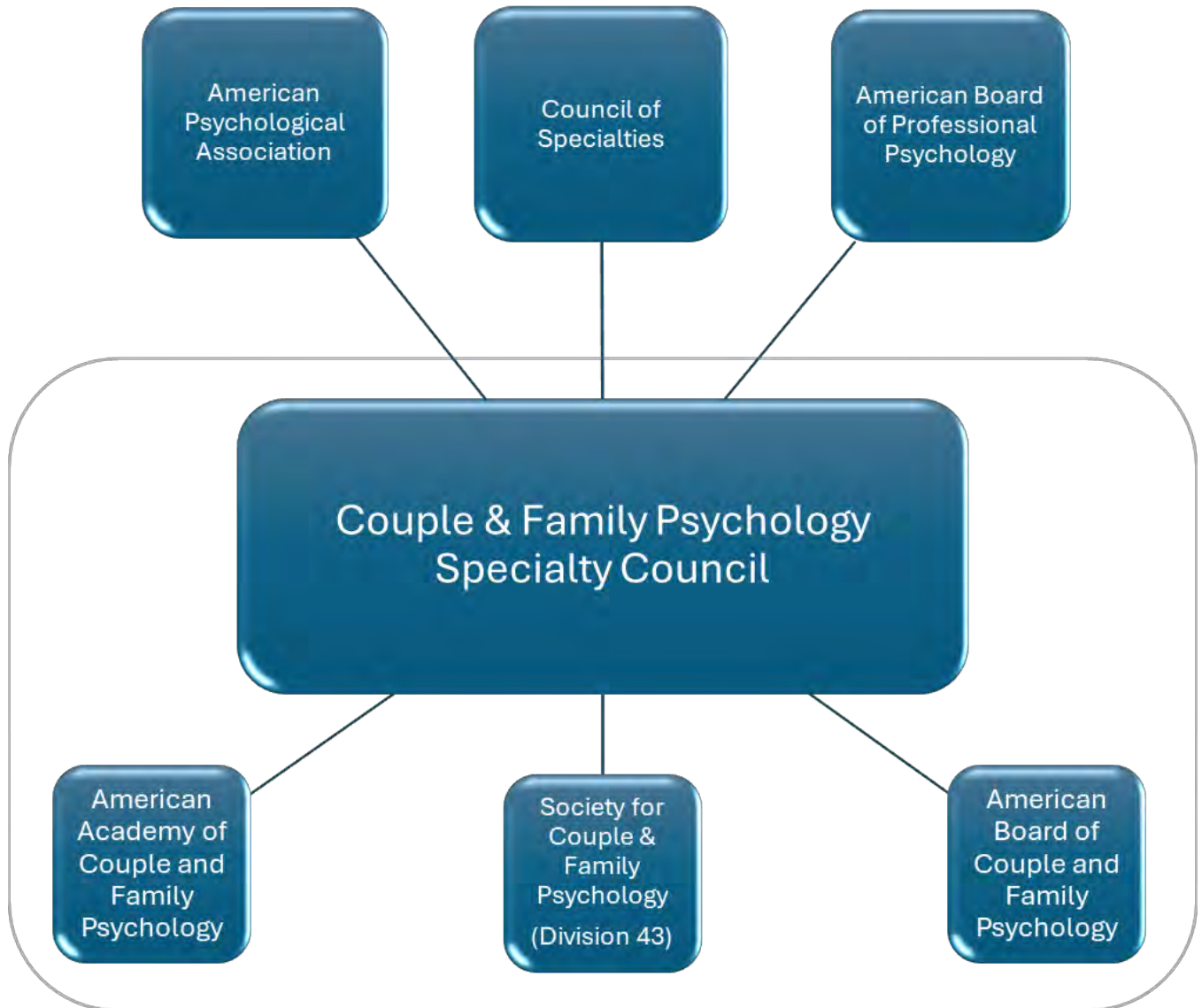
Table 1.1: Functions of CFP Specialty Council

***Present a rationale that describes how your organization or specialty council provides systems and structures which make a significant contribution to the organized development of the specialty.***

The Specialty of Couple and Family Psychology is represented by the Couple and Family Specialty

Council through a diverse collaboration of researchers, educators, practitioners, and theoretical leaders in the specialty. Serving as the umbrella organization, CFPSC pulls together many of the organizations in Couple and Family Psychology, and thus helps to organize the research, training, and policy elements of the specialty. Moreover, the Chair of CFPSC presents a report at the Division 43 Annual Board meeting, serves on the ABCFP Board, and is a member of AACFP, which further enhances communication. Most importantly, by design, the membership of the CFPSC includes members of each of the constituent groups providing a true collaboration and allowing for a more powerful voice for the discipline. Although each of the constituent organizations (Society for Couple and Family Psychology; American Board of Couple and Family Psychology; American Academy of Couple and Family Psychology) has a specific purpose, they provide a symbiotic network to support the growth and development of the specialty. Together, they facilitate education, clinical training, research, professional practice, board certification, and professional identity in the specialty of Couple and Family Psychology (Nutt & Stanton, 2008). Figure 1.1 illustrates the interrelationship of these organizations.

Figure 1.1: CFP Specialty Council Organizational Structure



Signatures of officials representing the organization or specialty council submitting the petition:

Name: Chanda C. Graves, PhD, ABPP

Title: Past President of Division 43 - Society for Couple & Family Psychology

Date: 12/31/2024



**Criterion II. Public Need for Specialty Practice. The services of the specialty are responsive to identifiable public needs.**

*Commentary: Specialties may evolve from the professions' recognition that there is a particular public need for applications of psychology. Specialties may also develop from advances in scientific psychology from which applications to serve the public may be derived.*

**1. Describe the public needs that this specialty fulfills with relevant references. Under each need specify the populations served and relevant references.**

The specialty of Couple and Family Psychology fulfills the public needs for:

1. Effective couple and family-based clinical assessments and interventions that target serious social and psychological issues that are among those most frequently presented to Health Service Providers.
2. Knowledge about the relational processes that influence the development, prognosis, and treatment of psychopathology.
3. Knowledge about the effectiveness of family and couple-based clinical assessments and interventions with diverse populations in diverse settings.
4. Mechanisms to transport effective family- and couple-based treatment models from university settings to community-based mental health agencies and the private sector.

The public need for Couple and Family Psychology (CFP) stems from three key factors (Lebow J, Snyder DK, 2022):

- a) The high prevalence of couple distress. In the United States, 40%–50% of first marriages end in divorce
- b) Adverse impact of relationship distress on the emotional and physical well-being of adult partners and their offspring.
- c) Higher expectations for relationship life. Whereas once relational misery was simply to be tolerated, today couples have much higher expectations of relational life and see couple therapy as the pathway to better relationships

CFP interventions address a variety of clinical needs embedded within the individual, family and social context of familial relationships. These include, but are not limited to, family developmental needs, psychopathology, family and intimate partner violence, marriage and divorce, LGBT families, military families, juvenile delinquency, elder care, homelessness, family migration, and chronic illness. Research suggests that these and other clinical problems are best addressed through couple and family-based intervention programs (Carr, 2014; Datchi & Sexton, 2016; Sexton et al., 2013). Increasingly, Couple and Family Psychologists are employed in many kinds of private and public settings, in rural as well as urban and suburban communities (Datchi, Baglieri, & Catanzariti, 2019). They also are gaining more acceptance in medical settings in the role of family systems medicine (Ruddy & McDaniel, 2016).

Couple and Family Psychology research is critical to the success of Couple and Family Psychology practice in addressing the needs of the public. It produces knowledge that can be translated into treatment recommendations about what works best with whom under what conditions. The hallmark of

Couple and Family Psychology is the emphasis on evidence-based practice, particularly the development, testing and dissemination of empirically based clinical programs that target youth and adult problems in the context of couple and family relationships Datchi, C., & Sexton, T. L., 2016)

Couple and Family Therapy is only one component of the specialty of Couple and Family Psychology. The specialty also includes the development and testing of clinical tools for assessing family and couple functioning (e.g. McMaster Family Assessment Device (FAD); Circumplex Model Family Adaptability and Cohesion Evaluation Scales (FACES); Beavers Systems Model Self-Report Family Inventory (SFI); Family Assessment Measure III (FAM III); and the Systemic Clinical Outcome Routine Evaluation (SCORE), Hamilton, E., & Carr, A., 2016). Additionally, CFP provides consultation with broader systems such as school systems, primary health care agencies, family businesses, and justice systems that affect the functioning of individuals, couples and families; and training and supervision of CFP practitioners in the context of the dissemination of multisystemic treatment programs nationally and internationally. Assessment, consultation, training, and supervision are interconnected with CFP practice: they are activities that address the public needs for faculty members that educate and supervise students in both research and clinical practice and for clinicians who are highly trained and skilled in treating families and couples as systems and sub-systems both to prevent pathology, treat existing pathology, and to help families and subsystems within the family become more functional. These factors are keys ways in which Couple and Family Psychologists differ from other family focused professions (e.g., social work, marriage and family therapy).

#### Significance of the public needs for the CFP specialty

Below, we list thirteen different areas of significant public needs that directly relate to the CFP specialty:

a) Divorce: In 2023 the divorce rate in the US was approximately 39% (US Census). It's clear that a significant number of marriages face challenges. While the total number of divorces in the US has decreased slightly, 36% of U.S. adults getting divorced are aged 50 or older. The only age group with an increasing divorce rate is adults aged 65 and older (Brown, L. and I-Fen, L, 2022). Children and adults from divorced families have a higher risk of developing behavioral and emotional problems than their peers from intact families (D'Onofrio B, Emery R, 2019). Emery and Dinescu (2016) provide an overview of demographics, boundaries of power in parent-child relationships during divorce proceedings, key emotional tasks in divorce, children's feelings, new partner's emotional challenges, and current thinking about family intervention in divorce and remarriage, among other topics. The Family Court Review, an interdisciplinary journal, contributes to leading dialogue in family court research, policy and practice. For example, Volume 54, Number 1 (January 2016) is a Special Issue on Mental Illness in the Family, and Volume 52, Number 2 is a Special Issue on Shared Parenting. Lebow (2015) discusses ways that a CFP best deals with the discussion of divorce during the course of treatment, and looks at the ways couple therapists can best help those who have decided to divorce.

b) Remarried stepfamilies: The US is a nation where the majority of families are divorced and remarried, and it is estimated that 1300 new stepfamilies are forming every day and that 10 to 20% of children in the US live in stepfamilies (McCarthy, Kristin, 2023). These families have unique developmental and relational needs that couple and family psychologists are best equipped to address.

Papernow (2015) summarizes the challenges in treating stepfamilies with special attention to diverse stepfamilies, LGBT stepcouples, African American stepfamilies, Latino stepfamilies, and older “recouplers.”

Emery and Dinescu (2016) argue that all couple and family therapists must be familiar with separation, divorce and remarriage, because these are common and often “wrenching” experiences for modern families.

c) Family violence: The U.S. Department of Health & Human Services Administration for Children and Families (2013) collected data on child maltreatment submitted voluntarily by all 50 states, the District of Columbia, and the Commonwealth of Puerto Rico. During FFY 2013, CPS agencies received an estimated 3.5 million referrals involving approximately 6.4 million children. The national rate of child fatalities was 2.04 deaths per 100,000 children. Child maltreatment research has recently indicated that parental difficulties and related family stressors increased the risk of maltreatment to all siblings. (Hamilton-Giachritsis & Browne, 2008). Between 1998 and 2002, violence inflicted on family members accounted for approximately 11% of all violent crimes committed in the United States. Approximately 3.5 million violent crimes against families were committed during that four-year period. Approximately 75% of all crimes against family occurred in or near the victim’s home (Bureau of Justice Statistics, 2005). The prevalence and characteristics of sexual violence, stalking, and intimate partner violence was reported by Black, Basile, Breiding, Smith, Walters, Merrick, Chen, & Stevens (2011) and further summarized in a Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report (2014). They conclude that there is a need for public health action because a substantial proportion of sexual violence, stalking, and intimate partner violence is experienced at a young age, consequently primary prevention of these forms of violence must begin early. The Journal of Family Violence, edited by Robert Geffner, a board certified specialist in Couple and Family Psychology, is a specialized journal that addresses multiple areas of family and interpersonal violence.

d) Substance abuse: Substance abuse has adverse consequences on family relationships and individual family members’ mental health (Lipari, & Van Horn, 2017): “Most available data on the enduring effects of parental substance abuse on children suggest that [...] a parent’s alcohol problem can have cognitive, behavioral, psychosocial, and emotional consequences for children. Among the lifelong problems documented are impaired learning capacity; a propensity to develop a substance use disorder; adjustment problems, including increased rates of divorce, violence, and the need for control in relationships; and other mental disorders such as depression, anxiety, and low self-esteem.” Meta-analytic studies have demonstrated that drug-abusing patients show higher levels of abstinence when they receive family based treatment (Stanton & Shadish, 1997). These findings are similar with alcohol abusing clients (O’Farrell & Fals-Steward, 2001). McGrady and Epstein (2015) published a chapter on alcohol behavioral couple therapy, a research-based model for conceptualizing and treating individuals with alcohol problems and their partners.

e) Military families: “There are an estimated 23.4 million veterans in the United States, and about 2.2 million military service members and 3.1 million immediate family members. Cumulative lengths of deployments are associated with more emotional difficulties among military children and more mental health diagnoses among U.S. Army wives. Children of deployed military personnel have more school-

family-, and peer-related emotional difficulties, compared with national samples.” (SAMHSA, 2022, <https://www.samhsa.gov/blog/supporting-behavioral-health-needs-our-nations-veterans>) Veterans and their families are faced with critical issues such as trauma, suicidal risks, and involvement in the criminal justice system. There is a significant need for family-focused services for Veterans and their relatives. (Hoge and colleagues (2016) described the transformation of mental health care and the emerging needs of U.S. soldiers and families deployed during the Iraq and Afghanistan wars. The impact of military deployment on children was examined by Alfano and colleagues (2016).

f) Lesbian and gay families represent a growing public need. “Unlike heterosexual parents and their children, lesbian and gay parents and their children are often subject to prejudice because of their sexual orientation that can turn judges, legislators, professionals, and the public against them, sometimes resulting in negative outcomes, such as loss of physical custody, restrictions on visitation, and prohibitions against adoption (ACLU Lesbian and Gay Rights Project, 2002; Appell, 2003; Patterson, Fulcher, & Wainright, 2002).” In 2005, the American Psychological Association’s Lesbian, Gay, and Bisexual Concerns Office published *Lesbian and Gay Parenting*, a document that summarizes the research and provides resources for psychologists (<http://www.apa.org/pi/lgbt/resources/parenting.aspx>). This document demonstrates the need for professional training that focuses on lesbian and gay parenting. Lesbian and gay families are routinely included in the research and practice of Couple and Family Psychology (Green & Mitchell, 2015; Macapagal, Greene, Rivera, & Mustanski, 2015). Goldberg (2010) provides a comprehensive overview of the research on same-sex parenthood. In addition, Couple and Family Psychologists are uniquely trained and well equipped to provide lesbian and gay families with services that address the psychological impact of contextual adversity.

g) Adoption: Goldberg and Smith (2013) focused on predictors of psychological adjustment among early placed adopted children with lesbian, gay, and heterosexual parents. Their findings revealed that a lack of parental preparation for the adoption and parental depressive symptoms, were associated with higher parent-reported levels of both externalizing and internalizing symptoms. Children’s adjustment did not differ by family type. Feldman, Price, and Rupel (2016) detailed the “Parent for Every Child” initiative, a federally funded recruitment program which targeted special needs youth who had been freed for adoption. Pace, D’Onofrio, Guerriero, and Zavattini (2016) summarized a single case study aimed at analyzing attachment outcomes, through long-term follow-up, both for the adoptive mother and her late-adopted son. Far, Flood, and Grotevant (2016) examined the roles of siblings in adoption outcomes and experiences from adolescence to emerging adulthood.

h) Sexual Dysfunction: Lew-Starowicz and Czajkowska (2017) found that 40% of women and 36% of men reported sexual dysfunction. A current list of seventy-eight resources and journals providing a comprehensive review of sexual issues can be found at the Kinsey Institute: ([www.kinseyinstitute.org/resources/journals.html](http://www.kinseyinstitute.org/resources/journals.html)). Weeks and Gambescia (2015) present a systemic paradigm for couple-based sex therapy called the “intersystem approach.”

i) Physical health: The integration of mental and physical health represents another need. Bridging the gap between mental and physical health by introducing a systems-based approach that unites physicians, psychologists, family therapists, social workers, nurses, counselors, and therapists of all theoretical orientations in working with families across a wide range of professional settings has been

addressed by McDaniel, Doherty, and Hepworth (2014). For example, Kazak and Noll (2015) discuss the role of pediatric psychologists in clinical and research partnerships with pediatric oncology teams and clinical trials groups. While considerable resilience in families and children is seen, domains of vulnerability and areas of successful collaboration are highlighted along with future directions to alleviate late effects of cancer and its treatment. Similarly, the role of parental caregiving in pediatric chronic conditions such as asthma was studied by Silva, Carona, Crespo, and Canavarro (2015). They looked at negative (burdens) and positive dimensions (uplifts) that may support risk and protective processes that influence family adaptation. They conclude that a risk-resistance approach to family caregiving may contribute to operationalizing strength-based interventions in the context of pediatric asthma. Ruddy and McDaniel (2016) summarized the emerging field of medical family therapy which has developed in order to meet the needs of families whose medical and psychosocial issues are intertwined.

j) **Severe Psychopathology: High Expressed Emotion** in families with severe mental disorders is a well-established risk factor for relapse. Family-based psychoeducation has shown to reduce the number of hospitalization for bipolar disorder and schizophrenia (Miklowitz & Goldstein, in press). MacFarlane (2016) provided an overview of empirically supported family psychoeducation for severe mental illness that includes cognitive, behavioral, and supportive elements. Lebow (2014) has a chapter on “Specific Strategies for Specific Problems” that describes couple and family interventions for externalizing disorders in adolescents, conduct disorders, depression and anxiety, eating disorders, child sexual abuse, schizophrenia, substance use disorders, posttraumatic stress disorder, borderline personality disorder, and problems embedded in relationships such as intimate interpersonal violence, infidelity, sexual problems, and health problems. Datchi and Sexton (2016) summarized the scientific evidence supporting the effectiveness of family-based interventions for schizophrenia, bipolar disorder, depression, anxiety, eating disorders, childhood disorders, chronic medical illness, substance misuse, and youth behavior problems and violence.

k) **Aging Couples and Families:** As the baby-boomers become older, there is a growing and urgent need to understand the impact of aging on relationships in late adulthood. Jamila Bookwala (2016) has begun to address this need through an edited volume on couple relationships in the middle and late years. APA’s Committee on Aging has also highlighted the need for public policy, research, and interventions for older adult population. A Special Issue of the *American Psychologist* (June 2016) addresses “Aging in America: Perspectives from Psychological Science.” In particular, this special issue edited by Roberto and DiGiglio features family-focused articles on caregiving families (Qualls) and elder abuse (Roberto).

l) **Immigrant Couples and Families:** The topic of immigration has been one important theme in the 2024 Presidential election, reflecting at a minimum, the need for public policy. A search of the APA website using “immigrant families” as the parameters resulted in 496 hits. The APA Initiatives on Immigration and Related Issues lists APA policy statements and activities on immigration-related issues, discrimination, racial/ethnic profiling and related subjects. A 2012 Executive Summary from the APA Presidential Task Force on Immigration and Public Interest Directorate developed information and various tools for mental health professionals, educators, advocates, service providers and members of the public on the mental health needs of immigrants in the United States. Cervantes and Mejia (2009) provide an overview of issues surrounding immigration with Mexican and Mexican

American Families. Choi, Tan, Yasui, and Hahm (2016) discuss acculturation for adolescents of Asian immigrants. Bessa (2016) addressed humility and care in the mental health treatment of Brazilian immigrants. Hong, Merrin, Peguero, Gonzalez-Prendes, & Lee (2016) studied the social-ecological determinants of school physical fighting among youth in immigrant families. A Special Issue of the *Journal of Family Psychology* (2009) -- On New Shores: Family Dynamics and Relationships Among Immigrant Families -- presented 15 articles on immigrant families and children residing in Canada, Germany, Israel, the Netherlands, Portugal, and the United States. The articles focused on the psychosocial adaptation of immigrant families, parenting practices and their implications for children outcomes, and the importance of parent-adolescent relationships for adolescent mental health.

m) Goldstick, Cunningham, Carter (2022) found that firearm-related injuries became the leading cause of death in children 1-19 years old. In addition, drug overdose and poisoning increased by 83.6% from 2019 to 2020 among children and adolescents, becoming the third leading cause of death in that age group. It is a significant social and public health concern that impacts families and communities. Research has shown the critical influence of the family on the development of adolescent antisocial behaviors (Steinberg, 2000): Youth violence emerges in the context of hostile and punitive parenting; low parental involvement and poor parental monitoring; and abusive, hostile, and conflict-ridden homes. Couple and family psychologists have played a leading role in the development of intervention and prevention programs for youth violence. The Center for the Study and Prevention of Violence at the University of Colorado Boulder has identified four blueprint, model programs for at risk youth and their families (<http://www.blueprintsprograms.com/programs>): Functional Family Therapy, Multisystemic Therapy, Multisystemic Therapy for Problem Sexual Behavior, and Treatment Foster Care Oregon. There have been many recent publications describing these programs and their outcomes (Bergström & Højman, 2015; Datchi & Sexton, 2016; Schoenwald, Henggeler, & Rowland, 2016; Sexton, 2016).

## **2. Describe what procedures this petitioning organization and/or other associations associated with this specialty utilize to assess changes in public needs.**

The science of Couple and Family Psychology plays a major role in assessing changes in public needs. It is represented by the sample of ongoing long-term research programs listed below. There are a variety of active research programs in Couple and Family Psychology that focus on critical social and clinical issues, that build on knowledge about couple and family processes that are linked to optimal individual and relational functioning, that evaluate CFP evidence-based treatment programs, and thus ensure that these interventions are adapted to the changing needs of the public. A sample of active CFP research programs can be found in Appendix N.

## **3. Describe how the specialty attends to public need**

The specialty of Couple and Family Psychology (CFP) is grounded in science to assess and identify the changing needs of a diverse public (e.g., clinical populations, mental health organizations, academic institutions, policymakers). There is a recursive interplay between research, theory, and practice in the delivery of CFP services. More specifically the CFP specialty attends to the public need in three important ways:

1. By developing, testing and implementing evidence-based assessments and interventions for a variety of populations and disorders identified above. Those interventions are described in a number of

publications that constitute the research literature in Couple and Family Psychology. Specific assessment and intervention strategies are described in more detail in Criterion IV. The Society for Couple and Family Psychology has created a set of guidelines for evidence-based practices (Sexton et al., 2007). In addition, Couple and Family Psychology intervention programs have been recognized as integral to state-of-the-art psychological practice in several domains including juvenile delinquency and substance use. For example, SAMSHA's Evidence Based Practice Resources (formerly called the National Registry of Evidence-based Programs and Practices) identifies numerous couple and family therapy interventions. These can be found at: <https://www.samhsa.gov/resource-search/ebp>

- 2) By training and supervising clinicians and graduate psychology students in the implementation of evidence-based couple and family-based interventions for diverse clinical problems.
- 3) By conducting intervention research in university and community-based settings, submitting the results of their investigation for peer review, and translating their findings into practice recommendations in the professional literature.
- 4) Through advocacy and engagement in the future of the profession by being involved in APA governance.

The development and testing of evidence-based CFP programs, the training and supervision of clinicians and students, and the dissemination of research findings are key mechanisms couple and family psychologists use to respond to the needs of the public.

Through their involvement in APA governance, couple and family psychologists can advocate for the multisystemic needs of individuals, couples and families, and call attention to the significant social issues of family violence, divorce, marriage, and parenting, among others. For example, the specialty of Couple and Family Psychology has a proud history of APA Presidents whose Presidential Initiatives responded to changes in public needs: (A) *Susan H. McDaniel, Ph.D., ABPP (Past President)*: Dr. McDaniel's initiatives focus primarily on the integration of psychologists and psychological science into comprehensive health care. She plans to connect APA with other health care professional organizations to further this goal; in particular, to improve team functioning, encourage interpersonal education, reduce health disparities, and develop novel and effective payment models. (B) *Nadine J. Kaslow, Ph.D., ABPP (2014 APA President)*: Dr. Kaslow's theme was Uniting Psychology for the Future. She focused on three main initiatives during her presidency: (1) Opening Doors Summit: Facilitating Transitions from Doctoral Education to First Job, (2) Translating Psychological Science for the Public, and (3) Patient-Centered Medical Homes: How Psychologists Enhance Outcomes and Reduce Costs. (C) *James H. Bray, Ph.D., ABPP (2009 APA President)*: Dr. Bray's four major initiatives were: (1) Task Force on the Future of Psychology Practice, (2) Presidential Summit on the Future of Psychology Practice, (3) Task Force on the Future of Psychological Science Education, and (4) Task Force on Psychology's Contributions to Ending Homelessness. (D) *Gerald P. Koocher, Ph.D., ABPP (2006 APA President)*: Dr. Koocher's two major initiatives were: (1) Promoting psychology as a means of building stronger families and strengthening immigrant families, (2) Strengthening the family of psychology with special attention to diversity and early-career psychologists. (E) *Ronald F. Levant, Ph.D., ABPP (2005 APA President)*: Dr. Levant's initiatives were: (1) Promoting Evidence-Based Practices, (2) "Making Psychology a Household Word", (3) Promoting health care for the whole person, and (4) Enhancing diversity within APA.

Couple and Family Psychology is also well represented in the APA Public Interest Directorate with Amicus Briefs in the areas of adoption, custody, and marriage.

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Training Materials & Video: The members of the specialty have also produced a number of videos that support graduate training and continuing education, and thus ensure that clinicians are informed about the latest developments in CFP best practice. We have identified several videos published by APA, on various clinical topics and treatment modalities:

1. Attachment-Based Family Therapy
2. Functional Family Therapy
3. Emotionally-Focused Treatment
4. Stepfamilies
5. Various theoretical models of couple and family therapy
6. Fertility
7. Medical/physical problems
8. Infidelity/affairs
9. Older Couples and Caregiving
10. Alzheimer's Disease and Caregiver Family Therapy
11. Adoption
12. Sex Therapy
13. Divorce
14. Forgiveness

Books & Book Chapters: CFP's consistent effort to assess and respond to public needs as this relates to training, research and policy is represented by the depth and breadth of the recent books in the area. These publications constitute a knowledge base that is current and relevant.

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### Monitoring Developments:

Through the work of its members, the specialty of Couple and Family Psychology is committed to assessing and identifying the changing public needs of the public, training, and community policy work to bring those important findings to current individual, couple, family and community needs. In the Specialty, there is an active and recursive interplay with research, theory, and practice based on evidence based couple and family interventions. There are yearly updates of clinical intervention research findings and constant input on training and policy from the synarchy of members of the Specialty Council. A sampling of the literature in Couple and Family Psychology demonstrates a strong commitment to monitoring and identifying the most important and current issues of human diversity. A listing of references includes:



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**Criterion III. Diversity. The specialty demonstrates recognition of the importance of cultural and individual differences and diversity.**

*Commentary: The specialty provides trainees with relevant knowledge and experiences about the role of cultural and individual differences and diversity in psychological phenomena as it relates to the science and practice of the specialty in each of the following areas: i) development of specialty-specific scientific and theoretical knowledge; ii) preparation for practice; iii) education and training; iv) continuing education and professional development; and v) evaluation of effectiveness*

1. Describe the specialty-specific scientific and theoretical knowledge required for culturally competent practice in the specialty, how it is acquired and what processes are in place for assessment and continued development of such knowledge.

Diverse couples and families are one of the fastest-growing populations in the US. Contemporary couples and families help their members with the issues that all Americans face when establishing their identities that include sociocultural variables such as: race, ethnicity, culture, religion, gender, sexual orientation, ability/disability status, immigration status, language, generation, age, socioeconomic status, and acculturation and assimilation processes, among other reference group identities. The intersection of these variables, meaning how couple and family members identify with multiple connected variables in context, is a core theme of the revised American Psychological Association multicultural guidelines titled *Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality*, 2017 and *Applying Multiculturalism: An Ecological Approach to the APA Guidelines*, 2024 (American Psychological Association, 2017; Clauss-Ehlers, C. S., Hunter, S. J., Morse, G. S., & Tummala-Narra, P., 2024). Cultural competency for psychologists, commonly thought to be comprised of knowledge, skills, awareness, and dynamic sizing (Sue, Zane, Hall, & Berger, 2009), is essential towards accurate cross-cultural assessment of health and pathology, and the ability to tailor treatment to the diversity and intersectionality of such diversity that is found in most families. In addition to cultural competency, the field is increasingly incorporating the concept of cultural humility that refers to a process whereby the goal for the clinician is to continuously strive to be responsive to cultural variables throughout one's lifetime rather than assuming competence (and not continuing to be committed to learning about cultural aspects of experience because of that assumption (Hook & Watkins, 2015; Kaslow, N. J., Clarke, C., & Hampton-Anderson, J., 2024). Culturally competent treatment also helps couples and families to address structural disparities, discrimination, and intergenerational trauma, and incorporates the strengths and resilience often inherent in diverse couples and families, such as the parental socialization of a positive racial identity, religious coping, and extended family support.

Diversity is a central feature in the theoretical, research, and clinical practice core areas of Couple and Family Psychology. As a specialty practice, CFP views diversity in general, and family diversity more specifically, given that family members bring their own diverse backgrounds and reference group identities to the family system as a whole. As a core practice area, Couple and Family Psychology emphasizing and understanding of the unique characteristics and unique processes of diverse group membership and identity related to race, ethnicity, culture, religion, gender, sexual orientation, ability/disability status, immigration status, language, generation, age, acculturation and assimilation processes, among other variables, as well as the varying intersectionalities among and between these variables.

CFP is a specialty founded on the principles of systems theory, with the family as a system being of most central focus. The premise of practice in this specialty, which distinguishes CFP from other specialties, is that family dynamics play a vital role in the psychological functioning of individuals and family members within nuclear and extended families. Within APA, the Office of Ethnic Minority Affairs and the Socioeconomic Status Office punctuates the importance of these areas in general, and specifically as they relate to family experiences. For example, the Socioeconomic Status Office underscores family well-being and stability as being correlated to SES. At a macrosystemic level, representing the specialty of CFP's systemic epistemology, the Socioeconomic Status Office identifies ways in which SES affects our society, such as communities segregated by SES, race, and ethnicity. African American children are three times more likely to live in poverty than White children. American Indian/Alaska native, Latinx, Pacific Islander, and Native Hawaiian families are more likely than White and Asian families to live in poverty. At the broadest level, couple and family psychologists recognize such structural inequities and their impact on systemic functioning for the couple or family. The couple and family psychologist seeks to be aware of community resources so as to advocate on behalf of couples and families, as well as encouraging couples and families to advocate for themselves (APA, 2017; Clauss-Ehlers, C. S., Hunter, S. J., Morse, G. S., & Tummala-Narra, P., 2024).

Couple and Family Psychologists recognize both between group differences and within group differences with regard to the aforementioned reference group identities. This means that couple and family psychologists are committed to understanding the unique way in which each family and its respective members may identify with a reference group identity. Couple and family psychologists are also encouraged not to assume similarity simply because the couple or family members share reference group identities. The practice of couple and family psychology takes into consideration the family's history and current environment (e.g., family history, ethnic culture, community, school, health care system, neighborhood, built environment, and other relevant sources of support or difficulty; APA, 2017; Clauss-Ehlers, C. S., Hunter, S. J., Morse, G. S., & Tummala-Narra, P., 2024 ). Couple and Family Psychologists strive to understand issues presented by persons to be served not only from the perspective of the presenter(s) of a problem, but as well through understanding the contexts in which these issues have developed or are maintained, including the family system (see Criterion II, APA Office of Ethnic Minority Affairs); gender (Falicov, 2016; Brock, Kroska, & Lawrence, 2016); aging (see Criterion II,); socioeconomic status (Bessa, Eldemire, & Pleth-Suka, 2015; Beach, Lei, Brody, Kim, Barton, Dogan, & Philbert, 2016); issues related to physical and mental disabilities (Harry, MacDonald, McLuckie, Battista, Mahoney, E., & Mahoney, K., 2016; Berry, Elliott, Grant, Edwards, & Fine, 2012); and acculturation (see immigration in Criterion II).

Couple and Family Psychology integrates diversity at an even more unique and core level that permeates the specialty's research, training and practice. Systems approaches provide a basis for identifying common relational processes that exist in all families, regardless of culture or structure. A *process and functional* (how systems function) focus across the boundaries of systems provides a more effective and client centered match to treatment than the traditional focus on group characteristics (Patterson & Sexton, 2013). Such a functional perspective offers a path to retain the uniqueness of individuals and to gain a more universal understanding of how families function and change. Systems principles give substance to the process dimension of families and thereby bridge the gap across various family types. Systems principles view the relationship between elements of a system as more important than the elements individually (the concept of *nonsummativity*—see Watzlawick, Weakland, Fisch, & Erickson, 1974). The synergy between elements across systems helps promote innovation,

new perspectives and ideas, and development of new ways of practicing that can link research, practice, and knowledge of the unique family forms that currently exist in the world. General Systems Theory involves a set of analogous descriptors that were originally applied to biology, and later ascribed to physical and social systems (von Bertalanffy, 1968). Systems theory as applied to couple and family psychology can include the following: organization, wholeness, family rules, homeostasis, feedback loops—negative and positive, subsystems, boundaries, and open and closed systems (Goldenberg & Goldenberg, 2012). More recent articulations of systems principles illustrate its value in understanding the mechanisms of treatment as well as providing a unifying perspective for psychological thinking (Magnavita, 2006). Focusing on these connections and common relational processes among groups incorporates core systems principles as part of the central architecture on which to embrace the growing diversity that couple and family psychologists face (Patterson & Sexton, 2013).

The CFP models for understanding diversity have evolved over time, including the ways in which the specialty of Couple and Family Psychology translates and applies diversity to treatment and research with couples and families. The seminal work of McGoldrick, Giordano, and García-Preto (2005) provides a wealth of knowledge on culturally sensitive practice with families and individuals from over 40 different ethnic groups. Similarly, in their book *The Expanded Family Life Cycle, Individual, Family, and Social Perspectives* (3rd Ed, 2005) Carter and McGoldrick consider the family life cycle experience within a broad cultural context. Yet, knowledge about diversity issues in CFP is rapidly changing and evolving. More recently Killian's (2016) chapter on *Couple Therapy and Intercultural Relationships* and Lebow's book on family therapy integration (2014) emphasize the importance of clinicians to be aware of where they are anchored in beliefs and how their own set of beliefs interfaces with those of family members within the context of cultural values. The APA Layered Ecological Model of the Multicultural Guidelines presents "dynamic, nested systems that transact over time." Hence, the individual self-definition and relationships that characterize Level 1 of the model are surrounded by Level 2 that considers bidirectional relationships within the community, school, and family context. In research, the identification of moderator variables related to diversity has been addressed in a number of studies and is summarized in a chapter by Brock, Kroska, and Lawrence (2016). Choosing which references to include to represent the current state of the art in CFP is a difficult process because knowledge about diversity issues in CFP is rapidly changing. The references we cite include research and theory from diverse fields of psychology, rather than just classic texts commonly used in MFT training programs.

As a result of the principles of systems theory, diversity is one of the core competencies adopted by each of the synarchies of the Specialty. These principles are represented in the various documents that describe the specialty, its training and its benchmarks: 1) Family Doctoral Guidelines, 2) Family Postdoc Guidelines, and 3) Education and Training Guidelines: A Taxonomy for Education and Training in Couple and Family Psychology. *Respect for Individual and Cultural Diversity* is a Foundational Competency developed by the Assessment of Competency Benchmarks Work Group convened by the APA Board of Educational Affairs in collaboration with the Council of Chairs of Training Councils. The Foundational Competency of *Respect for Individual and Cultural Diversity* is reflected in the three documents listed above and contained on the COSPP website (<https://www.cospp.org/education-and-training-guidelines>).

Diversity is integral and integrated into the specialty of Couple and Family Psychology, and is not segmented as an afterthought. Diversity encompasses many groups such as Age, Developmental and

Acquired Disabilities, Religion, Ethnicity, Socioeconomic status, Sexual orientation, Indigenous heritage, National origin, and Gender (Hays, 2009) as well as Acculturation and Assimilation Status, Language, Immigration status, and Generational status bringing overlooked and marginalized groups and their strengths into consideration enables the broadening of norms. Research on universals and their culturally specific manifestations, such as research suggesting that the universal need to belong in families is manifest with nuclear families in the U.S., and with extended families and families of choice by diverse groups (Smith, Spillane, & Annus, 2006). There are a number of other examples in couples and families, such as with variations in attachment across cultures that changes our theories on how attachment operates (Keller, 2013; Rothbaum, Weisz, Pott, Miyake & Morelli, 2000; van Ijzendoorn & Sagi-Schwartz, 2008), and the data from persons with schizophrenia within Latino families that broadened our conception of the role of families and emotion in addressing schizophrenia (Lopez, Kopelowicz & Canive, 2002). Inclusion of multiple groups also shows many similarities in content and process across groups, such as how Family Stress models operates similarly across African American, Latino, and White families (Conger, Conger, & Martin, 2010), and data showing some similarities as well as cultural variations across Latino and White couples in paths of Gottman's Cascade Model (Parra-Cardona & Busby, 2006).

Couple and Family Psychologists must exercise caution in asserting that because there is a focus on family systems there it can also be assumed that there is a focus and understanding of diversity. Understanding family systems, unique to the specialty of Couple and Family Psychology, makes strides in the direction of diversity by including important contexts, yet there is a continued need to adequately address diversity (Kelly & Boyd-Franklin, 2009; Kelly, 2017; Celano, 2020 ). In addition to knowledge, awareness, and skills that are a hallmark of training programs that infuse a focus on diversity, understanding oneself as a therapist is also important in culturally responsive work with couples and families. This is reflected in Level 1 of the multicultural guidelines and described as a Bidirectional Model of Self-Definition and Relationships (APA, 2017). As applied to the couple and family professional, here the individual's self-definition includes roles of clinician, educator, researcher, and consultant. The model is bidirectional because these professional roles interact with the model's adjoining circle that includes the self-definition of clients, students, research participants, and consultees (APA, 2017).

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**2. Describe how the specialty prepares psychologists for practice with people from diverse cultural and individual backgrounds (e.g., through coursework, supervised practice, continued professional development, etc.) and how competence is demonstrated.**

Diversity is an integral and critical area of Couple and Family Psychology practice and training. Diversity competence is developed through coursework, continuing education, and supervised practice. Stanton & Welsh (2011) have operationalized diversity competence in Couple and Family Psychology, and identified competency benchmarks specific to diversity issues in psychological practice. These competency benchmarks fall into three domains: Knowledge, skills, and attitudes. The ABPP, the Society for Couple and Family Psychology, and the Academy of Couple and Family Psychology use these benchmarks to define and verify expertise in the specialty of Couple and Family Psychology. In particular, the American Board of Couple and Family Psychology adopted the CFP competencies described by Stanton and Welsh (2011) and included specific diversity questions in the examination for CFP board certification. <https://abpp.org/competencies/american-board-of-couple-and-family-psychology/>

Diversity is a foundational competence with a knowledge and experiential component, behavioral anchors, and specific ways in which it is measured (Stanton & Welsh, 2011). The operationalization of diversity competency benchmarks allows for assessment and monitoring in training. The table below



offers information about the specific diversity competency benchmarks in Couple and Family Psychology, its behavior and assessment methods.

Table 3.1: CFP Diversity Competencies

Diversity Competency Domain and Essential Component	Behavioral Anchor	Assessment Methods
<i>Knowledge</i> 3. Self and others shaped by ICD & context 4. Understand the individual, interpersonal, and contextual factors that shape perception of ICD factors in others 5. Understand the factors that shape the cultural experiences of others 6. Knowledge of the CFP literature for working with multicultural clients	7. Knowledge of factors that contribute to individual and societal perceptions about individual and cultural diversity factors in others a) Awareness through cultural self-assessment about CFP specialists' perceptions of others that are different from their own b) Knowledge of cultural diversity elements in couples and families, including normal family cultural patterns, worldviews and values, and macrosystemic factors c) Knowledge of factors that contribute to intracultural variations between family members and their contexts, including identity models, acculturation difference, and multiple identities d) Knowledge of the major theoretical and empirical contributions to providing CFP clinical services to multicultural populations	A. Continuing education in ICD (most states have a requirement for CE's specific to ICD) B. ABPP examination C. Self-assessment D. Peer consultation E. Supervision or consultation feedback F. Client feedback and/or student feedback G. Scholarly publications and presentations regarding ICD H. Research program inclusive of ICD\Evidence of clinical work with underprivileged populations I. Actively participating in social change in tangible ways

**3. Describe how the specialty is monitoring developments and has moved to meet identified emergent needs and changing demographics in training, research, and practice (e.g., through research, needs assessment, or market surveys).**

The Specialty has taken a number of initiatives to help monitor developments and to identify important trends in diversity training, theory, practice and research. For example:

1. The Society for Couple and Family Psychology created two awards that acknowledges distinguished and outstanding contributions in diversity: *Carolyn Attneave Diversity Award* acknowledges special contributions to the promotion of diversity in couple and family psychology or special contributions

to the lives of diverse families; *Florence Kaslow Distinguished Contribution to International Family Psychology Award* was created to acknowledge Dr. Florence Kaslow's longstanding and outstanding contributions to couple and family psychology around the world.

2. According to the APA 2021 Survey of Health Service Psychologists (see: <https://www.apa.org/workforce/publications/health-service-psychologists-survey/specialty-areas>), the majority of respondents reporting a specialization in CFP are female, White, and senior or late senior career psychologists. Racial minorities and early career professionals are especially underrepresented. As a result, the Society for Couple and Family Psychology (Division 43) is actively encouraging a greater diversity of students and trainees to pursue CFP training.
3. Celano (2020) described how the American Board of Couple and Family Psychology has recently addressed diversity in the areas of representation, recruitment, and the oral exam. These changes include:
  1. Greater gender, racial, and age representation on the ABCFP board.
  2. All CFP oral exams begin with the question: "Please situate yourself within a cultural context. Which aspects or features of individual and cultural diversity (e.g., gender identity, race, intersectionality, etc.) are most relevant to your current clinical practice?" All committee members and the candidate answer the question, demonstrating the importance of the diversity competency for all CFP specialists.
  3. Oral exams are offered via a video-teleconferencing platform, potentially reducing barriers to board certification for diverse candidates (e.g., those with disabilities, in advanced stage of pregnancy, living in rural locations, or without the financial means to travel).
  4. Most of the written ethical vignettes used in the oral exam now feature some form of diversity (sexual orientation, cultural diversity, immigration status, etc).

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4. Describe how the education and training and practice guidelines for the specialty reflect the specialty's recognition of the importance of cultural and individual differences and diversity.
- Individual and cultural diversity is recognized as a core foundational competency and as a core knowledge area in CFP by the Training and Education Guidelines for Couple and Family Psychology

(see Appendix G tables 2 & 4). Individual and cultural diversity is represented in every aspect of CFP training and couple and family psychologists are expected to adhere to the essential components of individual and cultural diversity for both health services psychologists and couple and family psychologists (Appendix G, Table 2). Understanding how vital individual and cultural diversity is to couple and family psychology our guidelines recommend that educators and supervisors advance their student/ trainees' clinical and empirical knowledge about diverse couples and families and their important contexts, with emphasis paid to the intersection of multiple diverse identities including, but limited to, race/ethnicity, sex, SES, gender, religion and spirituality, and sexual orientation. Finally, the guidelines recommend consideration for the following CFP diversity related topics: discussing differences and similarities of the therapist and clients in therapy work, integrating culture and diversity into clinical conceptualization, the pitfalls of pathologizing cultural or diversity-based phenomenon, diversity of within group perspectives and experiences, and advocacy efforts for marginalized or disadvantaged populations, such as immigrant families, LGBTQ+ youth and families, etc. The Training and Education Guidelines for Couple and Family Psychology provides an example of how diversity training could be implemented in a 60 hour CFP certificate program (See Appendix G).

**Criterion IV. Distinctiveness. A specialty differs from other recognized specialties in its body of specialized scientific knowledge and professional application.**

*Commentary: While it is recognized that there will be overlap in the knowledge and skill among various specialties in psychology, the petitioning organizations must describe the specialty in detail to demonstrate that it is distinct from other recognized specialties in the knowledge and skills required or the need or population served, problems addressed and procedures and techniques used.*

**1. Identify how the following parameters differentiate and where they might overlap with other specialties. Describe how these parameters define professional practice in the specialty.**

**1. Description of the Specialty.**

Couple and Family Psychology (CFP) is a specialty area of professional psychology practice characterized by a distinctive configuration of theories, models, and approaches for specified problems and populations. Couple and Family Psychology is unique in that it represents a paradigm shift from contemporary individualistic psychology to understanding human behavior, psychological assessment, and intervention based on a systemic perspective and model. The Specialty of Couple and Family Psychology conceptualizes human behavior in a matrix of reciprocal interaction between intrapersonal, interpersonal, environmental, and macro-systemic factors. The systemic knowledge base of Couple and Family Psychology provides for a unique focus on assessment, treatment, consultation and research with the individual, couples, families, and other systems/subsystems and considers the important areas of:

1. The context in which various systems are embedded;
2. Identification of patterned interactions;
3. Accounts for developmental processes over the life span;
4. The centrality of issues related to diversity and culture.
5. The family life cycle

Couple and Family psychology is a specialty in professional psychology that is focused on the emotions, thoughts, and behaviors of individuals, couples, and families in relationships and in the broader environment in which they function. Systems approaches provide a basis for identifying common relational processes that exist in all families, regardless of culture or structure. A *process and functional* (how systems function) focus across the boundaries of systems provides a more effective and client centered match to treatment than the traditional focus on group characteristics (Patterson & Sexton, 2013). Such a functional perspective offers a path to retain the uniqueness of individuals and to gain a more universal understanding of how families function and change. Systems principles give substance to the process dimension of families and thereby bridge the gap across various family types. Systems principles view the relationship between elements of a system as more important than the individual elements. The systemic perspective of CFP places an important emphasis on contextual conceptualization of behavior and developmental progression that interacts with individual, interpersonal, and environmental factors. In order to understand pathology and healthy/adaptive behavior there is a need to include a developmental perspective, including an awareness of family history, changing social definitions of the family unit, life span issues, and current personal, family, or environmental circumstances (see Sexton & Stanton, 2015). For example, what may be healthy and

adaptive behavior in one particular context and developmental stage, could be considered pathological and maladaptive in a different context or individual and family developmental stage. See Carter and McGoldrick's second edition of *The Changing Family Life Cycle: A Framework for Family Therapy* (1989).

Systems Theory (sometimes called Systems Thinking) was a core set of foundational ideas that served as the foundation of Couple and Family Psychology. It became a conceptual platform for specific models of clinical practice and more defined and specific ways of understanding couples and families. However, in the era of behavioral health and community-engaged research, many different specialties have adopted a systemic approach. Therefore, what might have made Couple and Family Psychology specifically unique is now more of a conceptual foundation shared by many specialties. Thus, we recognize that other theoretical models include general systems concepts.

Despite this overlap, Couple and Family Psychology has taken this broad foundation and focused it on both the understanding of and the intervention in couples and families. Thus, what differentiates CFP from other specialties is the way in which basic systemic thinking has been translated into a systemic relational approach and technology regarding couple and family relational systems, and how they interact with larger community and social systems. The focus on both systemic *and* relational elements of behavior is *unique* to CFP. The evidence in the field (and presented in this application) suggests that the conceptual models that consider behavior as a systemic relational process and inform evidence-based intervention programs and practices contribute to a distinctive approach unlike those of other specialties.

In addition, Couple and Family Psychology not only promotes a systemic relational way of conceptualizing behavior but, uniquely provides clinical programs, methods, and competency-based training to translate this perspective into clinical action (intervention) that is also relationally systemic. As noted in the application, the current intervention research suggests that uniquely relational systemic Couple and Family Psychology interventions are among the most helpful in our field for addressing some of the most difficult clinical problems. The uniqueness of CFP is evidenced by the extent to which the relationally systemic intervention programs, firmly part of Couple and Family Psychology, are widely supported by research findings and the degree to which they are widely practiced in community settings having an important positive impact on the wellbeing of individuals, couples, families, and communities. In addition, this relationally systemic focus has generated new research methods that are able to capture this unique perspective. Finally, as noted in the application, we have also translated those criteria to specific foundational and specialty competencies that help translate the systemic relational approach in practice (Stanton & Welch, 2011; Celano, 2019). In the sections below we describe the particular populations, procedures & techniques, and problem types for which CFP approaches & techniques are applicable.

## **1. Population:**

CFP specialists work with individuals, couples, families, and broader environmental systems, such as schools, medical clinics, and business organizations. Even when the individual is the identified client, CFP conceptualizes assessment and interventions from an interpersonal, systems perspective. While the settings of CFP are diverse, the focus is distinctive: The emphasis is on relational systems. For example, in working with families, the entire family is viewed as a single emotional unit, comprised of

smaller subsystems. One family member may be symptomatic, but the family as a system contributes to the maintenance of pathology, and more importantly, can contribute to the health of one identified symptomatic family member. CFP is not characterized narrowly by a particular population served. Rather, it is defined by its systems perspective from which problems and developmental issues are addressed (Stanton, Sexton, & McDaniel, 2016; Family Psychology Specialty Council, 2009). CFP specialists work in a variety of contexts such as hospitals, clinics, independent practice, schools, colleges and universities, business, government, judicial systems, and other organizations.

The populations served by CFP specialists are not a distinguishing factor between CFP and other mental health professions. For example, clinical child psychologists engage in clinical activities with infants, children, adolescents, and their families displaying a wide range of psychological, behavioral, developmental, health-related, academic, and family difficulties. Although they work with families, both clinical child psychologists and clinical psychologists are focused on the individual family member's psychopathology, addressing a limited number of family patterns (e.g., parenting practices) only as they contribute to the patient's presenting problem. Similarly, a cognitive behavioral psychologist would examine family patterns only insofar as they elucidate the antecedents and contingencies for a family member's symptoms or challenging behaviors. In contrast, CFP specialists conceptualize the problems of individuals (including children) as embedded within a matrix of reciprocal interaction between intrapersonal, interpersonal, and environmental factors. A systems framework is not inconsistent with cognitive-behavioral or attachment-based formulations of disordered behavior. A systems perspective is inclusive of these formulations, but embeds them within a larger framework that includes the relationships within the family (nuclear and extended), and the individual's and family's relationships in the community (e.g., parents' employer and friends, child's peers and school, religious organizations, systems of care).

What is unique about CFP is its systemic focus and the assessment and intervention methods that originate from that perspective; a substantial body of research has validated this concept. These CFP-specific methods are used to understand and treat diverse populations with various clinical problems in a wide range of settings. In other words, with regard to the population parameter, there is a substantial overlap with other professions because populations are not a defining parameter of the CFP specialty. Recognizing this inter-professional intersection, professional psychology's foundation in scientific methodology, prominent extant theory, and broad-based interventions position CFP to contribute to critical issues with both intimate relationships and broader community and global issues through research, psychotherapy, psychoeducation, consultation, supervision, clinical instruction, and advocacy.

## **2. Problems (psychological, biological, and/or social that are specific to this specialty):**

Similar to the population parameter discussed above, the practice of Couple and Family Psychology is not limited to a particular set of problems, but rather, the distinctiveness of the specialty is based upon the unique epistemological perspective (Systems Theory) from which Couple and Family Psychologists think about a problem and work with their clients to solve the problem and restore optimal individual and family functioning. Couple and Family Psychology addresses a broad array of clinical problems as well as relational problems. The distinctive and overarching specificity of CFP is the systemic epistemology in which problems are addressed. Couple and Family psychologists work with a wide range of client populations who present with a variety of clinical issues (Bray & Stanton,



2009; Thoburn & Sexton, 2015). The problems addressed by CFP as a specialty also represent an overlap with other specialties. However, Couple and Family Psychologists are uniquely trained in relationship issues, and how family relationships and problems recursively interact, influencing problems/symptoms by either mitigating the impact of problems or exacerbating the problems/symptoms.

Individually oriented, linear theories of psychological functioning historically emerged from a medical model that focused on deficits and disease. Couple and Family Psychology, in contrast, considers the human family (and other groups) as a naturally occurring system, similar to other systems that exist in nature, such as the solar system, an ant colony, or a biological cell. Like these other natural systems, a family is seen as a “whole,” composed of interrelated parts, with processes that regulate its functioning. Although families can differ in terms of values, personalities, etc., the same fundamental relationship processes organize all family systems. Therefore, the relationship patterns that exist in seriously dysfunctional families, e.g. those with a schizophrenic member, are conceptualized as exaggerated versions of the same processes that are present in all families. Thus, a natural systems orientation is a non-pathologizing theoretical framework that allows Couple and Family Psychologists to approach human functioning from a strengths-based perspective.

This strength-based perspective enables Couple and Family Psychologists to avoid pathologizing the individual and blaming the family. In contrast to the more distant, “expert” role assumed by other psychological specialists, Couple and Family Psychologists join with all members of a family as partners in collaborative problem-solving.

From a family systems perspective, the thoughts, feelings, and behaviors of each family member both reflect and contribute to what is happening in the family as a whole. A Couple and Family Psychologist examines the meaning of a presenting problem in terms of both the individual’s psychological functioning, and also in relation to the emotional functioning of the entire family system. For example, a child’s acting out behavior at school might reflect a child’s difficulty adjusting to a new school, and may also be related to the parents’ marital problems. From a systems perspective, if the underlying marital issues are not addressed, even the most effective plan to improve the child’s behavior probably will not be effective.

Couple and Family Psychologist’s systemic way of working is that presenting problems are assumed to be related to both the interactional patterns within the current family context, and also to relationship patterns that have been passed down historically across the generations. This multigenerational transmission process operates so that individuals internalize family patterns relating to significant attachment figures and managing anxiety, e.g. in terms of longings for closeness or distance; seeking or avoiding conflict; and under-functioning or over-functioning. Thus, Couple and Family Psychologists explore family of origin issues with each adult member of a family, across at least three generations.

A family systems approach also can be used with an individual who is not currently living either with his/her family of origin, or with a new family of choice. Because relationship patterns and strategies for managing anxiety are internalized within the intrapsychic structure of each individual family member, multigenerational family of origin work is effective in helping an individual, as well as a family, develop more adaptive coping strategies. Thus, a family systems approach is not defined by

the number of people in the consulting room, but rather is a broad theoretical framework for understanding human behavior.

When working as consultants in broader environmental contexts, Couple and Family Psychologists also use a multigenerational, systemic focus. In this context, the historical perspective explores prior generations of the organization and prior efforts to solve the organizational problem. However, the theoretical assumptions that govern natural systems functioning also apply to work in these organizational settings. For example, a Couple and Family Psychologist might work with a specific school to improve the collaborative partnership between families and school personnel. In exploring the historical context, the Couple and Family Psychologist might discover that the district superintendent fired a beloved principal and replaced him/her with a principal unknown to the teachers. The conflict between parents and teachers might actually be mirroring the sense of distrust between the principal and the teachers. Thus, the first step in improving the family-school climate might be to help the teachers mourn the loss of their prior principal and establish a relationship with their new leader. Therefore, the entire system – children, parents, teachers, and administrative staff would be included in the problem-solving process.

Thus, Couple and Family Psychologists work with:

1. Individuals who have relationship issues (or whose individual issues affect their relational functioning), but whose intimate others are unavailable (e.g., a student whose parents are out of town) or whose intimate partner refuses conjoint therapy. Individuals experiencing relationship problems stemming from trans-generational processes.
2. Couples and families who struggle with daily functioning, substance abuse, mental health, and youth behavior problems. A couple and family psychologist is able to “enrich or improve the functioning of non-clinical or normal couples ... to treat dysfunctional couples” (Weeks & Nixon, 1991, p. 13) (or to help couples adjust to problems of living).
3. Individuals and couples from all socioeconomic status backgrounds as well as traditional and nontraditional couples at various stages of life (e.g., dating, premarital, marital, gay and lesbian, separated, divorced, interracial, interethnic, and interreligious).
4. Larger systems such as communities and organizations to help with problems in functioning and communication (e.g., family owned businesses, school consultation, consultation with agency personnel, church consultation).

The research literature illustrates the range of clinical problems successfully addressed by couple and family-based interventions (Sexton, Datchi, Evans, LaFollette, & Wright, 2013):

1. Alcohol and drug abuse
2. Youth problem behavior/behavior problems
3. Parental sensitivity
4. Depression
5. Hyperactivity
6. Parenting and Parent-child conflict
7. Speech disorders
8. OCD

9. Anxiety
10. Developmental disorders
11. Schizophrenia
12. Bipolar Spectrum Disorders
13. Family relationships
14. Sexual, physical, or verbal abuse
15. Medical issues
16. Deviant sexual behaviors
17. Suicide
18. Family relationships
19. Couple relationship dissatisfaction
20. General mental health
21. Intimate partner violence
22. Infidelity
23. Pathological gambling

## **2. Procedures and Techniques:**

Couple and Family Psychologists have a distinctive set of procedures and techniques that are built on a multigenerational, systemic perspective. CFP pursues interventions that understand the complexity and reciprocity of real-life problems and makes the specialty amenable to interventions in complex systems, including couples, families, larger social systems, and organizations. CFP specialists approach clients' lives and difficulties with an underlying assumption that families can and should solve problems together. The systemic model of intervention holds that even when the outcomes are equal between conjoint and individual solutions to problems, there is intrinsic value in involving family members in solving problems. Such involvement often improves the individual's problems, and the improvement recursively reverberates throughout the entire family system.

Couple and Family Psychology has a number of specific and distinctive evidence based programs for a wide variety of clinical issues that are commonly used in communities and health care systems. Each of these models is grounded in systemic thinking and based on empirical knowledge, which is a unique feature of the CFP profession. In fact, the integration of systems thinking and psychological science is unique and specific to our Specialty. These unique, systemic, and often evidence based approaches represent the current state-of-the-art in Couple and Family Psychology. CFP treatment models are widely practiced in community settings and have had an important positive impact on the wellbeing of individuals, couples, families, and communities. The move from broad theory to specific clinical models is one that has occurred across other specialty areas of professional psychology, as psychological knowledge grows and evolves. However, compared to other specialties of professional psychology, CFP uses systemic principles in addition to evidence-based models to guide the delivery of treatment services.

Like all psychological interventions, those used by Couple and Family Psychologists are built on *common factors* similar to all effective treatments. In a common factors approach, there is a primacy of the therapeutic relationship: an emotionally charged confiding relationship with a helping person, a healing context, a rationale that provides a plausible explanation for the client's problems and how to resolve those problems, and a procedure that involves active participation of client and therapist and is

believed by both to be a means of restoring healthy functioning. *Unique factors* common to Couple and Family Psychologist identified by Lebow (2014) are: Therapeutic alliance ruptures, the person of the therapist, goal setting, engaging positive but realistic expectancies, attending to the stages of change, and feedback.

**3. In addition to the professional practice domains described above, describe the theoretical and scientific knowledge required for the specialty and provide references for each domain as described below. For each of the following core professional practice domains, provide a brief description of the specialized knowledge that is required and provide the most current available published references in each area (e.g., books, chapters, articles in refereed journals, etc.) While reliance on some classic references is acceptable, the majority of references provided should be from last five years and should provide scientific evidence for the theoretical and psychological knowledge required for the specialty.**

*Note that in addressing Criterion IV, Section 2, we have developed tables for each domain that provides an aggregate response to Sections 2 and 3. The tables are divided into three sections: Competency Domain and Essential Component, Behavioral Anchors, and Assessment Methods. The tables are then followed by the identification of professional practice activities with descriptions of how they overlap and differentiate from other specialties.*

The distinctiveness of the CFP specialty in regard to its theoretical and scientific knowledge is best described by its unique theoretical perspective, the related scientific knowledge and the related core competencies that illustrate the unique nature of Couple and Family Psychology. The treatments and interventions of family and couple clinicians are the activity/action by an interventionist in a therapeutic context for the purpose of helping the client. Treatment interventions range from singular discrete actions to comprehensive treatment programs and models that represent increasing levels of comprehensiveness and specificity: (a) A technique (single activity with narrow range of desired outcome); (b) Intervention (techniques that might go together to have a desired outcome); (c) Treatment program/model (comprehensive treatment program with theoretical principles, clinical change process, change mechanisms, adherence measures). Those techniques, interventions, or treatment models with the highest level of specificity are most likely to be able to be replicated and therefore have a higher probability of producing clinically reliable outcomes. Sexton and colleagues (2011) describe systematic criteria for organizing and understanding the core elements of CFP knowledge and research and the ways in which they translate into clinical practice (Guidelines for Classifying Evidence-Based Treatments in Couple and Family Therapy).

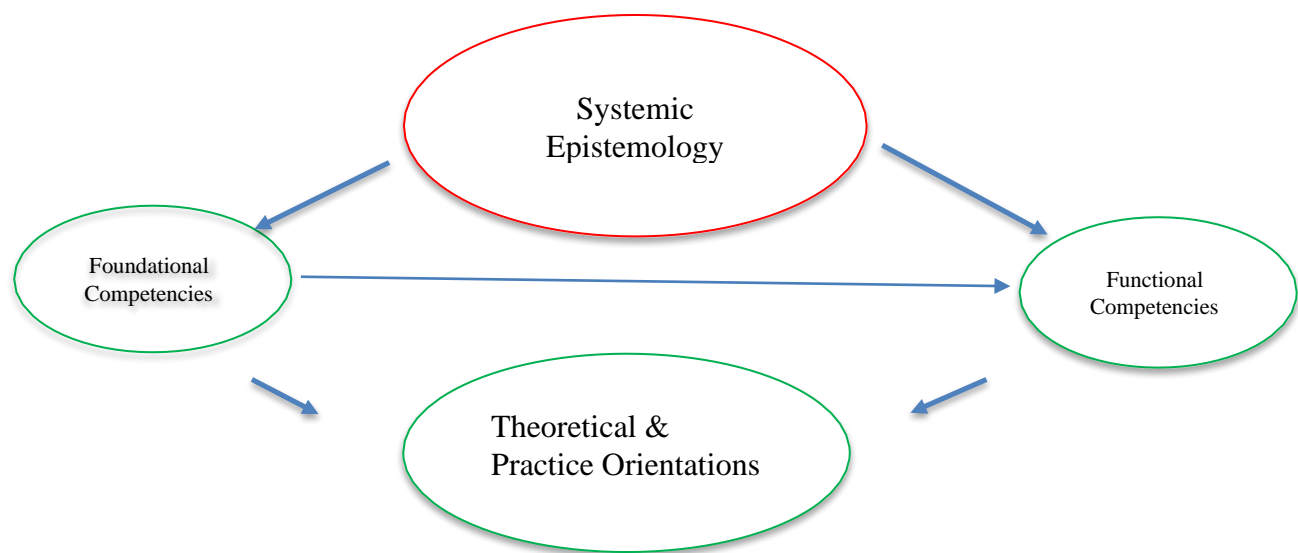
Science has always been a central part of family therapy. Research by early pioneers focused on the efficacy of both couple and family interventions from a systemic perspective (Pinsof & Wynne, 1995). This early work established family therapy as an effective and clinically useful approach to treatment. In the ensuing decades, the research agenda broadened from answering initial questions of outcome (i.e., establishing whether it works in general) to assessing more specific applications of family therapy with specific clinical problems in specific settings. The result of these decades of research is a strong, scientific evidence base for the effectiveness of family therapies (Sexton, Alexander, & Mease, 2003; Sexton, Datchi, Evans, Lafollette, & Wright, 2013; von Sydow, Beher, Schweitzer, and Retzlaff, 2010; von Sydow, Retzlaff, Beher, Haun, & Schweitzer, 2013; Sprenkle, 2002, 2012). Outcome research for couple and family therapy has drawn from meta-

analyses that combine results across large client groups and individual outcome studies conducted in local communities with diverse clients in realistic clinical settings. In addition to these outcome research efforts, process research studies have identified the change mechanisms that underlie positive clinical outcomes that are both common across methods and specific to certain approaches.

The research in family therapy has evolved to the point that some now identify it as family intervention research (FIR; Liddle, Bray, Levant & Santisteban, 2002), a type of family research that focuses on the change process, attempting to find what therapeutic interventions and/or treatment programs are most effective in helping families change. Sexton, Hanes, and Kinser (2009) defined intervention research as “a systematic approach to understanding the practices, their outcomes, and the varying moderating and mediating variables that may affect the success or failure of different clinical interventions” (p.165).

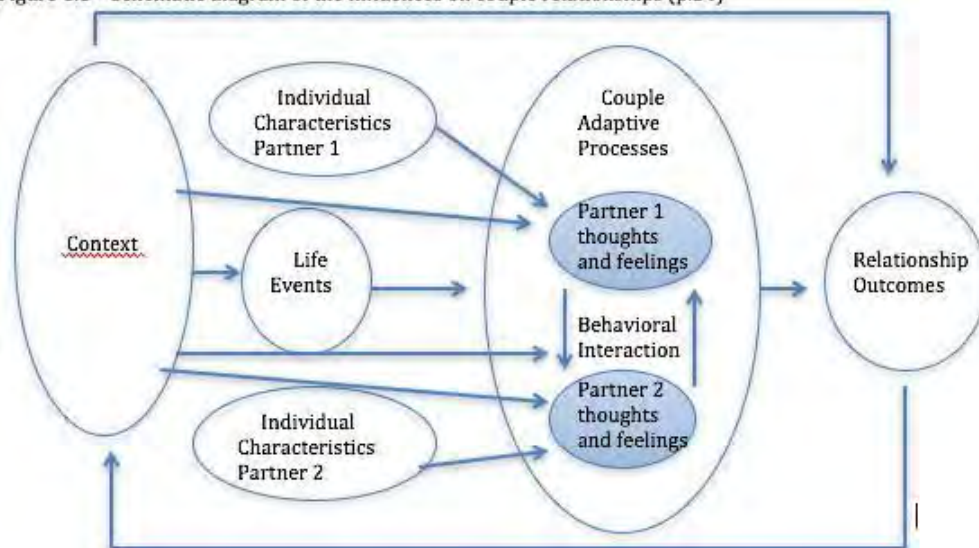
*Distinctive Theoretical Foundations:* What distinctively defines and unifies the specialty is the unique theoretical foundation: systems thinking. Systems Theory highlighted the place of social context and interaction in understanding human behavior, particularly in regard to couple and family dynamics (Sexton & Stanton, 2015, Stanton, Sexton, & McDaniel, 2015) and served as the primary defining theoretical feature of CFP. Systems Theory marked a shift away from intrapsychic analysis to a focus on how reciprocal influences between elements in a system or individuals in relationships mediated and maintained current behavior. In its broadest terms, “systems” are defined as a complex set of interacting and interrelated components together with the relationship among them that permit identification of a boundary making process. Systems theory is frequently seen as synonymous with couple and family psychology. Sexton & Stanton (2015) describe this core differentiating feature of systems theory as one that is unique in that (1) perceives behavior and mental/emotional symptoms to be within the context of the social systems people live in; (2) focuses on interpersonal relations and interactions, social constructions of realities, and the recursive causality between symptoms and interactions; (3) includes family members and other important persons (e. g. teachers, friends, professional helpers) directly or indirectly through systemic questioning, hypothesizing and specific interventions; and (4) appreciates and utilizes clients’ perspectives on problems, resources and preferred solutions.

The distinctiveness of Couple and Family Psychology is represented by the overarching theme and influence of a systemic epistemology:



Similarly, the following chart from W. Kim Halford's *Brief Therapy for Couples* (2002) illustrates how systemic (i.e., contextual) factors and life events are critical in assessing relational issues, whether with individuals or any other interactional situation.

Figure 1.1 – Schematic diagram of the influences on couple relationships (p.24)



Although couple and family therapy represents the major practice areas of the specialty, couple and family psychologists apply the knowledge of a systemic epistemology to other interventions and professional activities as well. The application of systemic thinking to individual psychotherapy is as important for the specialty. The connection, interdependence, and interrelatedness of systems suggest that all systems are networks of individual organisms that organize and nest within each other (Capra, 1996). In addition, we all interact and are embedded within a context of complexity that includes natural, political, cultural, economic, and other macroscopic or environmental elements. In addition, CFP is unique in that a number of the current core treatment approaches are designated by numerous

bodies as evidence based treatments. These treatments are actively being practiced in community settings (see below for a complete list).

**Distinctive Core Competencies.** The distinctive characteristics of the Foundational and Functional Competencies for Couple and Family Psychology lies within the paradigm shift from a linear thought process to a systemic epistemology that conceptualizes human behavior in a manner that integrates intra-individual, interpersonal, environmental, and macrosystemic elements. This promotes an awareness of ecological context and environmental factors and their impact on individual, social, and group behavior (Robbins, Mayorga, & Szapocznik, 2003; Stanton, 1999; Sexton & Stanton, 2016). Couple and Family Psychology advocates a systemic approach to the core competencies, core theoretical perspectives, and practices similar to those developed for professional psychology (N. J. Kaslow, 2004; Fouad et al., 2009; Hatcher et al., 2013) and Health Service Psychology (HSPEC, 2013).

The unique theoretical and scientific knowledge, skills, and attitudes comprising competencies in Couple and Family Psychology were articulated by Stanton and Welsh (2011) and updated by Celano (2019) to be consistent with the latest benchmarks document (Hatcher et al., 2013) as it applied to health service psychologists (HSPEC, 2013). In 2020 the American Board of Professional Psychology adopted a specialty-wide consensus of 16 professional competencies, requiring slight modifications to the organization of CFP competencies described in Celano (2019). Specifically, Evidence-Based Practice and Interdisciplinary Systems were reclassified from functional to foundational competencies, and Research /Evaluation was reclassified from a foundational to a functional competency. Tables 4.1 and 4.2 show the current essential components of the foundational and functional competencies for Couple and Family Psychology, adapted from Celano (2019).

Table 4.1: Essential Components of Foundational Competencies for CFP

Category	Essential Components for CFP
Professionalism	<ol style="list-style-type: none"> <li>1. Behave in ways that reflect the values and attitudes of all CFP competencies</li> <li>2. Value principles of safe, effective, client-centered, timely, and equitable care, using them as guidelines for health care practice</li> <li>3. Value and communicate to the public and other health professionals one's identity as a couple and family psychologist</li> <li>4. Value constructive relations, including collaborative relationships with other health care professions and within health care teams</li> </ol>
Individual and cultural diversity	<ol style="list-style-type: none"> <li>1. Be knowledgeable about how self and others, and health problems, are shaped by individual and cultural diversity factors and context</li> <li>2. Perform culturally-centered CFP functions, including clinical services and training</li> <li>3. Develop and maintain a culturally centered perspective, including a commitment to social justice</li> </ol>

Ethical legal standards & policy	<ol style="list-style-type: none"> <li>1. Command of ethical and legal knowledge related to CFP, including the APA Ethics Code, and professional standards and laws for health care practice</li> <li>2. Application of an ethical decision making model and relevant ethical and legal principles</li> <li>3. Commitment to ethical development and improvement in the competency</li> </ol>
Reflective practice/Self-assessment/ Self-care	<ol style="list-style-type: none"> <li>1. Engage in reflective practice conducted with personal and professional self-awareness, attending to one's health behaviors and well being and their potential impact on specialty practice</li> </ol>
Relationships	<ol style="list-style-type: none"> <li>1. Knowledge of systems theory and research about interpersonal relationships</li> <li>2. Interpersonal, affective, and expressive skills in applying the knowledge and attitudes to facilitate communication and manage interpersonal conflict in all professional interactions</li> <li>3. Commitment to facilitating positive and constructive interpersonal Relations</li> </ol>
Scientific knowledge and methods	<ol style="list-style-type: none"> <li>1. Command of specialty epistemology and scientific knowledge</li> <li>2. Command of specialty scientific methods</li> <li>3. Intentional inclusion of CFP concepts, scientific knowledge, and scientific methods in all aspects of specialty activity</li> <li>4. Scientific mindedness: values CFP theory and scientific methods, and their application to specialty practice</li> </ol>
Interdisciplinary Systems	<ul style="list-style-type: none"> <li>● Be knowledgeable about and apply core competencies for interprofessional practice in a manner consistent with the foundational CFP interpersonal interaction competency</li> <li>● Be familiar with the various health care systems and delivery models providing a context for patient care, and their implications for CFP practice</li> </ul>
Evidence-Based Practice	<ol style="list-style-type: none"> <li>1. Be knowledgeable of CFP evidence-based practice (EBP) and specialty interventions</li> <li>2. Applies EBP in CFP to issues and populations</li> <li>3. Values the role of research in intervention</li> </ol>



Table 4.2: Essential Components of Functional Competencies for Couple and Family Psychology

Category	Essential Components for CFP
Assessment	<ol style="list-style-type: none"> <li>1. Understands the nature and scope of CFP assessment methods, and the measurement and psychometrics of CFP assessment instruments</li> <li>2. Applies assessment methods, competently using multiple methods of assessment appropriate to CFP and applying them to case conceptualization</li> <li>3. Understands case conceptualization in the context of CFP service delivery, including a model for producing a systemic case conceptualization</li> <li>4. Demonstrates a client-centered perspective in the case conceptualization and assessment processes</li> <li>5. Produces a systemic case conceptualization, including a client-centered problem formulation, case formulation, and treatment formulation</li> </ol>
Intervention	<ol style="list-style-type: none"> <li>1. Knows a broad range of CFP interventions</li> <li>2. Selects, implements, and evaluates CFP interventions, including EBP interventions</li> <li>3. Knows about the effectiveness of psychoeducation, specialty curriculum for psychoeducation, and the distinction between psychoeducation and psychotherapy</li> <li>4. Provide CFP interventions designed to improve relationship health in individual, group, and community settings</li> <li>5. Understand data regarding the effectiveness and cost of CFP interventions for particular clinical context</li> <li>6. Understand the common medical, dental, and health treatments for the targeted population as part of the medical/clinical context for CFP specialty practice</li> </ol>
Consultation	<ol style="list-style-type: none"> <li>1. Be knowledgeable about consultation theory, research findings, roles, assessment, and methodology</li> <li>2. Conduct effective CFP consultations, including a systemic needs assessment yielding a report and recommendations, and effective interventions.</li> <li>3. Vales ethical standards and respects individual and cultural diversity in consultation practice</li> </ol>
Teaching	<ol style="list-style-type: none"> <li>1. Understand teaching-learning theory, methodology, and assessment in CFP</li> <li>2. Implement and evaluate teaching-learning methodologies in CFP</li> <li>3. Value lifelong learning and teaching in CFP</li> </ol>
Supervision	<ol style="list-style-type: none"> <li>1. Be knowledgeable about supervision and competencies in CFP specialty</li> <li>2. Provide effective CFP supervision</li> </ol>

Research/Evaluation	(1) Critically evaluate relevant CFP research related to populations to be served (2) Conduct research, guided by a systemic epistemology, that contributes to the scientific and professional knowledge base or evaluates the effectiveness of professional activities in health care/promotion (3) Use CFP research skills for program development and evaluation as well as for quality improvement in healthcare services (4) Be familiar with research methods in CFP
Management/Administration	1. Demonstrate appropriate systemic knowledge and effective practice of management and administration activities within programs, organizations, and/or agencies 2. Apply specialty foundational competencies to management and administration
Advocacy	<ul style="list-style-type: none"> <li>• Advocate for the specialty of CFP and its role as a science and profession in health care</li> <li>• Advocate for research that contributes to the evidence base to support CFP specialty practice</li> <li>• Advocate for quality health care in the CFP specialty at the individual, institutional, community, and systems levels</li> <li>• Demonstrate commitment to social justice; advocate for policies that promote equity</li> </ul>

According to the current ABCFP (ABPP) Exam Manual, a candidate's performance during the oral exam is rated on at least eleven CFP competencies: the eight foundational competencies (Professionalism, Reflective Practice/Self-Assessment/Self-Care, Scientific Knowledge and Methods, Relationships, Individual and Cultural Diversity, Ethical Legal Standards and Policy, Interdisciplinary Systems, Evidence-Based Practice), Assessment, Intervention, and one or more of the remaining six functional competencies (Consultation, Supervision, Teaching, Research/evaluation, Management-administration, or Advocacy).

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**3. Identify professional practice activities associated with the specialty in each of the following domains and how they differentiate and where they might overlap with other specialties.**

**A. ASSESSMENT:**

The most prominent difference between traditional assessment of individuals and CFP assessment is the philosophy of science that underlies both approaches to assessment. Individual assessment is based on a linear Cartesian philosophy of science, while couple and family assessment is based on a nonlinear systems theory. Furthermore, CFP specialists view evaluation and treatment as reciprocal and as an ongoing process throughout the course of treatment. CFP specialists not only assess pathology, but we place an emphasis on the individual's strengths and resiliency that are incorporate into treatment planning and interventions.

CFP assumes that sets of categories exist along continua by which families and larger systems can be assessed to be healthy and functional or unhealthy and dysfunctional. Assessment also may describe types of dysfunction. Various schools of thought in Couple and Family Psychology view problems through their own theoretical perspectives. Some focus on the structure of the family or group, while others focus on sequences that maintain symptoms. Others look at variables such as communication, patterns, cohesion, affection, etc. Assessment of families or groups from a systems perspective may include clinical interviews; family-oriented instruments, projective techniques such as KFD and family TAT; semi-structured approaches such as the family genograms, Beavers-Timberlawn Scale; FACES IV; and lifestyle analysis and birth order.

The core competencies for Couple and Family Psychology in the area of assessment and their assessment methods are described below (Stanton & Welsh, 2011).

Table 4.3: CFP Assessment Competencies (Stanton & Welsh, 2011)

Competency Domain and Essential Component	Behavioral Anchor	Assessment Methods
<p><i>Knowledge:</i></p> <p>(A) Foundational Assessment</p> <p>(A.1) Understands nature of CFP assessment methodology</p> <p>(A.2) Understands the scope of CFP evaluation methods (A.3) Understands the measurement and psychometrics of CFP assessment instruments</p>	<ul style="list-style-type: none"> <li>• Applies a systematic paradigm to CFP assessment and understands the distinction between CFP assessment and traditional psychological assessment</li> <li>• Understand the range of CFP assessment methods</li> <li>• Demonstrates knowledge of the appropriate uses and misuses of CFP assessment methods</li> <li>• Awareness of psychometrics that constitute the various CFP assessment instruments, including strengths and weaknesses of</li> <li>• using the tools in diverse contexts</li> </ul>	<ul style="list-style-type: none"> <li>• ABPP Examination</li> <li>• Coursework or CE</li> <li>• Self-Evaluation</li> <li>• Peer Consultation</li> <li>• Client Feedback</li> <li>• Publication and presentation in scholarly venues</li> <li>• Peer review and consultation</li> <li>• Consultation or supervision feedback</li> </ul>

<p><i>Skills:</i></p> <p>(B) Application of Methods</p> <p>(B.1) Ability to competently use multiple methods of assessment procedures appropriate to CFP (B.2) Demonstrates the ability to apply assessment methods to case conceptualization</p>	<ul style="list-style-type: none"> <li>• Demonstrates the ability to select and use common CFP measurement instruments appropriate to the client's sociocultural context</li> <li>• Demonstrates the ability to apply individual assessment instruments to CFP context</li> <li>• Demonstrates the ability to use CFP assessment methods to arrive at a description and explanation of individual and systemic problems that informs treatment planning</li> <li>• Demonstrates the ability to communicate assessment findings in verbal and written feedback</li> </ul>	<p>Same as above</p>
<p><i>Attitudes</i></p> <p>(C) Assessment Perspective Demonstrates a client- centered assessment perspective</p>	<ul style="list-style-type: none"> <li>• Values assessment as part of the therapeutic process</li> <li>• Values critical thinking, integration of information, and clear presentation of results</li> <li>• Committed to lifelong learning in</li> <li>• the area of assessment</li> </ul>	<p>Same as above</p>

## Differences & Similarities with other Specialties

### *Common Overlapping Areas:*

1. Awareness of Psychometric Properties of Instruments
2. Selection and use of Instruments for specific needs of clients
3. Competency in administration and interpretation of Instrument
4. Use of Instrument to assist in problem formulation
5. Use of Instrument to assist in Treatment Goals

### *Differences:*

1. Application of systemic case conceptualization
2. Application of Instrument to assist in problem formulation *and* strength-based formulation of the case
3. Formulation of hypotheses about interactions between individual factors, interpersonal relationships, and contextual factors
4. Application of Assessment for Systemic Treatment Goals

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**Common Self-Report Instruments and Constructs Assessed in Couple and Family Psychology that demonstrate its uniqueness and difference from other specialties are described in the table below.**

The clinical assessment measures specific to the Specialty are listed in the Table below. Table 4.4:

Common CFP Assessment Instruments

INSTRUMENT	CONSTRUCT
Centripetal/Centrifugal Family Style Scale (Kelsey-Smith & Beavers)	Dependency needs, styles of adult conflict, proximity. Social presentation. Verbal expression of closeness, aggressive/assertive behaviors, expression of positive/negative feelings, internal scapegoating, global family Style
Colorado Self-Report Measure of Family Functioning (Bloom)	Cohesion, expressiveness, conflict, intellectual-cultural orientation, religious emphasis, organization, family sociability, external locus of control, family idealization, disengagement, democratic family style, laissez-faire family style, authoritarian family style, enmeshment
Conflict Tactics Scale (Straus)	Conflict reasoning, verbal aggression, Violence
Dyadic Adjustment Scale (Spanier)	Dyadic satisfaction, dyadic cohesion, dyadic consensus, affective expression
Communication Patterns Questionnaire (Christensen)	Assesses common communication patterns in couples, such as Demand-Withdraw, Mutual Avoidance, and Mutual Escalation

Couple Satisfaction Inventory (Funk & Rogge)	Composite inventory assessing global couple satisfaction that was created to use the most psychometrically sound and sensitive items from existing inventories
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Commitment Inventory (Stanley & Markman)	Assess both constraint commitment (investment, family/friend pressure; social barriers) and personal dedication to Relationship
Enriching Relationship issues, Communication, and Happiness (Olson)	Multiscale inventory assessing marital needs, concerns, problems
Family Adaptability and Cohesion Evaluation Scales IV (Olson, Tiesel, & Gorall)	Family cohesion and adaptability
Family Assessment Measures-III (Skinner, Steinhauer, & Santa-Barbara)	Task accomplishment, role, performance, communication, affective expression, affective involvement, control, values and norms
Family Emotional Involvement & Criticism Scale (Shields, Franks, Harp, McDaniel, & Campbell)	Expressed emotion, perceived criticism, emotional involvement
Family Environment Scale (Moos & Moos)	Cohesion, expressiveness, conflict, independence, achievement orientation, intellectual-cultural orientation, active-recreational orientation, moral-religious emphasis, organization, control
Family Inventory of Life Events and Changes (McCubbin, Patterson, & Wilson)	Intrafamily strains, marital strains, pregnancy and child bearing strains, finance and business strains, work-family transitions and strains, illness and family care strains, losses, transitions, legal strains
Global Assessment of Relational Functioning (Yingling, Miller, McDons, & Galewaler)	Problem-solving/interactional skills, family organization and structure, family attitudes of belonging
Marital Adjustment Test (Locke & Wallace)	Marital satisfaction, cohesion
Marital Disaffection Scale (Kayser)	Loss of positive emotions toward spouse

Marital Satisfaction Inventory-Revised (Snyder)	Global distress, affective communication, problem solving, aggression, time together, disagreement about finances, sexual dissatisfaction, role orientation, family history of distress, dissatisfaction with children
McMaster Family Assessment Device (Epstein, Baldwin, & Bishop)	Problem solving, communication, roles, affective responsiveness, affective involvement, behavior control, general Functioning
Parenting Stress Index (Abidin)	Child adaptability, acceptability of child to parent, child demandingness, child mood, child distractibility/hyperactivity, child reinforces parent, parent depression, parent attachment, restrictions imposed by the parent role, parental sense of competence, social isolation, relationship with spouse, physical health

Personal Authority in the Family System Questionnaire (Bray, Williamson, & Malone)	Spousal intimacy, spousal fusion/individuation, nuclear family triangulation, intergenerational intimacy, intergenerational intimidation, personal Authority
Premarital Personal and Relationship Evaluation Program (Olson)	Identification of needs and concerns of premarital couples
Relational Assessment Measure for Same-Sex Couples (Burgoyne)	Conflict resolution, cohesion, affection, sexuality, identity, compatibility, autonomy, expressiveness, social desirability
Self-Report Family Inventory (Beavers, Hampson, & Hulgus)	Family health, conflict, family communication, family cohesion, expressiveness, directive leadership
Systematic Assessment of the Family Environment (Yingling, Miller, McDonald, & Galewaler)	Organizational structure and interactional processes

## **B. INTERVENTION:**

In addition to core professional training in individual-based interventions, Couple and Family Psychology requires training in a broad range of treatment interventions including, but not limited to:

psychodynamic, structural, strategic, Bowenian, cognitive/behavioral, intergenerational, communication, psychoeducational, systemic, contextual, solution-focused, experiential, narrative, problem-solving, integrative models, and evidence based treatment programs. Current evidence based treatments (Multisystemic Therapy, Functional Family Therapy, Multidimensional Family Therapy, Commitment Therapy, Emotionally focused Couple therapy, among many) are CFP based intervention programs. The distinctiveness of the specialty is noted by the table below outlining the Intervention Competency Domain and its behavioral and assessment markers described in the Table below.

Table 4.5: CFP Assessment Competencies (Stanton & Welsh, 2011)

Competency Domain and Essential Component	Behavioral Anchor	Assessment Methods
<ul style="list-style-type: none"> <li>• <i>Knowledge</i></li> <li>• Knowledge of CFP evidence-based practice (EBP) and specialty intervention with competency in the application of EBP to issues and populations</li> </ul>	<ul style="list-style-type: none"> <li>• Understand and capably utilize a systemic framework for specialty intervention</li> <li>• Demonstrate advanced knowledge of specialty EBP</li> <li>• Understand common factors in CFP interventions</li> <li>• Demonstrate advanced level of</li> </ul>	<ul style="list-style-type: none"> <li>• ABPP examination and Maintenance of Certification</li> <li>• Ongoing status for practice through licensure</li> <li>• Continuing education in CFP interventions</li> <li>• Peer consultation and clinical case review</li> <li>• Client feedback</li> <li>• Self-evaluation</li> <li>• Consultation and</li> </ul>
	<ul style="list-style-type: none"> <li>• knowledge in the specialty interventions, including which interventions apply to particular treatment issues and/or populations</li> </ul>	<ul style="list-style-type: none"> <li>• supervision feedback</li> <li>• Publication and presentation in peer reviewed venues</li> </ul>

<p><i>Skills</i></p> <ul style="list-style-type: none"> <li>• Ability to accurately select, implement, and evaluate intervention</li> </ul>	<ul style="list-style-type: none"> <li>• Ability to review the case conceptualization, select prioritized intervention goals, and provide a rationale for the treatment plan that is understood and accepted by the client(s)</li> <li>• Ability to select interventions appropriate to the issue/population</li> <li>• Ability to demonstrate CFP common factors in treatment</li> <li>• Ability to provide the intervention in a manner consistent with its theoretical and/or evidence-based formulation</li> <li>• Independently evaluate treatment progress and outcomes</li> <li>• Ability to modify the intervention to meet specific needs of clients and/or emerging circumstances during treatment</li> <li>• Collaborate effectively with other treatment providers</li> <li>• Seek consultation when needed to ensure treatment outcomes</li> </ul>	<p>Same as above</p>
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<p><i>Attitudes</i></p> <ul style="list-style-type: none"> <li>• Value the role of research in intervention and independently study intervention research</li> </ul>	<ul style="list-style-type: none"> <li>• Value intervention research and lifelong learning to remain current in intervention research</li> <li>• Value self-evaluation, peer-review, and</li> <li>• client feedback in specialty practice</li> </ul>	<p>Same as above</p>
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In addition, there are distinctive clinical techniques commonly associated with intervention in couple and family psychology.

1. *Genogram*: A genogram is a diagram that illustrates at least three generations of the client's family: spouse and children, if any; siblings; parents; and grandparents. Specific information about births, deaths, marriages, divorces, etc. is recorded on the diagram. In addition, important relationships also are depicted. The multigenerational genogram provides a relationship context within which the presenting problem and the current functioning of the family can be understood (see Guerin & Pendagast, 1976, Foley, 1984; McGoldrick, Gerson, & Petry, 2008). When working with families in larger systems, an organizational genogram reflects explicit and implicit power relationships and important events in the history of the relationship between the family (or families) and the organization. This broad perspective provides a systemic focus for the consultation.
2. *Circular Questioning*: Circular questioning is a technique in which the therapist asks each person in a family (or larger setting) a question about how another family member thinks or behaves. Each member is asked the same question successively. Members are invited to comment on the answers that other members have given. One member might be asked to predict how another member would respond. The prediction, then, can be compared with the other members' actual responses. This technique illuminates coalitions, consensus, and conflict. All members of the system, then, are able to observe how each member affects other members. The interrelatedness of feelings and behaviors are reflected back to the family (or group). It becomes possible for individual members to begin to see the part they play in the functioning of others. For example, each family or group member could be asked why another family member thinks the family has come to treatment. The agreements and disagreements, the comments that some members make about the responses of others illuminate important forces which will become available for both change and resistance. In a family-school setting, both parents and school staff could be asked why the other feels efforts to work collaboratively in the past have succeeded or failed. Past misunderstandings or conflict can be given an opportunity to surface and be worked through more successfully. Prior successes can be underlined to provide hope for the future (see Fleuridas, Nelson, & Rosenthal, 1986; Palazzoli Selvini et al., 1980; Penn, 1982; Tomm, 1984).
3. *Enactment*: Enactment is a technique that enables the family or group to act out the presenting problem in the session. The Couple and Family Psychologist can observe the interactional patterns and begin to analyze how these patterns are sustaining the problem, even as the family or group

attempts to solve it. Care must be taken not to allow conflict to escalate during this procedure. It also is important for the Couple and Family Psychologist not to ally with any position but to maintain a neutral or multipartial stance. This technique also is appropriate for use in larger groups where conflict is high. For example, when there is a conflict between students and teachers, it is helpful to enact an example of student-teacher confrontation in a large family-school meeting.

Enactment provides an opportunity for each constituency to feel heard by presenting their point of view. However, it simultaneously forces each constituency to hear the opposition's viewpoint.

4. *Reframing*: Reframing refers to changing the meaning attributed to an act, person, or situation. When individuals, couples, or families present for therapy, they have often decontextualized the problem by attributing it to one person. In short, one member of the couple or family is seen as the identified patient. A Couple and Family Psychologist wants the couple or family to see how the problem is embedded within their system and causes pain to all members. To accomplish this goal, the Couple and Family Psychologist uses reframing to bring about a systemic definition of the problem. This process facilitates the couple or family becoming amenable for therapy. Reframing may bring about behavioral change in addition to a perceptual change or it may simply provide the foundation for the use of other systems oriented techniques. When working in a broader setting, reframing operates in a similar fashion to block the reciprocal blaming process that polarizes people and inhibits change. For example, parents and teachers often blame each other for the failure of a child to learn. A Couple and Family Psychologist might reframe a parent's angry complaint about her child's failure to learn as an expression of fear and concern for her child. The goal would be to enable the teacher to perceive the parent as anxious and worried, rather than aggressive and disrespectful. If the teacher could reframe his understanding of the parent, he could avoid the temptation to counterattack, and move toward the parent in a collaborative fashion (Sexton, 2010).
5. *Directives*: Couple and Family Psychologists are active and directive in their work. A directive is a request for behavioral change. There are two types of directives--linear and paradoxical. A linear directive is a common-sense request that systematically creates a change in the system in a step-wise fashion. The use of these techniques assumes a high degree of patient compliance. A number of these techniques include: attentive listening, interpreting, utilizing myths, metaphors, role playing and role taking, family conferences, etc. The second type of directive is paradoxical. A paradoxical directive is an indirect request for behavioral change and is based on the relational understanding of the interpersonal dynamics between the therapist and patient and/or family. The patient is expected to change without the therapist appearing to make such a request. These interventions are used after linear directives have failed and when the patient is non-compliant and symptoms are under voluntary control. A few of these techniques include: symptom prescription, symptom scheduling, symptom exaggeration, restraining, predicting relapses, prescribing relapses, prescribing no change, negative consequences of change, positioning, and making the symptom an ordeal.
6. *Family Sculpting*: Family sculpting allows a family member or a member of a larger system to recreate his/her view of the family or group in space and position by arranging persons in the room to represent the system. Body posture, relative positions, and any actions shown relate to group dynamics. The process allows for the examination of dimensions of closeness/distance and power within the family or organization (see Foley, 1984; Papp, Silverstein, & Carter, 1973).



7. *Family or Group Rituals:* Rituals are a way of organizing behavior. Shared rituals and traditions are important aspects of healthy families and organizations. Rituals enhance group identity and allow members to deal with transition such as loss, change, and growth. Family Psychologists work to identify, enhance, or create new rituals for families and organizations (see Becvar & Becvar, 1993; Boscolo, Cecchin, Hoffman, & Penn, 1987; LaFarge, 1982; Nichols & Schwartz, 1991).

There are also a number of specific differentiating treatment programs that are common to Couple and Family Psychology. The table below describes a sample to illustrate the range and depth of treatment programs available in the specialty.

Table 4.6: Couple and Marital Treatment Programs

Intervention Title	Description
Traditional Behavioral Couple Therapy	A behavioral approach to couple therapy that uses behavioral strategies such as increasing positive interactions/behaviors and teaching communication skills
Cognitive Behavioral Couple Therapy	A CBT couples approach that uses both traditional behavioral couples interventions and cognitive restructuring treatment strategies to improve couple's relationships
Integrative Behavioral Couple Therapy	A behavioral approach to couple therapy that integrates both acceptance and change techniques to reduce couple distress
Emotions-Focused Couple Therapy	An emotions-focused approach to couple therapy that is based in attachment theory and encourages couples to express and process hidden and vulnerable emotions that underly problematic interaction
The Marriage Checkup	A brief two-session intervention that is based on both motivational interviewing and Integrative Behavioral Couple Therapy.
Broad Spectrum TX and Naltrexone for alcohol dependence	3 to 6 month manualized TX program utilizing CBT with naltrexone to treat adults with alcohol dependence
Child-Parent Psychotherapy (CPP)	Intervention for young children who have experienced trauma and parents

Multi-Family Psychoeducational Psychotherapy	Group TX for couples and families of children and adolescents with a mood spectrum disorder
Prevention and Relationship Enhancement Program	Marital and relationship education intervention that teaches communication, working as a team, problem solving, managing conflicts, preservation and enhancement of commitment and friendship

Relapse Prevention Therapy	Behavioral self-control program
Solution-Focused Group Therapy	Strength based intervention for the TX of mental and substance use disorders
Alcohol Behavioral Couple Therapy	TX is based on intimate partner behaviors and couple interactions that can be triggers for drinking
Behavioral Couples Therapy for AoD	TX is based on the assumption that intimate partners can reward abstinence and reduce relationship distress resulting in less risk for relapse
Healing Our Women	Psychoeducational intervention for HIV positive women who have a history of child sexual abuse
Partners for Change Outcome Management System	A client feedback program for improving the TX outcomes of adults and children
Relationship Smarts Plus	Designed to help youth ages 14 to 18 gain knowledge about making good decisions about forming and maintaining healthy relationships
Teaching Students to be Peacemakers	A school-based program that teaches conflict resolution procedures and mediation skills

Table 4.7: Family Based Intervention

Intervention Title	Description
Adolescent Community Reinforcement Approach	A behavioral intervention approach that seeks to replace environmental contingencies that have supported AoD with prosocial activities

AMikids Personal Growth Model	A comprehensive approach for 10 to 17 year old youth adjudicated delinquent in lieu of incarceration or residential TX
Attachment-Based Family Therapy	TX for ages 12 to 18 that is designed to treat major depressive disorders, eliminate suicidal ideation, and reduce dispositional anxiety
Brief Strategic Family Therapy	Designed to prevent, reduce, and treat adolescent behavior problems, improve prosocial behaviors, and improve family functioning
Children of Divorce Intervention Program	A school-based intervention program for ages 5-14 who are dealing with the challenges of parental separation and divorce
CBT for Adolescent Depression	A developmental adaptation incorporating

	family systems to treat adolescent depression using classic cognitive therapy models
Cognitive Processing Therapy for PTSD	CBT therapy incorporating family systems used to treat older adolescents and adults with PTSD
Combined Parent-Child CBT: Empowering Families Who Are at Risk for Physical Abuse	A structured TX program for children ages 3-17 and their parents/caregivers in families where parents engage in a continuum of coercive parenting strategies
Community Reinforcement and Family Training	Intervention designed to help a concerned significant other facilitate treatment entry for an AoD treatment-refusing individual
Computer-Assisted System for Patient Assessment and Referral	A comprehensive assessment and services planning process for AoD
Emergency Room Intervention for Adolescent Females	A program for 12-18 year old girls admitted to the ER after a suicide attempt that involves one or more family members who accompany her to the ER
Families and Schools Together	A 2-year multi-family group intervention based on social ecology theory, family systems theory, and family stress theory

Family Behavior Therapy	Family based TX aimed at reducing AoD in adults and youth with problems such as depression, AoD, family discord, school and work attendance, and youth conduct problems
Family Centered TX	A family preservation program for juvenile offenders and their families
Family Support Network	Aod TX for ages 10-18 that includes a family component, adolescent-focused CBT, and Case Management
Family Intervention for Suicide Prevention	CBT family intervention for ages 10-18 presenting in ER with suicidal ideation or after a suicide attempt
Functional Family Therapy	Family based intervention for ages 13-19 with AoD and delinquency, HIV risk behaviors, depression, or other behavioral/mood disorders
Living in Balance	Manual based intervention program emphasizing relapse prevention
Motivational Enhancement Therapy and CBT for Adolescent Cannabis Users and Other Substance Users	Brief intervention incorporating the family tested at four TX sites within the Cannabis Youth TX Study
Multi-Family Psychoeducational Psychotherapy	Group TX program for families of children and adolescents with depressive or bipolar spectrum disorders
Multidimensional Family Therapy	Multisystemic family-based outpatient

	or partial hospitalization program for AoD adolescents with comorbid mental disorders
Multisystemic Therapy (MST) for Juvenile Offenders	TX focuses on each youth's social network that are contributing to antisocial behavior
MST for youth with Problem Sexual Behaviors	MST specifically targeted to adolescents who have committed sexual offenses and demonstrated other problem behaviors
Network Support TX for Alcohol Dependence	Manualized TX program to increase participation in AA, increase abstinent social network, increase self-efficacy, and improve coping strategies

Parent-Child Interaction Therapy	TX program for young children with behavior problems that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns
Parenting Wisely	Interactive, computer-based training programs for parents of children ages 3-18 based on social learning, cognitive-behavioral, and family systems theories
Parenting with Love and Limits	Combines group therapy and family therapy to treat children and adolescents ages 10-18 who have severe emotional and behavioral problems (conduct disorder, oppositional defiant disorder, ADHD,) and frequently comorbid depression, AoD, chronic truancy, destruction of property, domestic violence, or suicidal ideation
Partners with Families and Children: Spokane	Services to families with children under 30 months old at risk for child maltreatment
Real Life Heroes	Designed for use in child and family agencies to treat attachment loss, and trauma issues resulting from family violence, disasters, severe child maltreatment, and PTSD
Reinforcement-Based Therapeutic Workplace	Practical application of contingency management theory in the Workplace
Short-Term Interpretive Group Therapy for Complicated Grief	Intervention for adults who meet criteria for complicated grief
Solution-Focused Group Therapy	Strength-based group intervention for treatment of mental and AoD disorders that focuses on building solutions to reach desired goals
Surviving Cancer Competently Intervention Program	Intensive 1-day family group TX intervention designed to reduce the distress associated with PTS (D) symptoms in teenage survivors of childhood cancer and

	their parents/caregivers
Systematic Training for Effective Parenting	Skills training for parents dealing with frequently encountered challenges with their children that often result from autocratic parenting styles
Systems Training for Emotional Predictability and Problem Solving	Manual-based TX program for adults with Borderline Personality Disorder
The Seven Challenges	Designed to treat adolescents with AoD and other behavior problems
Treatment Foster Care Oregon, formerly known as Multidimensional Treatment Foster Care	Community-based intervention for ages 12-17 with severe and chronic delinquency and their families
Triple P - Positive Parenting Program	Multilevel system of parenting and family support strategies for families with children from birth to age 12 with extensions to families with children 13-16.

As noted in Section 1, many of these programs appear on the SAMSHA Evidence Based Practices List indicating strong research support and implementable programs. Couple and Family Psychology is well represented in this list. In addition to the SAMHSA resources, CRSPPP is also referred to previously cited works of Lebow (2014) that has chapters on Strategies and Techniques in Intervention, and Specific Strategies for Specific Problems. Sexton, Datchi, Evans, LaFollette, and Wright (2013) in the classic Bergin and Garfield's Handbook of Psychotherapy and Behavior Change, 6<sup>th</sup> Ed. summarize empirically supported treatment in Couple and Family Psychology. Bray and Stanton (2009) also address Couple and Family Therapy treatment models for specific problems, as does Carr (2014) in two articles that review evidence based couple therapy, family therapy, and systemic interventions for adult-focused problems, and family therapy and systemic interventions for child-focused problems. In addition, these programs, assessment approaches, and intervention techniques are highlighted in the upcoming Handbook of Contemporary Family Psychology (in press). These resources have all been cited earlier in the CRSPPP Renewal.

### Differences & Similarities with other Specialties

#### *Common Areas:*

1. Knowledge and application of evidence-based practices for specific problems and populations
2. Importance of therapeutic alliance
3. Importance of understanding alliance ruptures
4. The personal qualities and characteristics of the therapist
5. Goal setting
6. Developing and implementing positive and realistic expectancies
7. Attending to the stages of change
8. Feedback

### *Differences between specialties*

1. Maintaining a systemic epistemology
2. Maintaining a relational frame and multisystemic focus
3. Mixing individual, couple, and family session formats with specific attention to informed
4. Consent and Confidentiality parameters
5. Managing sessions where a therapeutic alliance must be established with multiple people
6. Engaging Positive Family Process
7. The intensity and frequency of sessions varies more than individual treatment
8. Creating structures that help families maintain treatment gains
9. Adapting to client culture and context that recursively interacts with systems and subsystems
10. Awareness of alliances in family systems

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#### **D. CONSULTATION:**

Couple and Family Psychology requires the ability to consult with a wide range of clients regarding systemic issues and solutions to systemic problems. CFP requires knowledge pertaining to the functioning of systems in general, as well as characteristics of particular areas of concentration (e.g., schools, family business, primary medical care).

The unique focus of the Couple and Family Psychologist is represented by the competencies, related behavioral anchors and assessment points in the Table below.

Table 4.9: CFP Consultation Competencies

Competency Domain and Essential Component	Behavioral Anchor	Assessment Methods
<ul style="list-style-type: none"> <li><i>Knowledge</i></li> <li>Knowledge of CFP consultation theory, research, findings, roles, assessment, and methodology</li> </ul>	<ul style="list-style-type: none"> <li>Understand and capably articulate the application of systemic epistemology to consultation with individuals, groups, or organizations</li> <li>Demonstrate theoretical and scientific knowledge of consultation models in CFP and knowledge of the field in which the consultation is provided</li> <li>Demonstrate the understanding of roles, assessment methodologies, and intervention methodologies for CFP consultation</li> </ul>	<ul style="list-style-type: none"> <li>Graduate course work assignments and exams</li> <li>Postdoctoral and/or postdoctoral applied assignments and evaluation</li> <li>Self-evaluation</li> <li>Supervision feedback</li> <li>Peer review</li> <li>Continuing education in CFP consultation</li> <li>Client feedback</li> <li>Publication and presentation in scholarly venues</li> </ul>

<p><i>Skills</i></p> <p>Ability to conduct effect CFP consultations, needs assessments, provide reports and recommendations, conduct effective interventions</p>	<ul style="list-style-type: none"> <li>Ability to apply systemic orientation and research to conduct a needs assessment using appropriate assessment methodologies and devices to provide focus to the referral questions</li> <li>Ability to prepare written and verbal reports that include cogent recommendations to address the referral question and the results of the needs assessment</li> <li>Ability to implement interventions based on organizational approval of recommendations using relationship skills</li> </ul>	<p>Same as above</p>
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	<ul style="list-style-type: none"> <li>• Ability to demonstrate ethical and diversity competencies in consultation</li> </ul>	
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There are a wide range of specific consultation areas that are unique to the Couple and Family Psychologist.

- *Professional Practice Activities:* Couple and Family Psychologists may consult and/or be independent contractors in a variety of professional settings, but the most common are: Education and School-Based Consultation, Health Care Consultation, Family Forensic Consultation (Domestic Relations, Juvenile Court, and Probate Court), and Family Business Consultation.
- *Education and School-Based Consultation:* Families and schools recursively interact to maximize socialization and education of students (Carlson, Funk, & Nguyen, 2009). CFP specialists share a foundation in systemic conceptualization with the specialty of school psychology, and there is overlap between the two specialties. CFP specialists provide assessment and interventions to enhance the quality of the home-school relationship with evidence that parental involvement in a child's education, and parenting style are likely to result in better educational outcomes (Carlson et al., 2009). Carlson and Christenson (2005) provide an overview of consultation models designed to improve home-school collaboration. One model, EcoFIT, provides a family-centered approach to parental management of student behavior and addresses the social interactions around child behavior and child mental health (Dishion & Stromshak, 2009).
- *Health Care Consultation:* McDaniel, Doherty, and Hepworth (2013) cited earlier in the CRSPPP renewal, describes in detail the field of medical family therapy with a focus on the impact of recent structural changes in health care on the role of the medical family therapist. They describe how medical and mental health providers can learn to speak the same language, whether they collaborate in outpatient therapy, co-location settings, community health centers, or fully-integrated health systems. They also take into account new advances in fertility treatments and genomic medicine, and assess the medical family therapist's role in navigating conflicts that can arise in families dealing with these and similar issues. Mercer University has developed a Ph.D. and Psy.D. in Clinical Medical Psychology in response to the need for more psychologists collaborating with other healthcare providers to provide whole-person healthcare for patients. This program focuses on the interface between psychology, health, and disease. The program will be eligible to apply for APA accreditation in the 2016-2017 academic year.
- *Family Forensic Consultation:* Family forensic psychology has been defined as "a special application of couple and family psychology and forensic psychology that provides expert-level services to families involved with the legal system, their attorneys, and the courts" (Welsh, Greenberg, & Graham-Howard, 2009, p. 703). Practice areas in Family Forensic Psychology was summarized in Welsh and Stanton, (2011), p. 135.
- *Family Business Consultation:* Couple and Family Psychologists are uniquely qualified to provide consultation services to family businesses by virtue of their education and training in systems theory and family dynamics (Kaslow, 2006) cited earlier. Consultants function in the interface between three areas (circles): ownership/governance system, the business system, and

the family system (Hilbert-Davis & Dyer, 2006). Consultants function in the interface between these three areas to create structures, develop processes, and produce policies and procedures that help manage systemic interaction between the three systems of family business.

### **Commentary on Overlap and Differentiation in Consultation:**

- Couple and Family Psychologists and School Psychologists overlap in their consultative roles in schools. They may differ with different emphases on academic outcome criteria (School Psychologists) and the integration of the family system to achieve academic improvement (Couple and Family Psychologists).
- There is an overlap in health care consultation with other specialties such as, but not limited to, clinical, neuropsychology, pediatric psychology, geropsychology, and rehabilitation psychology. Couple and Family Psychology, however, provides a unique perspective on the role of the family in patient care. The importance of the family in medicine has also been recognized by the American Medical Association with a specialty in Family Medicine. Similar to Couple and Family Psychology, Family Medicine is concerned with the total health care of the individual and family, the scope of practice is broad, yet it is a precise discipline, integrating a unique blend of biomedical, behavioral, and social sciences.
- Family forensic psychology also overlaps with the obvious, forensic psychology. Other specialties such as clinical, counseling, and clinical child-adolescent psychology also may provide consultation in Family Forensic Psychology. The training, however, of a Couple and Family Psychologist provides a unique systemic epistemology perspective in the practice areas in domestic relations, juvenile, and probate courts.
- Family business consultation overlaps with Division 14, Society for Industrial and Organizational Psychology. The distinctive unique contributions, however, of Couple and Family Psychologists focus on the integration of the three circles defined by Hilbert-Davis and Dyer (2006).

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## **E. SUPERVISION:**

Supervision is a core component of training and ongoing clinical quality assurance. Supervision in Couple and Family Psychology requires a knowledge of a broad range of Couple and Family Psychology models/schools/techniques as well as the impact of issues of diversity (ethnic, gender, SES, sexual orientation, ability, etc.). Supervision is particularly important in CFP since multiple members of the system being treated can be overwhelming. Live supervision with a supervisory team observing behind a one-way mirror is a common and distinctive practice. The text by Todd and Storm (2014) has been recently cited as the definitive text for the systemic supervisor.

Supervision is a Functional Competency identified and incorporated as a core competency by the

Assessment of Competency Benchmarks Work Group convened by the APA Board of Educational Affairs in collaboration with the Council of Chairs of Training Councils (June 2007). This competency is succinctly defined as the provision of supervision and training in the professional knowledge base and of the evaluation of the effectiveness of various professional activities. The distinctive nature of Couple and Family Psychology supervision is illustrated in the competency, behavioral anchors and assessment points noted in the table below.

Table 4.10: CFP Supervision Competencies

Competency Domain and Essential Component	Behavioral Anchor	Assessment Methods
<ul style="list-style-type: none"> <li>• <i>Knowledge</i> <ul style="list-style-type: none"> <li>• Knowledge of supervision in CFP specialty and knowledge of State or Provincial Board of Psychology's requirements for supervision</li> <li>• Demonstrate advanced knowledge of CFP competencies</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Knowledge of systemic concepts and theories applicable to teaching in a supervisory setting</li> <li>• Knowledge of supervision models, theories, modalities, and research in CFP supervision</li> <li>• Knowledge of theories, research, and methods to facilitate supervisee developmental progression in psychology competencies</li> <li>• Knowledge of foundational and, functional competencies, and ethics and diversity</li> <li>• Knowledge of identified developmental markers and competency levels expected of supervisees at specific stages of training</li> </ul>	<ul style="list-style-type: none"> <li>• ABPP examination</li> <li>• Exemplary work performance</li> <li>• Self-evaluation</li> <li>• Ongoing supervision of supervision and consultation</li> <li>• Peer consultation</li> <li>• Continuing education in supervision and CFP competencies</li> <li>• Formal written supervisee feedback and evaluation</li> <li>• Publication and presentation in scholarly venues regarding supervision</li> </ul>

<p><i>Skills</i></p> <ul style="list-style-type: none"> <li>• Provide effective CFP supervision</li> <li>• Application of systemic epistemology to CFP supervision</li> <li>• Ability to facilitate student development through CFP supervision</li> </ul>	<ul style="list-style-type: none"> <li>• Skilled at applying systemic concepts, modalities, and research to teach systemic thinking about CFP practice</li> <li>• Ability to teach CFP competencies in the context of supervision</li> <li>• Ability to form a supervisory alliance, maintain boundaries and power differential, and accurately assess skills, developmental level, and training needs</li> <li>• Provide effective feedback and monitor progress in a supportive manner</li> <li>• Ability to identify and remediate problems of CFP competence</li> </ul>	<ul style="list-style-type: none"> <li>• Same as above</li> </ul>
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<ul style="list-style-type: none"> <li>• <i>Attitudes</i></li> <li>• Commitment to growth in self and supervisees</li> <li>• Commitment to professionalism</li> </ul>	<ul style="list-style-type: none"> <li>• Value self-evaluation and invite peer review and supervisee feedback regarding the supervision experience</li> <li>• Commitment to providing and environment where supervisees can realize their professional and personal potential</li> <li>• Commitment to displaying the highest levels of professionalism including integrity, respect for others, and professional courtesy</li> <li>• Value ethical and legal specialty practice and ensure personal and supervisee compliance with all relevant laws and ethical standards related to supervision</li> </ul>	<ul style="list-style-type: none"> <li>• Same as above</li> </ul>
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### Similarity and Differences with other Specialties: Supervision

Essentially, the overlap and differentiation in supervision has been incorporated above. The essential components of the Supervision competency for Health Service Psychologists are: (a) be knowledgeable about theories, models, and effective practices in supervision, and (b) apply this knowledge to the supervision of direct service delivery by trainees and other health care professionals. For Couple and Family Psychology, the content and process of supervision (e.g., theories, models, and effective practices) is consistent with a systemic epistemology and with the other competencies required for specialty practice. For example, live supervision is widely accepted as an effective supervision practice for helping trainees learn to make, sustain, and repair systemic therapeutic alliances. Celano, Smith, and Kaslow (2010) focused on the intervention competency domain and provided an overview of eight essential components of couple and family therapy: developing a systemic formulation, forging a systemic therapeutic alliance, understanding family-of-origin issues, reframing, managing negative interactions, building cohesion/intimacy/communication, restructuring/parenting, and understanding and applying evidence-based couple and family therapy models.

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## **F. RESEARCH AND INQUIRY:**

Couple and Family therapy is a distinct clinical process with a systemic focus that calls for complex research and statistical tools to capture the multidimensional and relational nature of therapeutic change. Despite the challenges of studying couple and family therapy, research has produced substantial evidence about the clinical utility of family-based programs (Sexton, Robbins, Hollimon, Mease, Mayorga, 2003; Sexton, Datchi, Evans, Lafollette, Wright, 2013; Sprenkle, 2012). Family therapy science has evolved from a focus on the efficacy and effectiveness of the broad modality of couple and family therapy to the study of specific interventions and treatment models and the mechanisms that produce positive outcomes in “real life” clinical settings. Current couple and family therapy intervention research focuses on the efficacy and effectiveness of well identified treatment techniques and intervention programs, the underlying processes of change and the factors that moderate the effects of treatment, in order to refine clinical protocols and improve practice. Research and Inquiry in Couple and Family Therapy requires skills in a variety of research methodologies and techniques including quantitative, qualitative, and meta-analytic approaches. More recently the scope of intervention science has expanded to include knowledge gained from translational studies about the implementation of treatment models in clinical settings and the better ways to match organizational and service delivery needs while replicating interventions and models with fidelity and producing consistently good outcomes (Datchi & Sexton, 2015).

The holistic approach of a systemic epistemology favors a broad definition of data and a range of methods to accumulate the data. Sexton, Hanes, and Kinser (2010) focus on the definition of research as a “systemic, inquiry-based, and knowledge-producing set of methods and skills” (p.166) for the purpose of neutralizing and setting aside the common tendency to distinguish or disparage quantitative or qualitative methods into separate camps. It is important for Couple and Family Psychology research to avoid reductionism in order to examine the complexity of human experience (Stanton, 2009). Goldenberg and Goldenberg (2013) conclude that outcome research, including both efficacy and effectiveness studies, having established that marital and family therapy are beneficial, has turned its attention to evidence-based practices—what specific interventions work most effectively with what client populations. Evidence-based family therapy is likely to become increasingly prevalent as efforts are under way to make healthcare delivery more effective and cost-efficient. Evidence-based practices in Couple and Family Psychology have been identified and already referenced in the CRSPPP Renewal (Lebow, 2014, Sexton et al, 2013). Gilgun (2009) discussed the importance of qualitative approaches to enhance theory-building and hypothesis-testing, rich descriptions of family phenomena, close analysis of texts, and items for various types of measurement tools and surveys. Qualitative research also offers family psychologists the opportunity for multi-method social research. Black and Lebow (2009) discuss systemic research controversies and challenges. They conclude that Couple and Family Psychology uniquely challenges conventional thinking, allowing for the development of new ideas and improvements on existing methods. The weakness of this identity is, in itself, challenging

and in some respects counter-intuitive, as this unique identity has some inherent risks of negating principles and thoughts that may advance the field. They saliently state that the specialty of Couple and Family Psychology needs to develop a both/and approach to research, epistemologies, and methodologies, rather than a reactionary either/or approach that may exclude the importance of a “both/and” approach to research.

Researchers also must be well-trained in various therapeutic models to ask relevant and useful research questions. As a core competency of Couple and Family Psychology, the unique knowledge, behavioral indicators and assessment points are listed in the table below.

Table 4.11: CFP Research Competencies

Competency Domain and Essential Component	Behavioral Anchor	Assessment Methods
<i>Knowledge</i> 1) Command of specialty epistemology, scientific knowledge, and scientific methods (research design and statistical methods of analyzing data)	a) Demonstrate advanced knowledge and capably articulate a systemic epistemology, including a systemic paradigm of key concepts, as well as the critiques and contemporary variations on a systemic orientation b) Demonstrate advanced level of CFP scientific knowledge and scientific methods c) Demonstrate advanced level of understanding regarding application of CFP epistemology and science to specialty practice	1. ABPP Examination 2. Ongoing status for practice through licensure and Maintenance of Certification through ABPP 3. Self-evaluation 4. Client feedback 5. Peer review and consultation 6. Continuing education 7. Consultation or supervision feedback 8. Publication and presentation in scholarly venues

<p><i>Skills</i></p> <ul style="list-style-type: none"> <li>Scientific foundation of CFP practice that incorporates the intentional inclusion of CFP concepts, scientific knowledge, and scientific methods in all aspects of the specialty activity</li> </ul>	<ul style="list-style-type: none"> <li>Ability to think systemically and demonstrate systemic mental habits</li> <li>Ability to apply systemic orientation to all CFP competencies</li> <li>Ability to apply specialty knowledge and scientific methods to all CFP competencies</li> </ul>	<ul style="list-style-type: none"> <li>Same as above</li> </ul>
<ul style="list-style-type: none"> <li><i>Attitudes</i></li> <li>Maintain commitment to scientific contributions that independently value and apply CFP theory and scientific methods to specialty practice</li> </ul>	<ul style="list-style-type: none"> <li>Awareness of epistemological options and ability to transition between paradigms in specialty practice</li> <li>Independent attitudes that demonstrate commitment to scientific values related to specialty practice</li> <li>Conduct self-evaluation and invite peer review of specialty practice (CRSPPP)</li> </ul>	<ul style="list-style-type: none"> <li>Same as above</li> </ul>

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Comment on Overlap and Differentiation in Research and Inquiry: Sexton et al. previously cited identified four common markers in research: (a) scientific mindedness; (b) curiosity and openness (careful inquiry and nondefensive response to findings, even if they challenge existing knowledge); (c) recognition of ambiguity and the evolution of knowledge (knowledge is complex and dynamic, so clinicians must recognize the limits of current scientific knowledge while respecting and applying it); and (d) willingness to embrace the dialectical nature of science and practice (refusal to side with practice or science alone, but active pursuit of means for each to inform the other). The hallmark of

Couple and Family Psychology research and inquiry is the capacity and ability of the specialty to apply systemic epistemology consistently and thoroughly to research questions.

**G. PUBLIC INTEREST & ADVOCACY:**

Couple and Family Psychology requires training in professional and research ethics and knowledge of current national events that impact mental health. Active involvement with or knowledge of public policy implications for mental health also is encouraged. The specific competency, behavioral anchor and assessment points are described in the table below.

Table 4.12: CFP Public Interest Competencies

Competency Domain and Essential Component	Behavioral Anchor	Assessment Methods
<p><i>Knowledge</i></p> <ul style="list-style-type: none"> <li>• Command and insight into the changing nature and needs of American and international couples, families, and systems</li> <li>• Command and insight into the global/international changing needs of couples, families, and systems</li> <li>• Insight into the broader sociodemographic contexts in which couples, families, and other systems are embedded</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrate advanced knowledge of CFP epistemology to the public needs of the evolutionary changes in understanding, assessing, treating, and research of couples, families, larger macrosystems, and the cultural context in which they are embedded</li> <li>• Regularly and systematically review the American Psychological Association's Public Interest Directory</li> <li>• Review Annual Reports from the Committee on Children, Youth, and Families</li> </ul>	<ul style="list-style-type: none"> <li>• ABPP Examination and Maintenance of Certification</li> <li>• Self-reflection and evaluation</li> <li>• Peer review and consultation</li> <li>• Continuing education</li> <li>• Publication and presentation in scholarly venues</li> <li>• Contributions of Division 43, Society for Couple and Family Psychology's Public Interest and Diversity Vice President and Committee</li> <li>• American Psychological Association's Policy Statements and Resolutions Related to Children, Youth, and Families: Child and Adolescent mental health and wellbeing, International, Child Abuse and Neglect, Education, Violence</li> </ul>

<p><i>Skills</i></p> <ul style="list-style-type: none"> <li>Utilization of Foundational and Functional Competencies to assess the changing needs of American and global/international couples, families, and systems</li> </ul>	<ul style="list-style-type: none"> <li>Ability to think and apply CFP epistemology to the public needs</li> <li>Ability to think and apply CFP epistemology to the prevention and treatment of mental illness</li> <li>Ability to understand the changes and diversity in culture and norms with special attention to minority and underserved populations</li> <li>Application of CFP epistemology to the needs of military families</li> <li>Application of CFP epistemology to major health problems</li> </ul>	<ul style="list-style-type: none"> <li>Same as above</li> </ul>
<p><i>Attitudes</i></p> <ul style="list-style-type: none"> <li>Value the role of CFP and its epistemology in addressing and protecting the public need and interest</li> </ul>	<ul style="list-style-type: none"> <li>Awareness of CFP epistemological options in meeting and protecting the needs of the public</li> <li>Conduct self- evaluation and invite peer-review of personal attitudes that reflect an understanding and misunderstanding of the changing needs of the public relative to CFP specialty practice</li> </ul>	<ul style="list-style-type: none"> <li>Same as above</li> </ul>

**Comment on Overlap and Differentiation in Public Interest:**

As can be seen with APA's Committee on Children, Youth, and Families, and other Policy Statements listed in item 5, there is an overlap of Public Interest topics with APA. This further illustrates the comment earlier that APA is a system and the systemic epistemology recursively reverberates through all the Divisions of APA. The specialty of Couple and Family Psychology, however, is differentiated by its exclusive focus on systems, and in particular the context of individuals in a system. Heldring (2009) in her chapter on Families and Public Policy recommends that the APA can help build a coalition to develop and issue a national report card on how policies are affecting families. She concludes that the U.S. government aims to support strong families, but does not provide the means, tools, protections, and opportunities to make this vision a reality.

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[www.cdc.gov/ViolencePrevention/intimatepartnerviolence/index.html](http://www.cdc.gov/ViolencePrevention/intimatepartnerviolence/index.html).

Center for Disease Control and Prevention: Injury Prevention and Control: Global Violence Against Children. [www.cdc.gov/injury/index/html](http://www.cdc.gov/injury/index/html)

Center for Divorce Education. [www.divorce-education.com](http://www.divorce-education.com)

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**Couple and Family Psychologists' commitment to Public Policy is also demonstrated by the summarized nine areas and initiatives:**

1. In Criterion II we cited former APA Presidents with Specialty Board Certification in Couple and Family Psychology. The CRSPPP reviewers are referred to that section for a description of their initiatives in the area of Public Interest.
2. Division 43, The Society for Couple and Family Psychology's Board of Professional Affairs Committee from a meeting on 4/24/15 identified two topics that are relevant to the specialty of Couple and Family Psychology: (a) Master's level practitioners; and (b) Integrated primary care. Given the changes taking place in managed care and the new role of private care centers, it is vital the Couple and Family psychology define what positions it will occupy in the new landscape of integrated patient care and advocate for the full integration of family assessment and interventions in treatment protocols.
3. A Division 43 White Paper identified the need for research funding: The Case for Funding Research on marriage, Cohabitation, and Interpersonal Processes. This document is also relevant to the domain of Research and Inquiry.
4. Division 43 was invited to participate in a Think Tank event with The Family Systems Collaborative Group of the National Child Traumatic Stress Network. The purpose of Division 43's involvement is to use our expertise to help trauma clinicians attend to systems issues and how we can help them obtain the necessary skills to accomplish this APA has Policy Statements and Resolutions Related to Children, Youth and Families in areas of; (a) Child and adolescent mental health and wellbeing; (b) International; (c) Child Abuse and Neglect; (d) Education; and (e) Violence.
5. APA has a Committee on Children, Youth, and Families as part of the Public Interest Directory, established in 1985 to ensure "...that children, youth, and families receive the full attention of the Association...in order that all human resources are actualized."
6. Division 43, The Society for Couple and Family Psychology Board has a Vice President for Public Interest and Diversity.
7. The Couple and Family Psychology Specialty Council developed a brief Power Point presentation for the general public that explains the specialty of Couple and Family Psychology for the consumer of services.
8. Divisions 43, 37, and 53, in 2013, received an Interdivisional Grant for: "Dissemination of Evidence-Based Practices for Children: Needs and Barriers at State and Local Levels"

**H. CONTINUING PROFESSIONAL DEVELOPMENT:**

After training that leads to a doctoral degree and professional credentials (licensure and specialty board certification), Couple and Family Psychologists engage in life-long learning through on-going continuing education. Both training programs and those offering CE must monitor current developments to keep training offerings timely and useful. The competency, behavioral anchor and assessment indicators are listed in the table below.

Table 4.13: CFP Professional Development Competencies

Competency Domain and Essential Component	Behavioral Anchor	Assessment Methods
<ul style="list-style-type: none"> <li>• <i>Knowledge</i></li> <li>• CFP specialists will maintain and expand upon CFP epistemology</li> <li>• CFP specialists will maintain and expand upon all foundational and functional competencies through Continuing Education</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrate advanced knowledge, and enhanced foundational and functional competencies by completing CE activities in the specialty</li> <li>• Demonstrate advanced understanding of the epistemological differences in CFP and other specialties in professional psychology through the completion of CE activities</li> </ul>	<ul style="list-style-type: none"> <li>• Completion of APA Continuing Education Programs related to CFP specialization (14 CE programs identified)</li> <li>• Completion of ABPP Continuing Education programs related to CFP specialization</li> <li>• Maintenance of Certification (MOC) through ABPP</li> <li>• Participate in Division 43 Society for Couple and Family Psychology's Clinical Practice Series: "Conversation with Experts."</li> <li>• Complete or take additional courses from educational institutions or postdoctoral residency programs in CFP</li> </ul>



There is a rich set of professional continuing education activities that demonstrate the ongoing commitment to this core area. For example:

- Division 43 Clinical Practice Series: (a) Conversation with the Experts. On May 8, 2015, Robin Oatis-Ballew, PhD discussed Couple and Family Psychology practice, managed care, and reimbursement-Challenges and Solutions; (b) Conversation with the Experts. August 6, 2015: “Therapy and the Use of the Internet,” Panel Discussion: Mary Gregerson, Ph.D., Eric Harris, Ed.D., J.D., & Joanne Broder Sumerson, Ph.D.
- American Board of Professional Psychology Maintenance of Certification; (3) American Board of Professional Psychology Workshops: May 27 –30, 2015: Florence Kaslow, Ph.D., ABPP presented “Divorce and Its Aftermath: Differential Impact on Each Member of the Family”
- Family Process Institute Webinar, e.g. June 12, 2015, Jill Freedman and Gene Combs presented on: “Narrative Therapy: Central Ideas and Practices;
- Numerous APA videos on subjects related to Couple and Family Psychology (see Criterion II)
- 14 APA CE Programs related to Couple and Family Psychology
- Continuing Education Programs with couple, family, and systemic orientations at the APA Conventions.

#### **Comment on Overlap and Differentiation:**

Psychologists in any specialty are committed to life-long learning. Couple and Family Psychologists’ professional identity evolves from a developmental process that entails progressive achievement of knowledge, skills, and competencies in the specialty. This occurs in stages of development, from doctoral education to internship to postdoctoral training or residency to all aspects of continuing professional development. Professional development also involves supervision for areas where more competency is needed. We support the ultimate recognition for specialty competency in Couple and Family Psychology with the completion of Board Certification through the American Board of Professional Psychology.

#### **SELECTED REFERENCES FOR PROFESSIONAL DEVELOPMENT**

Refer to APA Videos on Couple and Family Therapy cited earlier

American Board of Professional Psychology. Maintenance of Certification.

American Psychological Association CE Programs: 14 search results for Families and Couples.

American Psychological Association Division 43 Clinical Practice Series (example: CFP practice, managed care, and reimbursement-Challenges and solutions. A conversation with Robin Oatis-Ballew, May 8, 2015.

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#### **I. ANY RELEVANT ADDITIONAL CORE PROFESSIONAL PRACTICE DOMAINS.**

Ethics is a central core practice domain in CFP. There are a number of unique ethical challenges in Couple and Family Psychology that illustrate the need for unique CFP competencies in the legal and

ethics area. For example, the APA Ethical Principles of Psychologists and Code of Conduct specifically addresses *Therapy Involving Couples or Families*, 10.02. Behnke, (2004) stated that psychologists who work with children, adolescents, couples and families often include various configurations of individuals in their work. Psychologists will take reasonable steps to clarify: (1) which of the individuals are clients, and (2) the relationship the psychologist will have with each person: *Limits of Confidentiality* 4.02. Even in individual therapies, psychologists will sometimes include significant persons from the client's life as is clinically indicated and in a limited manner. Including additional individuals in a therapy is a clinical decision that can be appropriate and helpful. Such determinations become problematic when individuals are not clear whether they are clients and do not understand the psychologist's role. By virtue of Standard 10.02, psychologists will carefully think through their relationship with each of the people whom they involve in therapy. As with Standard 3.11 *Psychological Services Delivered to or Through Organizations* clarification of these issues follows from the psychologist first having considered how to organize and structure the services in the most clinically helpful manner. Furthermore, *General Principle E, Respect for People's Rights and Dignity* exhorts the psychologist to respect the right of individuals to self-determination. In addition, Change of Format (e.g. conducting limited individual sessions within the context of couple or family therapy) is a specific strategy in Couple and Family Psychology. While this is not inherently unethical, there are three major ethical issues that arise: Confidentiality, Responsibility, and Specific Iatrogenic Risks. Should there be full disclosure, partial disclosure, or no disclosure? This needs to be addressed from the onset with Informed Consent: responsibility to clarify from the onset of treatment the nature of the professional relationship with each of the persons involved. The Couple and Family psychologist must carefully consider and balance ethical considerations and clinical processes.

Because of the unique nature of Couple and Family Psychology, ethical competencies are essential. The core ethical competencies, behavioral anchors, and assessment markers are listed in the table below.

Table 4.14: CFP Ethical Competencies

Competency Domain and Essential Component	Behavioral anchor	Assessment Methods
<p><i>Knowledge</i></p> <ul style="list-style-type: none"> <li>• Command of ethical and legal knowledge related to Couple and Family Psychology</li> </ul>	<ul style="list-style-type: none"> <li>• Understand the APA code of ethics as applied to CFP with awareness of limitations of the code when applied to work with couples and families</li> <li>• Understand the attendant ethics literature and applicable guidelines to CFP</li> <li>• Awareness of the scope of family law relating to CFP area of practice</li> </ul>	<ul style="list-style-type: none"> <li>• ABPP examination and annual attestation of ethical and legal conduct</li> <li>• Maintenance of Certification</li> <li>• Ongoing status for practice through licensure</li> <li>• Successful record of navigating ethical conflicts</li> <li>• Self-evaluation</li> <li>• Student reviews</li> <li>• Peer consultation</li> <li>• Client feedback</li> </ul>

	<ul style="list-style-type: none"> <li>• Understand common legal and ethical issues in CFP and demonstrate advanced knowledge of the literature regarding management of those issues</li> </ul>	<ul style="list-style-type: none"> <li>• CE in ethical and legal issues in CFP</li> <li>• Publication and presentation in scholarly venues regarding ethical and legal standards</li> <li>• Participation in consultation groups or ongoing supervision</li> <li>• Service as ABPP examiner</li> <li>• Ethics consultation to other practitioners</li> </ul>
<p><i>Skill</i></p> <ul style="list-style-type: none"> <li>• Awareness and application of ethical decision-making model</li> <li>• Intentional inclusion of relevant ethical and legal principles in all aspects in CFP</li> </ul>	<ul style="list-style-type: none"> <li>• Ability to articulate the ethical decision-making model used to reason through ethical dilemmas</li> <li>• Ability to reasonably anticipate ethical and legal conflicts inherent in CFP practice</li> <li>• Ability to identify, analyze, and proactively address legal and ethical conflicts during the course of providing couple and family services</li> <li>• Professional writings, presentations, research, teaching, supervision, assessment, intervention, and consultation will represent efforts to include ethical principles and standards related to CFP</li> </ul>	<ul style="list-style-type: none"> <li>• Same as above</li> </ul>

<p><i>Attitudes</i></p> <ul style="list-style-type: none"> <li>• Commitment to ethical and legal development</li> <li>• Strive to continually improve ethical competency</li> </ul>	<p>Evidence of continued development in the competency:</p> <ul style="list-style-type: none"> <li>• Ability to manage and avoid legal and ethical risks</li> <li>• Take responsibility for continued professional development of knowledge, skills, and attitudes in relation to ethical-legal standards and policies relevant to CFP</li> </ul>	<ul style="list-style-type: none"> <li>• Same as above</li> </ul>
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**Criterion V. Advanced Scientific and Theoretical Preparation. In addition to a shared core of knowledge, skills and attitudes required of all practitioners, a specialty requires advanced, specialty-specific scientific knowledge.**

*Commentary: Petitions demonstrate how advanced scientific and theoretical knowledge is acquired and how the basic preparation is extended.*

Specialty training is an essential component of Couple and Family Psychology. Built on the core and common principles of training as a psychologist, Couple and Family Psychology focuses on the relational elements of each of the primary domains of psychological training. The core competencies of Couple and Family Psychology addressed in specialty training have been outlined in the sections above. The Education and Training Guidelines for Couple and Family Psychology (rev, 2024)(Appendix G), and the Taxonomy for Education and Training in Couple and Family Psychology, approved by the Council of Specialties in 2023, (Appendix E) describes these elements. The criteria developed by Stanton & Welsh (2011), identified by Patterson and others (2009), updated by Celano (2019), and used as part of ABCFP certification specify in detail the competencies required of CFP practitioners at various levels.

The following additional evidence for these criteria are contained in the following appendices:

- APPENDIX E: TAXONOMY OF EDUCATION AND TRAINING FOR COUPLE AND FAMILY PSYCHOLOGY
- APPENDIX F: APPROVAL OF SPECIALTY TAXONOMY BY THE COUNCIL OF SPECIALTIES IN PROFESSIONAL PSYCHOLOGY
- APPENDIX G: EDUCATION & TRAINING GUIDELINES IN COUPLE AND FAMILY PSYCHOLOGY
- APPENDIX H: AMERICAN BOARD OF COUPLE AND FAMILY PSYCHOLOGY ELIGIBILITY CRITERIA INCLUDING SENIOR TRACK
- APPENDIX I: DOCTORAL PROGRAMS THAT PROVIDE TRAINING IN COUPLE AND FAMILY PSYCHOLOGY
- APPENDIX J: INTERNSHIPS THAT PROVIDE TRAINING IN COUPLE AND FAMILY PSYCHOLOGY
- APPENDIX K: POSTDOCTORAL PROGRAMS THAT PROVIDE TRAINING IN COUPLE AND FAMILY PSYCHOLOGY
- APPENDIX L: EDUCATIONAL PATHWAYS TO COUPLE AND FAMILY PSYCHOLOGY SPECIALIZATION

**1) Specialty education and training may occur at the doctoral (including internship), postdoctoral or post-licensure levels. State the level of training of the proposed specialty.**

Specialty training for CFP occurs at all education and training levels: doctoral, internship, postdoctoral and post licensure. This is reflected in the EDUCATION AND TRAINING GUIDELINES FOR COUPLE AND FAMILY PSYCHOLOGY, (APPENDIX G) and the TAXONOMY OF EDUCATION AND TRAINING FOR COUPLE AND FAMILY PSYCHOLOGY (APPENDIX E).

The training guidelines proposed in these documents are consistent with the current education and

training landscape in professional health services psychology in which program accreditation at the doctoral, including internship, levels is limited by the APA Commission on Accreditation to the broad and general specialties of Clinical, Counseling, and School, or a combination of these. Thus, there can be no accredited training programs in CFP at these levels of training. Rather APA accredited doctoral and internship programs in Clinical, Counseling, or School may provide elective opportunities for CFP training within their curriculum. The CFP Taxonomy provides guidelines for the Major Area of Study, Emphasis, Experience or Exposure levels of opportunity for CFP training at each stage of training. The CFP Taxonomy (approved 2023, rev 2024), included in this petition (Appendix E) may also be found at the following website: <https://www.cospp.org/cos-approved-specialty-e-t-taxonomies>.

An online tool that allows any CFP individual or program to access the taxonomy at the desired level of education and training to examine how their program or training fits with the taxonomy may be located at the following website: <https://psychologytaxonomy.org/couple-family-psychology/>

The aspirational goal of CFP is to encourage programs that include CFP training at any educational training level to integrate the CFP Taxonomy into their programs. As a first step toward the goal of disseminating to programs the recently approved CFP Taxonomy, members of the CFPSC presented a symposium, *Education and Training in CFP: Past, Present, and Future*, at the 2024 Annual APA Convention. The symposium presentations were organized consistent with the CFP Taxonomy levels of training.

Specialty training in CFP, as summarized in the CFP Taxonomy of Education and Training, and the CFP Education and Training Guidelines, is next briefly described for each training level.



## CFP Major Area of Study.

### Doctoral Level:

#### 1. Major Area of Study in CFP.

The goal in the CFP Major Area of Study is to provide graduate students theory, research, and clinical practice of couple and family psychology within the broad and general accredited theoretical perspective of Clinical, Counseling or School Programs with a Major Areas of CFP study adopt a systemic orientation to human behavior whether that be with individuals, couples, families, groups and/or contexts such as schools, healthcare, justice system and family businesses while maintaining the characteristics of the discipline of psychology. This is accomplished by opportunities to learn through coursework, clinical field training, dissertations in the area of CFP, and CFP mentorship so that the student can begin to gain the professional identity of a couple and family psychologist.

Major Area of CFP at the doctoral level includes a minimum of three didactic courses in CFP and one CFP practicum (defined in the Taxonomy as the equivalent of one academic year), and a dissertation or research project in CFP.

CFP didactic courses at this level might include the following: Overview of Family Therapy; Assessment in Couple and Family Therapy; Diversity in Families; Family Law; Family Research & Methods. Practicum would be completed in a setting that serves a diverse population of children, couples, and families. CFP research reflects the application of the systemic perspective in the topic and methods.

#### 2. Emphasis in CFP.

The goal of the CFP Emphasis is similar to the Major Area of Study in that the didactic and practicum requirements are identical; however, it does not include the research component. Thus, it is more focused on the acquisition of knowledge and practice within CFP within the broader accredited program area of Clinical, Counseling, or School but recognizes that access to a research mentor and population may not be feasible within the context.

- a. Experience in CFP: Experience in CFP at the doctoral level consists of the completion of two CFP courses and a one semester practicum.
- b. Exposures in CFP: Exposure to CFP at the doctoral level is defined as completion of a single CFP course, commonly a survey course, or a one semester practicum in a setting consistent with CFP systemic orientation and supervision.

### Internship Level:

#### 1. CFP Emphasis Area

Internships that have a major area of study in couple and family psychology training are those that meet the following criteria: At least 50% percent of the supervised experience are couples and family psychotherapy or systemic consultation supervised by a faculty member with demonstrated competence in couple and family psychology; and includes seminars, didactic or case presentations focused on couple and family psychology or systemic theoretical perspectives.

A typical one year full-time internship with a CFP major area of study should aspire to include a balance of CFP clinical experiences and CFP didactic offerings. The integration of theory, research, and practice in applied psychology generally and couple and family psychology more specifically should be central to the professional socialization of the predoctoral interns. Interns need to be provided with a diversity of clinical experiences in assessment and intervention with couples and families. In addition, the intern needs to have substantial opportunities for the systems assessment and systemic treatment of individuals, interpersonal psychopathology and/or organizational problems

## 2. CFP Emphasis Area

Internships that have an CFP Emphasis Area are those that seek to meet the following criteria: At least 30-50% percent of supervised experience is couples and family psychotherapy or systemic consultation supervised by a faculty member with demonstrated competence in couple and family psychology; and includes didactic or case presentations focused on couple and family psychology or systemic theoretical perspectives.

- a. CFP Experience: Internships that have experiences in couple and family psychology training are those that meet the following criteria: At least 20-30% percent of supervised experiences in the internship are couples and family psychotherapy or systemic consultation supervised by a faculty member with demonstrated competence in couple and family psychology.
- b. CFP Exposure: CFP Exposure within the internship is 5-10% of supervised experiences are couples and family psychotherapy or systemic consultation supervised by a faculty member with demonstrated competence in couple and family psychology. This might be reflective of the opportunity to do

## 2. Training at the doctoral level is assumed to be primarily broad and general. If specialty training occurs in whole or in part at the doctoral level, describe that training. If there is specialty specific scientific knowledge that is typically integrated with aspects of the broad and general psychology curriculum [e.g., biological bases of behavior, cognitive-affective bases of behavior, individual bases of behavior, ethics (science and practice)] rather than taught as a freestanding course or clinical experience, specify how this integration occurs.

Specialty-specific advanced knowledge in Couple and Family Psychology relates primarily to understanding the properties of natural systems. However, this specialty-specific knowledge requires a solid foundation in the core scientific areas of psychology as a general discipline. Programs that provide a CFP training in the Doctoral major course of study focus that training in specific ways that inform specialty as well as basic knowledge. In the section below we illustrate how that occurs.

### Doctoral Study/Major course of study

- A. Biological bases of behavior: Natural systems are groupings of individual organisms which occur naturally in nature, e.g. the human family; a school; a larger community. Since these groupings are naturally occurring biological organisms, a Couple and Family Psychologist must have a solid grounding in the biological bases of behavior. Moreover, systems are composed of individuals

whose behavior has a biological foundation. Understanding the principles of anatomy and physiology and the interaction between the biological, individual, family and environmental (social) variables as determinants of behavior, is essential. Specific areas which are most relevant to Couple and Family Psychology would be the effects of drugs and neuropsychological problems on family interaction, developmental disabilities and organically-based psychological problems. Also, important would be the impact of chronic illness and/or long-term disability on the family. Current scientific knowledge of biological issues in parenting--both mothering and fathering--are essential to Couple and Family Psychology as are the biological components of sexuality and sexual dysfunction.

- B. Cognitive-affective bases of behavior: Since human beings organize their emotional experiences cognitively, a Couple and Family Psychologist must have a thorough understanding of the cognitive and affective bases of behavior. Complex interactions which happen in families and other groups are based upon prior learning and systems interventions are designed to lead to new learning. Understanding of basic operant and respondent conditioning as well as more complex social, cognitive, and information processing aid the Couple and Family Psychologist in conceptualizing problems and changing the course of behavior. Couple and Family Psychology requires understanding the scientific foundations of cognitions and affect and their impact on and interactions with larger systems beyond the individual. Communication research is particularly relevant.
- C. Social bases of behavior: A systemic perspective focuses on the reciprocal interaction of the individual and the group on the whole system. Thus, it is important for the Couple and Family Psychologist to have a strong background in individual development, as well as a thorough understanding of interpersonal dynamics and the social bases of behavior.

A family is a social system within a larger social system. It is important for the Couple and Family Psychologist to understand the principles governing social systems and their interaction. Since Couple and Family Psychology requires an understanding of the systemic (i.e., the reciprocal and historical), aspects of individual and group behavior and social interactions are a foundation of systems thinking applied to human beings. Therefore, a strong scientific foundation in the social bases of behavior is particularly critical for the Couple and Family Psychologist. Knowledge of social influence theory, attribution theory, attitude change, interpersonal attraction, small group interaction, family-of-origin dynamics, emotional triangles, underfunctioning and overfunctioning family systems, multigenerational transmission of relationship patterns, and impact of genograms as interventions are essential. Problems such as teen-age gangs, violence and abuse, parenting, adoption, and step- parenting, and school issues would be a few applications.

- D. Individual bases of behavior: The psychological functioning of the individual and the family or other social system is interactional. To understand the interaction requires a thorough grounding in the scientific bases of development, personality functioning, and individual psychopathology. Although the systemic perspective emphasizes relationships and the whole of the family as the unit of analysis and intervention, the reciprocity of the individual and the system is well-documented in couple and family research.

Kaslow, Celano, and Stanton (2005) state that training in Couple and Family Psychology requires

a paradigm shift from linear analysis of human behavior to conceptualizing human behavior in a fashion that integrates intraindividual, interpersonal, environmental, and macrosystemic elements. For example, prodromal, active, and remission stages of mental illness in a family member can be recursively influenced by expressed emotion in the family, and consequently addressed in treatment with a family-focused approach as described by Miklowitz and Goldstein (1997) in the treatment of bipolar spectrum disorders. The importance of evidence based assessment and intervention with specific pathology has been summarized and addressed in the previous sections of Assessment and Intervention. Thus, firm grounding in the individual bases of behavior is essential foundational knowledge to the CFP specialty.

- E. Ethics (science and practice): Couple and Family Psychologists must be familiar with laws and regulations regarding such issues as custody and visitation, child, spouse and elder abuse; and ethical relationships with attorneys. If planning to engage in active courtroom work, the Couple and Family Psychologist must be trained in Family Forensic Psychology.
- F. Research design, methodology, statistics: The Couple and Family Psychologist must have skills in a variety of research methodologies and techniques including quantitative, qualitative and meta-analytic approaches to research. They must also be able to apply statistical as well as more qualitative approach to data analysis. Understanding of various therapeutic models will allow them to ask relevant and useful research questions. Moreover, Couple and Family Psychologists must be knowledgeable about systems-based process and outcome research and relevant approaches to data analysis. Research paradigms that analyze family and/or group interactions are necessary. Some aspects of sociological research may also be relevant to family and larger systems research.
- G. History and systems: Couple and Family Psychologists must be well versed in the philosophical and historical origins of the discipline of psychology and of the perspectives which have shaped contemporary psychology. Thus, they must have completed coursework that includes the various schools of thought associated with the field of psychology and the impact of these schools on contemporary practice in psychology. Within the context of history and systems, the history of Couple and Family Psychology may be seen as emerging from a synthesis of empiricism, systems thinking and clinical psychotherapy.
- H. Measurement: Competence is needed in couple and family assessment that goes beyond individual measures and test batteries. A Couple and Family Psychologist should be able to construct new tests or use current instruments to measure family functioning, carry out validation studies, and administer and interpret test results. Evaluating how a family functions requires the ability to assess relationship patterns in both current functioning and in prior generations. The ways in which a family manages emotional closeness, distance, and conflict are central to the work of a Couple and Family Psychologist. Understanding how relationship patterns are transmitted across generations also is essential.

Couple and Family Psychology assumes that sets of categories exist along a continuum by which families and larger systems can be assessed to be healthy and functional or unhealthy and dysfunctional. Assessment also may describe types of dysfunction. Various schools of thought in Couple and Family Psychology view problems through their own theoretical perspectives. Some focus on the structure of the family or group, while others focus on sequences that maintain

symptoms. Others look at variables such as communication, patterns, cohesion, affection, etc.

Assessment of families as a whole from a systems perspective may include clinical interviews; family- oriented self-report instruments (e.g. Family Assessment Device (FAD); Family Adaptation and Cohesion Evaluation Scales (FACES); projective techniques such as Kinetic Family Drawing (KFD) and Family Apperception Test (FAT); semi-structured approaches such as the family genogram. Additional measures may be used to assess specific dyadic relationships in the family such as the couple relationship, (e.g., Dyadic Adjustment Scale, Dyadic Satisfaction Inventory), co-parental relationship, parent-child relationship. (See Criterion IV section on Assessment).

- I. Practicum: Students in Couple and Family Psychology often have the opportunity to work in clinical settings that conceptualize cases systemically, or intervene with the family in some way.
- J. Supervision: Couple and Family Psychology requires skills in supervising/training others in developing Couple and Family Psychology knowledge and skills. This includes knowledge of a broad range of Couple and Family Psychology models/schools/techniques and the impact of issues of diversity (ethnicity, gender, SES, sexual orientation, ability, etc.). Supervision is particularly important in Couple and Family Psychology since multiple members of the system being treated can be overwhelming. Live supervision with a supervisory team observing behind a one-way mirror, or via co-therapy, is a common and distinctive practice of Couple and Family Psychology. Others who may be supervised by Couple and Family Psychologists include master's and doctoral students or interns in Couple and Family Psychology, other mental health professionals, fellows or postgraduate trainees, master's levels professionals in managed care settings, or psychologists undergoing re-specialization training.
- K. Consultation: Couple and Family Psychology requires the ability to consult with a wide range of clients regarding systemic issues and solutions to systemic problems. These may include consulting with schools regarding the needs of children in families, with attorneys regarding child custody and other family law matters, with primary care physicians, other health care providers, with community agencies and with psychiatrists or physicians regarding medication or hospitalization. The specialty requires knowledge of the functioning of systems in general as well as characteristics of particular systems, depending upon one's scope of practice (e.g., schools, family business, primary medical care). The curriculum includes attention to these issues.
- L. Internship: A typical one year full-time pre-doctoral internship with a Couple and Family Psychology emphasis should include a balance of clinical experiences and didactic offerings. The pre-doctoral internship needs to have an emphasis on the integration of theory and research into the practice of Couple and Family Psychology. In addition, the integration of theory, research, and practice in applied psychology generally and Couple and Family Psychology more specifically, needs to be central to the professional socialization of the pre-doctoral intern. Interns need to be provided with a diversity of clinical experiences in assessment and intervention with couples and families. In addition, the intern needs to have substantial opportunities for the systems assessment and treatment of individuals and interpersonal psychopathology and/or organizational problems. Both individual and group supervision need to be offered. One-way mirror, co-therapy, or videotape supervision are essential. In addition to the core seminar topics important for interns,

Couple and Family Psychology training at the internship level must include seminars in family and systems oriented work with individuals, couples, families, and groups. Seminars may include topics such as clinical assessments with diverse couples and families, evidence-based clinical interventions, family process and outcome research, etc. Live supervision family therapy seminars are highly recommended.

- M. Other, including any additional specialty courses that do not fit the above categories:  
Understanding the systemic nature of behavior is very difficult because we naturally experience other people's behavior as emanating from a specific person or group of persons. Thus, achieving a systemic perspective is counterintuitive. Systemic principles can be taught at a beginning level through readings and classroom instruction. However, at a more advanced level, the student's training must be more experiential. Two experiential training techniques that are used to provide advanced scientific and theoretical preparation to Couple and Family Psychologists are: work on the student's own family of origin; and live supervision of work with families and/or larger systems.

Working on one's own family of origin provides a concrete experience of such systems concepts as: emotional triangles; the underfunctioning/overfunctioning couple; and the multigenerational transmission of relationship patterns. Although psychoanalytic training also requires working on the self, family of origin work differs from the kind of work a psychoanalytic trainee might do. Family of origin work involves interviewing family and extended family members, rather than simply talking about these people in a therapist's office. In family of origin work, the focus is on relationship patterns (rather than intrapsychic processes), e.g. pursuing and distancing; and managing the anxiety in a two- person dyad by triangulating a third person. This family research is then used to construct one's own family genogram.

- N. Other: Other necessary scientific knowledge relates to process and outcome research in family therapy; family evaluation/assessment; legal issues regarding family law, child custody, child/spouse/elder abuse, confidentiality; ethics in Couple and Family Psychology; and supervision in Couple and Family Psychology. For example, in addition to work on one's own family, beginning Couple and Family Psychologists need extensive supervision as they try to achieve advanced scientific and theoretical knowledge in their clinical practice. When working with a family, it is easy to become overwhelmed by the multiple members. Conflict can escalate, and members can be scapegoated. Because of the powerful nature of family systems, inexperienced family therapists can make things worse, rather than better. Live supervision provides a safety net for the beginning family therapist and is more extensively used in Couple and Family Psychology than other specialties.

Live supervision involves a supervisor, and sometimes other students and colleagues, observing a session behind a one-way mirror. Clients are informed that this observation is occurring and usually are taken behind the mirror to see the room that the "team" will be in. In some training sites, the team is introduced to the family as well. The team might interrupt a session with a telephone call to the therapist, or through the use of "bug in the ear" technology, suggesting another line of questioning, or the team might send a message to the family directly. In this form of supervision, the "team" becomes a version of co-therapist. As a Couple and Family Psychologist becomes more experienced, supervision usually changes to videotapes of sessions. Again, direct

observation of the ways in which a Family Psychologist loses his/her systemic perspective is provided by watching a videotape of self.

When Couple and Family Psychologists are working with larger systems, apprenticeship with an experienced Couple and Family Psychologist on-site replaces live supervision behind a one-way mirror. For example, in family-school consultation or collaboration with family practice physicians, training typically includes a year of observing more experienced Couple and Family Psychologists, and then working with the more experienced person as a co-consultant, similar to the way a co-therapist might work in a therapy session. The co-consulting provides a forum in which the beginning Couple and Family Psychologist can be given live supervision.

In summary, because of the difficulty in achieving a systemic perspective, and because of the number of clients with whom a Couple and Family Psychologist works, advanced training in this specialty requires more live supervision than is typical of most other fields of psychology. The development of this supervision model and research evaluating its effectiveness are critical to Couple and Family Psychology.

### **Integration of CFP knowledge into New Standards for Accreditation for Doctoral Programs and Internships**

Discipline-specific knowledge serves as a cornerstone of identity as a psychologist and orientation to health service psychology. The knowledge described above can be successfully integrated into core doctoral level courses in a way that enhances CFP special knowledge acquisition. This integration typically occurs in: 1) the history and systems of psychology, 2) basic knowledge in scientific psychology, 3) integrative knowledge in scientific psychology, and 4) methods of inquiry and research. The tables below show how CFP Specialty knowledge can be infused into the discipline specific knowledge taught in a doctoral training.

Table 5.1: Integration of CFP specialty knowledge into Major Course of Study Domains

Discipline Specific Knowledge	Corresponding CFP Aim
Category I: History and Systems of Psychology	1. History and Systems of Psychology  Content in history and systems of psychology includes the history of family psychology and systemic thinking. Discussion of the development of the field of couple and family psychology and where it fits in the context of the larger field.
Category 2: Basic Content Areas in Scientific Psychology.	1. Affective Aspects of Behavior  Affective, cognitive, behavioral and dynamic factors are considered within the broader socio-cultural-historical and developmental contexts in which these manifests. Examples of problems addressed are family relationship issues, parenting challenges, caregiver burden, work-family stress, behavioral problems of children or adolescents, communication

	<p>difficulties, coordination of individual treatment across social systems.</p> <p>2.      <b>Biological Aspects of Behavior</b></p> <p>Specific areas which are most relevant to Couple and Family Psychology are the effects of drugs and neuropsychological problems on family interaction, developmental disabilities and organically-based psychological problems. Also, important are the impact of chronic illness and/or long-term disability on the family. Current scientific knowledge of biological issues in parenting--both mothering and fathering--are essential to Couple and Family Psychology as are the biological components of sexuality and sexual dysfunction.</p> <p>3.      <b>Cognitive Aspects of Behavior</b></p> <p>Complex interactions which happen in families and other groups are based upon prior learning and systems interventions are designed to lead to new learning. Understanding of basic operant and respondent conditioning as well as more complex social, cognitive, and information processing aid the Couple and Family Psychologist in conceptualizing problems and changing the course of behavior. Communication research is particularly relevant.</p> <p>4.      <b>Developmental Aspects of Behavior</b></p> <p>Content on life span human development considers both individual and family life span development.</p> <p>5.      <b>Social Aspects of Behavior</b></p> <p>A systemic perspective focuses on the reciprocal interaction of the individual and the group on the whole system. Thus, it is important for the Couple and Family Psychologist to have a strong background in individual development, as well as a thorough understanding of interpersonal dynamics and the social bases of behavior.</p>
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Category 3: Advanced Integrative Knowledge in Scientific Psychology.	<p>Advanced Integrative Knowledge of Basic Discipline-Specific Content Areas,</p> <p>Since human beings organize their emotional experiences cognitively, a Couple and Family Psychologist must have a thorough understanding of the cognitive and affective bases of behavior. Couple and Family Psychology requires understanding the scientific foundations of cognitions and affect and their impact on and interactions with larger systems beyond the individual.</p>
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Category 4: Research Methods, Statistical Analysis and Psychometrics	<p>Research Methods</p> <ol style="list-style-type: none"> <li>1. Statistical Analysis</li> <li>2. Psychometrics</li> </ol> <p>Researching the function and dynamics of relationship and interactional systems present particular methodological challenges. The content area includes the study of traditional methodologies suitable for understanding individual behavior as well as and those quantitative, qualitative and meta analytic approaches to research suitable for examining dyadic and larger group interactions.</p>
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There are many profession-wide competencies at the doctoral and internship level that are relevant. The knowledge described above in the specialty training section can be successfully integrated into core doctoral level courses and internships in a way that enhances CFP special knowledge acquisition.

The tables below show how CFP Specialty knowledge can be infused into the profession-wide competencies taught at the training levels of doctoral and internship.

Table 5.2: CFP Specialty knowledge in profession wide competencies

Profession-wide Competency	Corresponding CFP Aim Doctoral students and intern trainees
Competency I: Research	<p>Doctoral Program: Researching the function and dynamics of relationship and interactional systems present particular methodological challenges. The content area includes the study of traditional methodologies suitable for understanding individual behavior as well as quantitative, qualitative and meta analytic approaches to research suitable for examining dyadic and larger group interactions.</p> <p>Internships: Interns engage in professional activities informed by the integration of science and clinical practice. As such, interns are exposed to CFP empirically supported treatments, learn to turn to the literature to answer clinical and research questions, become involved in different aspects of clinical research, and generally demonstrate dedication to expanding their knowledge and skills in the domain. Further, interns recognize the importance of CFP outcome and program evaluation and its value in professional practice</p>
Competency II: Ethical and legal standards	<p>Doctoral Program: Understanding the fundamental ethical standards and legal regulations and procedures related to both individual and family psychology research, assessment, and interventions is key.</p>

	<p>Working with families and larger systems requires a re-examination of legal and ethical issues of the mainstream discipline. This includes clear identification of the client when multiple individuals are involved in treatment, limits of confidentiality when working with couples, families and groups, the therapeutic contract in couple or family treatment, and legal constraints in working with families.</p> <p>In addition, content regarding family law, including issues having to do with custody, parental competence, visitation, children maltreatment, termination of parents' rights and family forensic consulting.</p> <p><b>Internships:</b> Interns become proficient in the knowledge and application of appropriate ethical and legal guidelines and those specific to CFP, to be consistent with professional ethical guidelines and federal and state law.</p>
Competency III: Individual and cultural diversity	<p>Doctoral Program: Because multicultural and diversity issues strongly affect not only the individual but the system within which she or he is embedded, content is added in multicultural issues and diversity including each area of diversity such as gender, sexual orientation, SES, religion, ethnicity, race etc.</p> <p>Couple and family multicultural and diversity issues are essential in each competency</p> <p>An understanding of how students own personal/cultural history, attitudes, and biases may affect how they understand and interact with individual, couples and families different from themselves.</p> <p><b>Internships:</b> Interns are expected to be thoughtful about their own cultural and ethnic background and how it impacts their own approach to assessment, treatment, consultation, and research. Interns develop competence in working with a range of individual, couples and families with difference variables including but not limited to, race, ethnicity, language, nationality, religion, socioeconomic and educational status, geographical location, and sexual orientation.</p>

<p>Competency IV: Professional values and attitudes</p>	<p>Doctoral Program: Content to encourage students to engage in lifelong learning and professional development in couple and family psychology, engage in self-reflection regarding one's personal and professional functioning. engage in activities to maintain and improve performance, well-being, and professional effectiveness as a couple and family psychologist.</p> <p>Internships: Interns engage in appropriate professional behavior, act ethically and responsibly in all professional settings. Through professional practice, supervision and didactics, interns are exposed to the process of developing their own identities as clinical or counseling psychologists and as family psychologists. Ongoing self-reflection and refinement of personal and professional goals is important. It is also important that interns actively seek and demonstrate openness and responsiveness to feedback and supervision.</p>
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<p>Competency V: Communication and interpersonal skills</p>	<p>Doctoral Program: Add content regarding developing and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.</p> <p>Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of individual and systemic professional language and concepts.</p> <p>Internships: Interns appropriately utilize supervision and consultation to accomplish their training goals while providing appropriate clinical care with individuals, couples and families. Training will also be focused on enhancing communication in multiple settings and roles.</p>
<p>Competency VI: Assessment</p>	<p>Doctoral Program: Psychological measurement includes family and relational assessment along with more traditional psychological assessment tools. Evaluating how a family functions requires the ability to assess relationship patterns in both current functioning and in prior generations.</p> <p>These include clinical interview formats for use with system, family assessment instruments, semi structured approaches such as genograms, and lifestyle analyses and traditional psychological assessment applied when multiple individuals present for treatment</p> <p>Students will attain knowledge of the breadth of individual, couple and family psychopathology</p> <p>Internships: Clinical activities facilitate the acquisition of individual and CFP diagnostic knowledge and assessment skills. Interns develop a working knowledge of individual and family psychopathology and psychiatric diagnosis per the DSM and ICD systems. They learn to use interview, genograms, historical, collateral, psychometric, systemic and interactional data to diagnose appropriately, develop a case formulation, and provide treatment recommendations as necessary.</p>

<p>Competency VII: Intervention</p>	<p>Doctoral Program: Couple and family intervention skills and strategies. Understanding the functioning of couples and families from an ecosystemic perspective considering the multiple interlocking systems within which these couples and families are embedded is crucial.</p> <p>Developing the ability to conceptualize multiple simultaneous dynamics and conduct effective intervention in complex couple and family systems is critical. Knowledge of evidence based practices in couple and family interventions and competency to implement these interventions is needed (Lebow 2005)</p> <p>Internships: Interns become familiar with empirically supported treatments. Goals in this regard include being able to develop and maintain therapeutic alliances, engage in case conceptualization that guides treatment planning, provide evidence-based treatment to individuals, couples, families, and groups, and mobilize case management services as necessary.</p>
<p>Competency VIII: Supervision</p>	<p>Doctoral Program: Couple and Family Psychology requires skills in supervising/training others in developing Couple and Family Psychology knowledge and skills. Supervision is particularly important in Couple and Family Psychology since multiple members of the system being treated can be overwhelming. Live supervision with a supervisory team observing behind a one-way mirror, or via co- therapy, is a common and distinctive practice of Couple and Family Psychology.</p> <p>Internships: Interns acquire competencies in the provision of clinical supervision and receive opportunities to supervise, teach and train regarding CFP.</p>
<p>Competency IX: Consultation</p>	<p>Doctoral Program: Couple and Family Psychology requires the ability to consult with a wide range of clients regarding systemic issues and solutions to systemic problems. These may include consulting with schools regarding the needs of children in families, with attorneys regarding child custody and other family law matters, with primary care physicians, other health care providers, with community agencies and with psychiatrists or physicians regarding medication or</p>

	<p>hospitalization. The field also requires knowledge of functioning of systems in general as well as characteristics of particular areas of concentration (e.g., schools, family business, primary medical care).</p> <p>Internships: Will have the opportunity to work in interdisciplinary settings with different types of medical and mental health providers (psychiatrists, MFTs, social workers, nurses, physicians, etc.) This allows trainees to be competent in providing consultation, to work collaboratively as members of a treatment team and interact effectively with professionals from different disciplines.</p>
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**3. If specialty training occurs in full or in part during a formal postdoctoral program describe the required education and training and other experiences during the postdoctoral residency. Are there any doctoral level prerequisites beyond an APA-accredited degree in professional psychology required for postdoctoral training?**

Specialty training in CFP most frequently occurs at the post-doctoral level. The Taxonomy defines CFP Post-doctoral Training as 80-100% of supervised experience is in CFP. Supervised experience is defined broadly at the post-doctoral level of training and may include supervision, research, teaching, advocacy and administration in addition to direct clinical services. Post-doctoral training can occur through a full-time postdoctoral residency (one or two years) or a part-time postdoctoral externship (two to four years) in Couple and Family Psychology. It is typical that post-doctoral sites providing training in CFP individualize the nature and duration of the residency experience based in part by the nature and amount of prior training in Couple and Family Psychology (e.g., individuals who have had minimal pre-doctoral training in Couple and Family Psychology will require longer, more intensive postdoctoral training that will need to include clinical, didactic, and research training to remediate their deficiencies in Family Psychology education).

While there are no formal requirements for post- doctoral residence CFP, there are specific foundational and specialty competencies that are obtained at this level of training. The following competencies were adapted from Stanton and Welsh (2011), HSPEC (2013), and Celano (2019).

**1. Professionalism (professional values, attitudes and behavior).**

- Demonstrate knowledge, skills, values, and attitudes reflective of professionalism and competencies in the practice of CFP, as evidenced by:
  - Application of a client-centered perspective when identifying and describing the problem, conducting the assessment, and giving feedback
  - Healthcare practice guided by principles of safe, effective, timely, and equitable care
  - Value and communicate to the public and other health professionals one's identity as a couple and family psychologist, as evidenced by:
  - Membership and involvement in specialty organizations
  - Articulation of a plan to maintain and improve CFP competencies and contribute to the evolving CFP knowledge base

- Value constructive relations, including collaborative relationships with other health care professionals and within health care teams, as evidenced by:
  - Demonstration of awareness of and tolerance for differences in perspective across disciplines.

## **2. Individual and Cultural Diversity**

- Demonstrate understanding of how self and others, and health problems, are shaped by individual and cultural diversity factors and context, as evidenced by:
  - Awareness through cultural self-assessment about the ways in which one's cultural values, beliefs, perceptions and experiences are different from those of clients, students, or research participants
- Perform culturally-centered CFP functions, including clinical services and training, as evidenced by:
  - Demonstration of respect for individual and/or familial differences (including but not limited to: language, culture, ethnicity, disability, sexual orientation, SES, marital status, etc.) when providing training, supervision, or clinical services.
  - Provision of clinical services and education that are culturally centered, i.e., guided by a conceptualization of behavior as influenced by culture and perceived through a socially constructed lens.
  - Implementation of behavioral health services that are culturally acceptable to the family via adapted or adaptive interventions that customize treatment to a particular family based on assessment of specific ICD tailoring variables
- Develop and maintain a culturally centered perspective, including a commitment to social justice, as evidenced by:
  - Advocating for policies that promote equity for marginalized individuals, families, and communities

## **3. Ethical, Legal Standards, and Policy**

- Demonstrate command of ethical and legal knowledge related to CFP, including the APA Ethics Code, and professional standards and laws for health care practice, as evidenced by:
- Demonstration of understanding of the ethics literature and guidelines applicable to CFP practice, including ethical issues related to provision of services to several people who have a relationship with one another, changes in treatment format, and information disclosed by one family member in the absence of others.
- Demonstration of knowledge of the state and local laws and rules for health care practice and specialty CFP practice
- Application of an ethical decision making model and relevant ethical and legal principles to identify, analyze, and proactively address ethical conflicts that arise in specialty practice
- Demonstrate commitment to ethical development and improvement in the competency by participating in continuing education and professional development initiatives addressing ethics related to CFP



#### **4. Reflective Practice, Self-Assessment, and Self-Care**

- Engage in reflective practice conducted with personal and professional self-awareness, attending to one's health behaviors and well-being, and their potential impact on specialty practice, as evidenced by:
  - Performance of self-assessments to improve CFP competencies
  - Demonstration of specific methods to self-assess adherence to evidence-based CFP treatment models through collection and analysis of fidelity data.
- Modeling of self-care for clients, students, trainees, and colleagues
- Implementation of a decision making model to determine potential impaired practice and strategies to seek consultation and peer feedback when needed within a hypothetical case context

#### **5. Relationships**

- Demonstrate knowledge of systems theory and research about interpersonal relationships, as evidenced by:
  - Conceptualization of interpersonal interaction from systemic perspective
  - Demonstration of knowledge of systems and contexts relevant to CFP practice
- Demonstrate interpersonal, affective, and expressive skills in applying the knowledge and attitudes to facilitate communication and manage interpersonal conflict in all professional interactions, as evidenced by:
  - Effective development and maintenance of relationships with clients, families, trainees, supervisors, and colleagues using evidence-based strategies
  - Clear and effective communication in professional interactions
- Commitment to facilitating positive and constructive interpersonal relations, as evidenced by:
  - Active initiation of steps to repair ruptured therapeutic alliances and damaged relationships with colleagues, trainees, and supervisors
  - Demonstration of openness and receptivity to feedback about one's own contribution to relationship ruptures or tension

#### **6. Scientific Knowledge and Methods**

- Demonstrate command of epistemology and scientific knowledge underpinning the practice of CFP, including systemic concepts and theory, as evidenced by:
  - Articulation of a systemic paradigm that conceptualizes the problems of individuals and families as embedded within a matrix of reciprocal interaction between intrapersonal, interpersonal, environmental, and macro-systemic factors, including health care teams and systems of care.
  - Application of systemic orientation to all CFP competencies
- Intentional inclusion of CFP concepts, scientific knowledge, and scientific methods in all aspects of specialty activity, as evidenced by:
  - Integration of relevant research findings in the practice of CFP via evidence-based assessment, treatment, and consultation.
  - Application of key systemic concepts in clinical practice

- Incorporation of relevant CFP research findings into specialty teaching and training
- Scientific mindedness: values CFP theory and scientific methods, and their application to specialty practice, as evidenced by:
  - Demonstration of scientific mindedness related to practice, including adaptation of evidence-based models to new populations and service delivery settings, and evaluation of treatment progress and outcome

## **7. Research/Evaluation**

- Critically evaluate relevant CFP research related to populations served and problems encountered
- Conduct research, guided by a systemic epistemology, contributing to the scientific and professional knowledge base in CFP, as evidenced by:
  - Implementation of research independently or in conjunction with team (i.e., team-based science)
  - Evaluation of the effectiveness of various professional activities in health care/promotion (including quality improvement related to healthcare services), training, or consultation
  - Application of CFP research skills for needs assessment, program development and evaluation
  - Demonstrate command of quantitative and qualitative methods used in CFP research

## **8. Evidence-based Practice**

- Demonstrate knowledge of CFP evidence-based practice (EBP) and specialty interventions, as evidenced by:
  - Recognition of intervention models with demonstrated efficacy in treating particular problems and populations
  - Understanding of evidence-based practice strategies, such as a systemic therapeutic alliance
- Effectively utilize research to guide clinical interventions, as evidenced by:
  - Implementation of an evidence-based treatment model if it is applicable to the problem and context
  - Application of conceptualizations and techniques from multiple evidence-based protocols (i.e., common factors) demonstrated to be effective or efficacious for targeted symptoms
  - Implementation of treatment approaches that fit the larger database about families (child development, family life cycle, family functioning)
- Value the role of research in intervention, as evidenced by:
  - Application and sequencing of techniques and strategies consistent with the evidence-based model within which they embedded
  - Evaluation of treatment progress and outcomes

## **9. Assessment**

- Understands the nature and scope of CFP assessment methods, and the measurement and psychometrics of CFP assessment instruments, across the system levels of individuals, couples, families, and their broader contexts
- Competently applies assessment methods, using multiple methods of assessment appropriate to

CFP and the population, as evidenced by:

- Selection and competent administration and scoring of CFP assessment instruments appropriate to clients' sociocultural context
- Application of both nomothetic and idiographic methods to assessment of individual, couple and family functioning
- Integrates assessment data to produce a systemic case conceptualization, including a client-centered problem formulation, case formulation, and treatment formulation
- Demonstrates a client-centered perspective in the case conceptualization and assessment processes, as evidenced by:
  - Communication of clinically meaningful assessment findings verbally and through written reports that are clear, concise, understandable to patients, caregivers, and other professionals

## **10. Intervention**

- Understands the nature and scope of theory-driven and evidence-based CFP intervention strategies, techniques, and models, across the system levels of individuals, couples, families, and their broader contexts, as evidenced by:
  - Knowledge about the effectiveness of psychoeducation, specialty curriculum for psychoeducation, and the distinction between psychoeducation and psychotherapy
  - Understanding of the data regarding the effectiveness and efficacy of CFP interventions for a particular clinical context and population
  - Understanding of the common medical, dental, and health treatments for the targeted population as part of the medical/clinical context for CFP specialty practice
- Selects, implements, and evaluates CFP interventions, as evidenced by:
  - Application of CFP common factors in treatment according to a systemic case conceptualization and treatment plan, or implementation of an evidence-based intervention model with fidelity
  - Provision of CFP interventions designed to improve relationship health in individual, group, and community settings, tailoring the intervention to the context and cultural/developmental needs of the client(s)
  - Effective collaboration with other service providers, seeking consultation when needed to ensure optimal treatment outcomes
  - Evaluation of treatment progress and outcomes, modifying the intervention as needed to meet client needs or emerging circumstances

## **11. Consultation**

- Demonstrate knowledge about consultation theory, research findings, roles, assessment, and methodology relevant to CFP practice
- Conduct effective CFP consultations, including a systemic needs assessment yielding findings and recommendations, and effective interventions based on consultation findings, if appropriate, as evidenced by:
  - Application of systemic orientation and research to the performance of a needs assessment to answer referral questions
  - Preparation of written or verbal report and skill in communicating consultation

findings, including recommendations to address the referral questions

## **12. Teaching**

- Understand teaching-learning theory, methodology, assessment, and goals in CFP teaching, as evidenced by:
  - Advanced understanding of CFP competencies
  - Familiarity with a CFP specialty curriculum and national models for specialty education
- Implement and evaluate teaching-learning methodologies in CFP, as evidenced by:
  - Development and adoption of a curriculum or lectures consistent with a systemic orientation and specialty scientific methods
  - Application of teaching-learning methods appropriate to the specialty in instructional venues, such as seminars, presentations, and publications
  - Communication to students and trainees of the value of lifelong learning in CFP

## **13. Supervision**

- Demonstrate knowledge about supervision and competencies in CFP specialty, as evidenced by:
  - Understanding that the supervisory relationship is interconnected with the relationship between the therapist and the family, and with the relational patterns within the family
- Knowledge of professional and ethical issues (e.g., informed consent, professional boundaries) in the delivery of CFP supervision, as well as the impact of contextual factors on the supervision process
- Provide effective competency-based CFP supervision, guided by a systemic orientation, as evidenced by:
  - Formation of an effective supervisory alliance and accurate assessment of supervisee's skills, developmental level, and training needs
  - Provision to supervisee of effective feedback, and monitoring of supervisee's progress in supportive manner
  - Consideration of contextual factors (including culture, ethnicity, race, gender, religion, and age) that influence the therapy and supervision process

## **14. Interdisciplinary or interprofessional systems**

- Demonstrate knowledge about and apply core competencies for interprofessional practice in a manner consistent with the foundational CFP relationships competency, as evidenced by:
  - Development and maintenance of collaborative relationships with other health care providers, researchers, teachers/supervisors
- Demonstrate familiarity with the various types of health care systems and delivery models providing a context for client care, and their implications for CFP practice, as evidenced by:
  - Effective management of CFP practice in the context of health care system and delivery model
  - Demonstration of familiarity with various models of integrated care in health care settings

## 15. Professional Leadership Development

- Identify as a couple and family psychologist, appreciating the role of the CFP specialty in implementation and leadership of team-based health care, as evidenced by:
  - Provision of leadership in health care team management, or in the development, management, and evaluation of innovative models of patient care
  - Presentation or publication in the CFP specialty
  - Development or completion of CFP continuing education

## 16. Advocacy

- Advocate for the specialty of CFP and its role as a science and profession in health care, as evidenced by:
  - Development or maintenance of a key role for CFP specialist on health care team
  - Advocacy for research that contributes to the evidence base supporting specialty practice by encouraging national research agendas and federally-funded institutes to prioritize relationship science
- Advocate for equitable, quality health care in the CFP specialty at the individual, institutional, community, and systems levels in public and private sectors, as evidenced by:
  - Development and implementation of policies or research that reduce health care disparities
  - Behavioral health workforce development, coordination among systems of care, and dissemination of evidence-based systemic interventions
  - Advocacy for organizational practices and policies that promote equity and prioritize the needs of families and communities

## References

- Celano, M. (2019). Competencies in couple and family psychology for Health Service Psychologists. In Fiese, B. (Ed.), *APA Handbook of Contemporary Family Psychology*. Washington, DC: American Psychological Association.
- Celano, M., & Pollard, S. (2019). Internship and postdoctoral training in couple and family psychology. In Fiese, B. (Ed.), *APA Handbook of Contemporary Family Psychology*. Washington, DC: American Psychological Association.
- Health Service Psychology Education Collaborative. (2013). Professional psychology in health care services: a blueprint for education and training. *The American psychologist*, 68(6), 411-426. doi: 10.1037/a0033265
- Stanton, M., & Welsh, R. (2011). *Specialty competencies in couple and family psychology*. Oxford, UK: Oxford University Press.

**4. If specialty training occurs in full or in part post-licensure, describe the required education and training during this training. Are there any doctoral level prerequisites beyond an APA-accredited degree in professional psychology required for post-licensure training?**

CFP specialty training also occurs at the post-licensure level in a number of ways. Continuing Education is available from both APA and from Division 43 in areas of intervention and assessment specific to CFP practice. Each year Division 43 provides many CE sessions both at the annual APA and throughout the year online. Each year the ABCFP and the AACFP provide workshops in CFP competencies necessary for board certification and ‘how to’ workshops on board certification. Most recently a workshop on board certification was presented at the annual meeting of the APA 2024.

A major post-licensure CFP training initiative and collaboration between Division 43 and ABCFP was undertaken in 2021-2022 with the professional development of 2-3 hour CE credit videos by the Steve Frankel Group using CFP experts on each of the CFP competencies required for board certification: ): <https://www.sfrankelgroup.com/all-courses/cfp-div43-courses/>. Access to these videos is available on the web sites for CFPSC stakeholder organizations of Division 43, ABCFP, and AACFP. In progress is the development by Division 43 of a new web platform that will greatly enhance the provision of organized and sequential CFP training applicable to all levels of education and training, but perhaps most relevant to the post-licensure level where organized, sequential training in the specialty of CFP is less available.

In addition to CE training, there are residency and certificate programs in CFP in a number of locations. Training in specific CFP evidence-based models, e.g. Integrative Behavioral Couples Therapy (IBCT), is available in many work settings, e.g. the VA, in order to provide services covered by insurance. This private training in specific models of intervention is an important way in which intervention specific training occurs. The prerequisite for post-licensure training, depending upon the provider, is commonly licensure as a psychologist. Eligibility for board certification in the specialty of Couple and Family Psychology requires both general eligibility criteria, e.g. completion of an APA-accredited doctoral program and internship, or the equivalent, as well as licensure in psychology, and meeting specialty specific criteria that demonstrate adequate education and training in CFP.

Eligibility criteria for board certification in general may be found at: <https://abpp.org/application-information/general-requirements/>;

CFP-specific eligibility criteria for board certification may be found at: <https://abpp.org/application-information/learn-about-specialty-boards/couple-family/specialty-specific/>.

An updated version of a flowchart by Stanton and Nurse (2005) depicts the routes a psychologist may take to become a specialist in CFP (see Appendix L).

## References

Celano, M. (2019). Competencies in couple and family psychology for Health Service Psychologists. In Fiese, B. (Ed.), *APA Handbook of Contemporary Family Psychology*. Washington, DC: American Psychological Association.

**Criterion VI. Advanced Preparation in the Parameters of Practice. A specialty requires the advanced didactic and experiential preparation that provides the basis for services with respect to the essential parameters of practice. The parameters to be considered include: a) populations, b) psychological, biological, and/or social problems, and c) procedures and techniques. These parameters should be described in the context of the range of settings or organizational arrangements in which practice occurs. If the specialty training occurs at more than one level (e.g., doctoral, postdoctoral, post-licensure) please list the levels of preparation separately.**

**Commentary:**

- a) **Populations.** *This parameter focuses on the populations served by the specialty, encompassing both individuals and groups. Examples include, but are not limited to, the following: children, youth and families; older adults; workforce participants and those who seek employment; men and women; racial, ethnic, and language minorities; gay, lesbian, bisexual and transgender individuals; persons of various socioeconomic status groups; religion; and those with physical and/or mental disabilities.*
- b) **Psychological, Biological, and/or Social Problems.** *This parameter focuses on symptoms, problem behaviors, rehabilitation, prevention, health promotion and enhancement of psychological well-being addressed by the specialty. It also includes attention to physical and mental health, organizational, educational, vocational, and developmental problems.*
- c) **Procedures and Techniques.** *This parameter consists of the procedures and techniques utilized in the specialty. This includes assessment techniques, intervention strategies, consultative methods, diagnostic procedures, ecological strategies, and applications from the psychological laboratory to serve a public need for psychological assistance.*

CFP is a broad-based specialty that includes working with individuals, couples, families, family businesses, and family forensic work in a variety of contexts (e.g., outpatient psychotherapy settings, school systems, primary healthcare, the justice system, and family business). Couple and Family Psychologists provide assessment and intervention to children, adults, couples, and families. CFP specialists provide supervision and consultation to various individuals and organizations and support effective program development and implementation through evaluative and basic research.

Couple and Family uses the broad conceptual foundations of Systems Psychology focused on both the understanding and the intervention in systemic relational systems (couples, families, groups, organizations, and society in general). In CFP, basic systemic thinking has been translated into a systemic relational approach that uniquely considers the way in which relational systems work and how they interact with larger community and social systems. The unique focus on both systemic *and* relational elements of behavior is unique to CFP. The theoretical ideas of CFP have also been translated into specialized and evidence based couple and family Psychology oriented intervention programs with significant scientific support. Moreover, these models are being systematically implemented in community settings. The evidence in the field (and presented in this application) suggests that the conceptual models that consider behavior as a systemic relational process and the evidence based intervention programs that do so have strong support and are unique and distinctive approaches unlike other specialties.

CFP requires that psychologists focus on the relational and contextual nature of an individual's functioning. By understanding how small and large systems intersect, couple and family psychologists

gain a broad understanding of human behavior. CFPs look at the interactional system, the intergenerational system, the community system, and larger organizational and societal systems. Regardless of the number of clients being treated, the CF Psychologist conceptualizes problems in terms of systems. Psychological problems and their manifested symptoms are conceptualized in terms of the context in which the symptom was created, maintained, and influenced by others with whom the individual interacts. *This epistemological perspective of the CF Psychologist is the differentiating hallmark from other psychologists.* Consequently, the best education and training in Couple and Family Psychology will systemically develop student outcome competencies informed by a systemic epistemology.

1. Describe the advanced didactic and experiential preparation for specialty practice in each of the following parameters of practice:

**a) populations (target groups, other specifications):**

As noted in Criteria IV (Distinctiveness), CFP specialists work with individuals (adults, children & youth), couples, families, and broader environmental systems, such as schools, medical clinics, and business organizations. CFP is not characterized narrowly by a particular population served. Rather, it is defined by its systemic and relational perspective from which problems and developmental issues are understood and addressed (Family Psychology Specialty Council, 2009). CFP specialists work in a variety of contexts such as hospitals, clinics, independent practice, schools, colleges and universities, business, government and other organizations.

Training in the diverse populations of CFP typically progress with prevention and relational issues of individuals, couples and families as the focus of early doctoral level training and experience. In post-doctoral settings, CFPs usually receive training focused on more specific populations and problems. Post licensure training typically helps expand the range of skills of CFPs by helping them understand and practice with populations unlike their early training.

**b) problems (psychological, biological, and/or social including symptoms, problems behaviors, prevention, etc.):**

As noted in Criteria IV (Distinctiveness) Couple and Family Psychologists work with a wide range of clinical problems. Education and advanced training in these areas comes through advanced course work at the doctoral and post-doctoral level following the functional competencies noted above.

Training in the clinical problems typically begins with those focused on prevention and relational issues of individuals, couples and families in doctoral level training and experience. In post-doctoral settings and post licensure settings, CFP's usually receive training focused on more specific problem types requiring specialized training such as sex therapy, or specific training in evidence-based treatments.

**c) procedures and techniques (for assessment, diagnosis, intervention, prevention, etc.):**

An expansive list of the unique procedures of Couple and Family Psychology are noted in Criteria IV (Distinctiveness).



Couple and Family Psychologists are trained to utilize key systemic concepts such as reciprocity, self-organization, complexity, adaptability, and social construction (Nutt & Stanton, 2008; See Appendix G). The Couple and Family Psychologist is trained to approach client issues from systemic and multisystemic perspectives. This perspective provides a vastly different conceptual model to view the complex presenting issues of families and their constituent members. Whether the client is a family, a couple, or a single member of a family, to the extent that the client's presenting issue intersects with family or systemic functioning, a specialized conceptual model and related interventions are required. Consequently, a specialization in Couple and Family Psychology provides a unique perspective and approach to working with many of the same populations and problems treated by psychologists from other specialties.

In addition to academic training, a couple and family psychology doctoral programs requires that students receive adequate and appropriate practicum experiences in the specialty. The practicum must be integrated into the doctoral program and there must be sufficient opportunity for discussion of the practicum in the educational program. The couple and family psychology core faculty function as role models for students in the specialty area and the faculty socialize students in the discipline of couple and family psychologists. Major faculty should be board certified in Couple and Family Psychology through the American Board of Couple and Family Psychology (ABPP) and, as part of their socialization of students to the specialty, they should encourage students to participate in the ABPP Early Entry Option.

Historically, most couple and family psychology education and training was accomplished in family institutes (see Criterion VII). Alternatively, there are a variety of continuing education programs that provide specialty training. ABPP occasionally sponsors workshops, sometimes in conjunction with the APA Annual Convention. This can be and should be enhanced with supervision from a board certified Couple and Family Psychologist in a structured sequential training in the core competencies of the specialty.

**Criterion VII. Structures and Models of Education and Training in the Specialty. The specialty has structures and models to implement the education and training sequence of the specialty.**

The structures are stable, sufficient in number, and geographically distributed. Specialty education and training may occur at the doctoral, postdoctoral, or both.

**Commentary:**

- **Sequence of Training.** *A petition describes a typical sequence of training, including curriculum, research, and supervision.*
- **History and Geographic Distribution.** *A specialty has at least four identifiable psychology programs providing education and training in the specialty in more than one region of the country that are geographically distributed and which have produced an identifiable body of graduates over a period of years.*
- **Psychology Faculty.** *Specialty programs have an identifiable psychology faculty responsible for the education and training of students and their socialization into the specialty. The faculty has expertise relevant to the education and training offered. Faculty may include individuals from other disciplines as appropriate. Specialty programs also have a designated psychologist who is clearly*

*responsible for the integrity and quality of the program and who has administrative authority commensurate with those responsibilities. This psychologist has credentials of excellence (e.g., the diplomat from one of the specialty boards affiliated with the American Board of Professional Psychology, or status as a fellow of the American Psychological Association or the Canadian Psychological Association, or other evidence of equivalent professional recognition) and a record of scholarly productivity as well as other clear evidence of professional competence and leadership.*

- ***Procedures for Evaluation.*** Specialty programs regularly monitor the progress of trainees to ensure the relevance and adequacy of the curriculum and integration of the various training components. Attention focuses on the continuing development of the trainee's knowledge, skills, attitudes, and values. Formal performance based feedback is provided to trainees in the program.
- ***Admission to the Program.*** Program descriptions specify the nature and content of the program and whether they are designed to satisfy current licensing and certification requirements for psychologists as well as whether or not graduates can satisfy the education and training requirements for advanced recognition in the specialty. Postdoctoral programs have procedures that take into account the trainees' prior academic and professional record. These programs design an education and training experience that builds upon the doctoral program and internship and the professional experiences of the postdoctoral residents as they prepare for meeting the guidelines of preparation for the specialty.

To address these issues, we have conducted a search of programs described below and in Appendices G, I, J, K, and L.

### **Education and Training in Couple Family Psychology**

A specialty must also be defined and distinguished from generic clinical, counseling, and school psychology programs or other specialties by the educational course work, practica experiences, internships, post-doctoral fellowships, and other post-licensure education and training completed to become proficient in a specialty area. The Education and Training Guidelines: A Taxonomy of Education and Training for Couple and Family Psychology (see Appendix E) provides a guideline as to what constitutes “Major Area of Study,” “Emphasis,” “Experience,” and “Exposure” in Couple and Family training at the doctoral, internship, postdoctoral, and post-licensure levels.

Foundational and Functional competencies in Couple and Family Psychology have been cogently addressed by Stanton and Welsh (2011). In their book the *Foundational Competencies* consist of: Ethical and Legal Competency, Diversity Competency, Interpersonal Interaction Competency, and Professional Identity as a Couple and Family Psychologist. *Functional Competencies* involved: Case Conceptualization, Assessment, Intervention, Consultation, Family Forensic Psychology, Supervision in Couple and Family Psychology, and Teaching Competency in Couple and Family Psychology.

In addition, the Examination Manual of the Couple and Family ABPP Specialty (2022), identifies the following foundational and functional competencies in CFP:

1. Professionalism: Knowledge of the CFP Specialty and skills
2. Ethical legal standards and policy: awareness and application of ethical decision-making

3. Individual and cultural diversity: understand individual, interpersonal and contextual factors in couples and families, and has ability to apply culturally sensitive CFP clinical services
4. Relationships: understands conceptualizes and evaluates interpersonal interaction from systemic perspective
5. Scientific knowledge and methods: demonstrates advanced level of CFP scientific knowledge and methods
6. Evidence-based practice: knowledge of CFP evidence-based practice and specialty interventions
7. Reflective practice/self-assessment/self-care: ability to monitor interpersonal interactions and correct problems and commitment to perennial development
8. Interdisciplinary systems: applies ethical and professional standards and a systemic perspective in work with multidisciplinary systems
9. Assessment: Applies a systemic paradigm to CFP assessment
10. Intervention: Ability to select implement and evaluate CFP interventions

All Candidates are expected to demonstrate excellence in the first ten foundational competencies as they relate to the field of CFP. Candidates are expected to demonstrate excellence in one or more of the remaining six elective functional competencies (consultation, supervision, teaching, research/evaluation, management-administration, or advocacy) in CFP.

11. Consultation: applies systemic epistemology to consultation with individuals, groups, organizations
12. Supervision: Applies systemic concepts, modalities, and research to teach systemic thinking about CFP practice
13. Teaching: Creates a comprehensive specialty curriculum and a course reflecting CFP research and methods that fits within a comprehensive specialty curriculum
14. Research/Evaluation: Applies CFP research methods relevant to their inquiry, including measures and procedures for assessing complex family processes, as well as statistical analyses for examining sequential processes and participants with co-varying behavior.
15. Management-administration: applies specialty foundational competencies to management and administration.
16. Advocacy: Leverage scientific knowledge in CFP to promote change at institutional, community, professional, or societal level”

A search of doctoral programs in couple and family psychology for the CRSPPP Renewal was conducted using the website <https://accreditation.apa.org/accredited-programs>. Using “Couple and Family” as the key word search parameter yielded 420 results.

A search of internship and postdoctoral programs in couple and family psychology for the CRSPPP Renewal was also conducted. The website <https://accreditation.apa.org/accredited-programs> was used to collect information on programs in Couple and Family Psychology. Using “Couple and Family” as the key word search parameter resulted in identification of 654 internship programs and 164 postdoctoral programs.

## **2. How are education and training programs in the specialty recognized? How many programs exist in the specialty?**

As indicated in the previous section, the website <https://accreditation.apa.org/accredited-programs> was used to collect information on doctoral, internship, and postdoctoral training programs in Couple and Family Psychology. Using “Couple and Family” as the key word search parameter yielded 420 doctoral, 654 internship, and 164 postdoctoral programs.

*The website <https://accreditation.apa.org/accredited-programs> primarily identifies clinical, counseling, and school psychology accredited programs. Although there are no accredited programs in Couple and Family Psychology; education and training in Couple and Family Psychology at the doctoral level is addressed through specialty tracks and course emphasis.*

Programs with an emphasis in Couple and Family Psychology are fundamentally recognized by an epistemological transformation and core systemic competencies. Traditional psychology has focused almost exclusively on the individual’s functioning, that ignores or limits the impact of the various systems within which the individual is embedded. By contrast, the paradigm shift in Couple and Family Psychology requires that psychologists focus on the relational and contextual nature of the individual’s functioning. In addition, by studying how small and large systems intersect, couple and family psychologists gain a broad understanding of human behavior. Couple and Family Psychology tracks/programs emphasis are attentive to the interactional system between couples, the intergenerational system in the family, the community system (including cultural groups), and other larger organizational and societal systems (groups, social organizations, businesses, agencies, schools). The core competencies in Couple and Family Psychology have been addressed in Criterion IV.

## **2. Describe the qualifications necessary for faculty who teach in these programs. Describe the qualifications required for the director of such programs.**

Doctoral programs with an emphasis in Couple and Family Psychology have a core faculty of psychologists who identify themselves as Couple and Family Psychologists and provide leadership to the emphasis in CFP. They are sufficient in number to meet the academic and professional responsibilities associated with the program. They have theoretical perspectives, and academic and applied experiences appropriate to the goals and objectives of a Couple and Family Psychology program emphasis. They demonstrate substantial competence in Couple and Family Psychology through recognized indicators such as psychology licensure; research, presentations, and publications related to CFP specialty; membership and service in the Society for Couple and Family Psychology (APA Division 43) and similar groups within the state associations; election as fellows of the APA Division 43; post-doctoral board certification in Couple and Family Psychology from the American Board of Professional Psychology; and/or other specialty-related recognitions. The Couple and Family Psychology core faculty function as role models for students in the specialty area and they socialize

students into the discipline of Couple and Family Psychology. Other adjunct faculty who identify with Couple and Family Psychology and have expertise in the specialty area may augment the core faculty in the provision of education and clinical training in Couple and Family Psychology.

Faculty members who teach in recognized postdoctoral training programs in Couple and Family Psychology often have completed postdoctoral training in Couple and Family Psychology or family therapy. Their competence in the field of Couple and Family Psychology is demonstrated by board certification in Couple and Family Psychology from the American Board of Professional Psychology, election as a fellow of Division 43, service in Division 43 through governance or committee activities, or scholarly publications (including research reports) related to Couple and Family Psychology. Training directors for recognized postdoctoral training programs in Couple and Family Psychology have similar qualifications. Training directors for predoctoral internship programs usually do not have specific training or qualifications in Couple and Family Psychology, as the internship year serves the purpose of general clinical training in professional psychology. However, internship programs offering a major rotation in couples or family therapy usually include one or more faculty members with demonstrated competence in Couple and Family Psychology, as defined above.

**3. If programs are doctoral level, what are the requirements for admission? Provide sample evaluation forms.**

The Doctor of Psychology in Clinical Psychology (PsyD) at Chestnut Hill College is a model program with a strong theoretical orientation in systemic epistemology. The following website provides a comprehensive description of their program <https://www.chc.edu/academics/programs/doctor-of-psychology-in-clinical-psychology-psyd/>, including, but not limited to: Program Overview, Aims and Competencies, Dissertation, Admissions, Financial Aid, and Faculty. The program describes its theoretical orientation as follows: “The theoretical orientation of the Department of Professional Psychology at Chestnut Hill College is a complementary blend of psychodynamic interpersonal and systems theories. Psychodynamic interpersonal theory serves as a method for understanding the personality formation and inner psychological world of the individual. The perspective of systems theory provides students with the understanding of the ways in which individuals, families, and communities influence one another..

The Family Institute at Northwestern University represents a postdoctoral training program in Couple and Family Psychology. The Family Institute provides two types of postdoctoral experiences; their Postdoctoral Clinical Scholar Fellowship is described as follows: “Our one-year Fellowship selects up to eight Postdoctoral Fellows who seek advanced training in relational therapy and systemic thinking. Advanced training includes individual and group supervision, extensive mentorship, and education from world-renowned experts in individual, couple, and family therapy, all against the backdrop of a diverse and vibrant Chicago.”

The other postdoctoral program at the Family Institute entitled Madigan Family Clinical Research Fellowship is described as follows: “In this two-year postdoctoral fellowship, we select one fellow every other year, who preferably has completed a doctorate in clinical or counseling psychology or marriage and family therapy, to pursue research and receive clinical training at The Family Institute.” Please see <https://www.family-institute.org/graduate-education/postdoctoral-fellowships>.

## **1. Provide sample curriculum expected of model programs.**

Please see item 3 above. In addition:

Chestnut Hill College Psy.D. Program Curriculum: All courses are three graduate credits unless otherwise indicated

Foundational Core Courses (24 credits):

PSYG 703 Psychopathology Page 207

PSYG 704 Development Across the Lifespan: Individual and Family

PSYG 708 Introduction to Couple and Family Psychology

PSYG 709 Individual and Systemic Approaches to the Treatment of Children and Adolescents

PSYG 712 Research Design and Methodology

PSYG 713 Legal and Ethical Issues in Psychotherapy

PSYG 716 The Role of Culture and Gender in Psychotherapy

PSYG 717 Group Therapy.

Additional Requirements for M.S./Psy.D. Track (18 credits; these credits do NOT count towards the 117 credits required for the Psy.D. degree but are required for the M.S. in Clinical Psychology):

PSYG 702 Theories of Psychotherapy

PSYG 711 Introduction to Techniques of Psychotherapy

PSYG 745 Clinical Experience I

PSYG 755 Clinical Experience II

PSYG 765 Clinical Experience III

PSYG 775 Clinical Experience IV.

Required Upper-Level Doctoral Courses (66 credits):

PSYG 800 Psychological Assessment I (2 credits)

PSYG 801 Affect & Motivation

PSYG 802 Psychological Assessment II

PSYG 803 Psychological Assessment III

PSYG 804 Historical Foundations of Psychology

PSYG 805 Psychometric Theory (2 credits)

PSYG 806 Psychodynamic Theory and Therapy

PSYG 806L Psychodynamic Theory and Therapy Lab (1 credit)

PSYG 808 Advanced Couple and Family Psychology

PSYG 808L Advanced Couple and Family Psychology Lab (1 credit)

PSYG 810 Biological Bases of Behavior

PSYG 814 Integrated Healthcare

PSYG 815 Evidence-Based Practice

PSYG 815L Evidence-Based Practice Lab (1 credit)

PSYG 816 Advanced Topics in Human Diversity

PSYG 816L Advanced Topics in Human Diversity Lab (1 credit)

PSYG 818 Statistical Applications

PSYG 820 Methods of Psychotherapy Integration

PSYG 824 Ethics and Professional Practice Issues

PSYG 828 Cognitive Bases of Behavior

PSYG 830 Supervision (1.5 credits)  
PSYG 831 Consultation & Outreach (1.5 credits)  
PSYG 838 Social Bases of Behavior.

**Criterion VIII. Continuing Professional Development and Continuing Education. A specialty provides its practitioners a broad range of regularly scheduled opportunities for continuing professional development in the specialty practice and assesses the acquisition of knowledge and skills.**

*Commentary: With rapidly developing knowledge and professional applications in psychology, it is increasingly difficult for professionals to deliver high quality services unless they update themselves regularly throughout their professional lives through continuing education mechanisms. A variety of mechanisms may be used to achieve these goals*

- a) Describe the opportunities for continuing professional development and education in the specialty practice. Provide detailed examples, such as CE offerings that are available.**

Historically, most couple and family psychology education and training was accomplished in family institutes (see Criterion VII). Alternatively, there are a variety of continuing education programs that provide specialty training. As indicated in Criterion II-3, the members of the specialty have also produced a number of videos that support graduate training and continuing education, and thus ensure that clinicians are informed about the latest developments in CFP best practices. Here is a sample of such videos published by APA or produced by Division 43 on various clinical topics and treatment modalities:

- a) Attachment-Based Family Therapy
- b) Functional Family Therapy
- c) Emotionally-Focused Treatment
- d) Stepfamilies
- e) Various theoretical models of couple and family therapy
- f) Fertility
- g) Medical/physical problems
- h) Infidelity/affairs
- i) Older Couples and Caregiving
- j) Alzheimer's Disease and Caregiver Family Therapy
- k) Adoption
- l) Sex Therapy
- m) Divorce
- n) Forgiveness

In addition to these videos, the APA Office of Continuing Education in Psychology has over 350 independent study programs. CFP's provide specialized workshops at the APA Annual Conference. Other resources for continuing education are: The American Academy of Couple and Family Psychology, the American Association of Marriage and Family Therapy (AAMFT), the Kinsey Institute, the American Association of Sexuality Educators, Counselors, and Therapists, the American Association for Family and Conciliation Courts, and The Steve Frankel Group .

- a) Describe the formal requirements, if any, for continuing professional development and education to maintain competence in the specialty**



One avenue for psychologists to gain the education necessary for Couple and Family Psychology specialization is through continuing education and supervision. To be effective, continuing education must reflect the same specialty foundations in systemic orientation, specialty scientific knowledge and evidence-based practices. The primary intent of continuing education as referenced by Stanton and Welsh (2011) is twofold: to provide specialty education not included in one's doctoral education, and to ensure continuing competency through education in extant research and practice advances. Methods for continuing education include face-to-face and virtual education and other distance education using technology delivery methods or literature review and examination.

The American Board of Professional Psychology has instituted a Maintenance of Certification (MOC) process for specialty certification. The MOC is the only formal requirement for the maintenance of competency in Couple and Family Psychology, and the other specialties represented by ABPP. A description from the ABPP website follows.

**ABPP Maintenance of Certification.** From 2006 to 2014, the American Board of Professional Psychology developed a method by which specialists could periodically engage in self-review to assure quality care and protection of the public consistent with the highest professional standards. ABPP Maintenance of Certification (MOC) is consistent with ABPP's strategic objective to "maintain the value of board certification." Throughout its development, adoption and implementation MOC has been thoroughly publicized to all specialists, academies, and specialty boards. Maintenance of Certification (MOC) involves a process of self-examination and documentation of one's continuing professional development since the last examination or review. MOC involves documenting the professional activities the specialist routinely engages in that demonstrate their continuing professional development.

Specialists certified before January 1, 2015 may maintain their certification in one of two ways, by completing their Specialty Board approved MOC grid and narrative, or by waiving this requirement and still maintaining their certificate. Specialists certified after January 1, 2015 must successfully demonstrate Maintenance of Certification every ten years to maintain their ABPP board certified status.

With the support of the ABPP Board of Trustees the MOC Task Force assisted specialty boards and ABPP Central Office in preparing for full implementation, including assisting specialty boards craft their specific grids and narrative materials and assisting Central Office with development of documents and a model for implementation. The MOC Task Force collaborated with the ABPP Standards and Bylaws committees to revise respective manuals to incorporate Maintenance of Certification requirements.

- b) **Describe the minimum expectations, if any, for continuing professional development and education to maintain competence in the specialty.**

Stanton and Welsh (2011) conclude that the specialty of Couple and Family Psychology recognizes that competency is not something achieved once, rather, competency entails an ongoing commitment to remain current in the specialty research and evidence-based practices that apply to professional practice. The most common method to maintain competence is through the completion of continuing education in the specialty. Because all states require continuing education for licensure renewal, this

requirement may be met by completing continuing education in the specialty. To be effective, continuing education must be based on the same specialty foundations in systemic orientation, scientific knowledge and evidence-based practices. The primary intent of continuing education is: (a) to provide specialty education not included in doctoral education, and (b) to ensure continuing competency through education in recent research and practice advances.

**Criterion IX. Effectiveness. Petitions demonstrate the effectiveness of the services provided by its specialist practitioners with research evidence that is consistent with the APA 2005 Policy on Evidence-based Practice.**

***Commentary:** A body of evidence is be presented that demonstrates the effectiveness of the specialty in serving specific populations, addressing certain types of psychological, biological and social behaviors, or in the types of settings where the specialty is practiced.*

***PLEASE NOTE:** If the same article illustrates more than one of these items, it may be referenced under each applicable category. Evidence should include the most current available published references in each area (e.g., books, chapters, articles in refereed journals, etc.) While reliance on some on classic references is acceptable, the majority of references provided should be from last five years.*

Identifying the “best” methods to help the diverse clients who seek clinical help has always been of critical importance to Couple and Family Psychology. In the sections below we briefly summarize the current research on the effectiveness of Couple and Family Psychology clinical interventions for different populations, and clinical problems delivered in different settings. This is a significant body of research and, as a result, we focus on systematic reviews, meta-analysis and major recent individual studies to illustrate the support for CFP in each area. In many cases, these reviews support each of the sections below.

The CFP Guidelines for Classifying Evidence-Based Treatments in CFP (Sexton et al., 2011) demonstrated the range, depth, and breadth of the evidence for CFP interventions. Since the last CRSSPP renewal, research evidence for CFP services has grown in both breadth and depth. CFP leaders created a three volume handbook reflecting the state of the field: *The APA Handbook of Contemporary Family Psychology* (2019), edited by Barbara Fiese (Editor-in-Chief), Marianne Celano, Kirby Deater-Deckard, Ernest N. Jouriles, and Mark A. Whisman. This *Handbook* not only features information on the effectiveness of various CFP interventions, it also describes established and emerging research methodologies (see below) and details how CFP theory and research are applied to various health conditions, systems, and societal issues. Arguably, the publication of the *APA Handbook of Contemporary Family Psychology* demonstrates the maturity of the specialty.

- 1. Provide at least five psychological manuscripts published in refereed journals (or equivalent) that demonstrate the efficacy of the specialty's services for dealing with the types of clients or populations (including groups with a diverse range of characteristics and human endeavors) usually served by this specialty. Summarize and discuss the relevance of the findings of the studies, specify populations, interventions, and outcomes in relation to the specialty practice.**

1. Roddy, M. K., Walsh, L. M., Rothman, K., Hatch, S. G., & Doss, B. D. (2020). Meta-analysis of couple therapy: Effects across outcomes, designs, timeframes, and other moderators. *Journal of Consulting and Clinical Psychology*, 88, 583– 596.

Roddy et al. conducted a comprehensive meta-analysis examining the effectiveness of couple therapy across 58 studies, encompassing 40 unique samples and 2,092 couples. This analysis assessed multiple domains, including relationship satisfaction, communication, and emotional intimacy. The findings revealed that couple therapy yields significant, large-scale improvements in key areas of relationship

functioning, such as global satisfaction ( $g=1.12$ ), emotional intimacy ( $g=1.48$ ), and communication ( $g=1.62$ ), while couples in waitlist control groups experienced minimal gains ( $g=0.12$ ). These positive changes were consistent regardless of therapeutic modality or study design and were particularly pronounced in couples experiencing greater distress at baseline. Notably, the benefits were sustained over both short-term (6 months) and long-term (up to two years) follow-up, confirming the durability of therapeutic gains. This meta-analysis highlights the public health significance of couple therapy as a reliable and robust intervention for relationship distress, providing meaningful and lasting improvements in satisfaction and other relationship domains. The findings demonstrate that couples are unlikely to improve significantly on their own without therapy, emphasizing the importance of professional intervention. While the study reaffirms the overall efficacy of various therapy approaches.

2. Pukay-Martin, N. D., Fredman, S. J., Martin, C. E., Le, Y., Haney, A., Sullivan, C., Monson, C. M., & Chard, K. M. (2022). Effectiveness of cognitive behavioral conjoint therapy for posttraumatic stress disorder (PTSD) in a U.S. Veterans Affairs PTSD clinic. *Journal of traumatic stress*, 35(2), 644–658. <https://doi.org/10.1002/jts.22781>

This study evaluated the effectiveness of Cognitive Behavioral Conjoint Therapy (CBCT) for posttraumatic stress disorder (PTSD) in a clinical setting at a U.S. Veterans Affairs PTSD clinic. The sample consisted of 113 veterans and their intimate partners. Participants received an average of 10.50 CBCT sessions, with 51.3% completing the full treatment protocol or being considered early completers. The study used dyadic data analysis to examine changes in PTSD symptoms, relationship happiness, and other outcomes over the course of treatment. The results demonstrated significant improvements across multiple domains. Veterans' self-reported PTSD symptoms decreased significantly over the course of treatment, with a medium effect size in the full sample ( $d = -0.69$ ) and a large effect size among treatment completers ( $d = -0.88$ ). Both veterans and partners reported increases in relationship happiness and satisfaction. Additionally, veterans and partners experienced reductions in depressive symptoms, with veterans showing a larger improvement. Partners also reported a significant decrease in accommodation of veterans' PTSD symptoms. The study's findings support the effectiveness of CBCT for PTSD in improving not only veterans' PTSD symptoms but also relationship functioning and partners' mental health. This research represents the largest sample to date for the full 15-session CBCT protocol and provides evidence for its efficacy in a real-world clinical setting. The results suggest that CBCT for PTSD is a promising treatment option for veterans and their partners, addressing both individual and relational aspects of PTSD recovery.

3. Miklowitz, D. J., Merranko, J. A., Weintraub, M. J., Walshaw, P. D., Singh, M. K., Chang, K. D., & Schneck, C. D. (2020). Effects of family-focused therapy on suicidal ideation and behavior in youth at high risk for bipolar disorder. *Journal of affective disorders*, 275, 14–22. <https://doi.org/10.1016/j.jad.2020.06.015>

This study examined the effects of family-focused therapy (FFT) on suicidal ideation (SI) in youth at high risk for bipolar disorder. The sample consisted of 127 participants aged 9-17 years who met diagnostic criteria for unspecified bipolar disorder or major depressive disorder with active mood symptoms and had at least one relative with bipolar disorder type I or II. Participants were randomly assigned to either 12 sessions of FFT or 6 sessions of enhanced care (EC) psychoeducation over 4 months, with pharmacotherapy as needed. The study followed participants for 1-4 years, assessing

mood symptoms, suicidal thoughts and behaviors, and family conflict at regular intervals. The results showed that youth with high baseline levels of SI who received FFT had lower levels of and fewer weeks with SI at follow-up compared to those who received EC. Participants in the FFT group also had longer intervals without suicidal behaviors than those in the EC group. Additionally, youth in FFT reported greater reductions in perceived conflict with their parents over time compared to those in EC. This study is relevant to CFP because it found that a systemic intervention (FFT) can be effective for reducing suicidal thoughts and behaviors in youth at high risk for bipolar disorder. FFT reported greater reductions in perceived conflict with their parents over time compared to those in EC. The study found that family-focused therapy can be an effective intervention for reducing suicidal thoughts and behaviors in youth at high risk for bipolar disorder. The benefits of FFT appeared to be mediated by improvements in family conflict, suggesting that focusing treatment on family communication during and following symptomatic periods may reduce the risk of SI in youth. The authors concluded that family psychoeducation with skill training should be considered as a preventative strategy for youth in the early phases of bipolar disorder.

4. Mitchell, E. A., Roberson, P. N., DiPillo, M., Cordova, J. V., & Gordon, K. C. (2024). Improvements in depressive symptoms following a brief relationship intervention. *Journal of Marital and Family Therapy*, 50(1), 120-135.

This study examined the effectiveness of the Relationship Checkup, a brief couples intervention, in reducing depressive symptoms and improving relationship satisfaction. The research involved 85 intimate partner dyads (170 individuals) from diverse backgrounds, with a focus on including couples with low income. Participants were predominantly heterosexual (89%), with 60% married and 46% having children. The sample was racially diverse, with 75% White and 19% Black participants. Notably, 32.7% of couples lived at or below the poverty line, with a median annual household income between \$10,000 and \$19,000.

The Relationship Checkup, consisting of two 90-minute sessions delivered in participants' homes, demonstrated significant benefits. Depressive symptoms decreased (Cohen's  $d=0.36$ ) and relationship satisfaction increased ( $d=1.43$ ) from baseline to one-month follow-up. Importantly, individuals with more severe depressive symptoms at baseline experienced greater improvements ( $d=0.44$ ). The intervention was particularly effective for those reporting clinical levels of depressive symptoms, which comprised about 30% of the sample. The study found bidirectional associations between improvements in relationship satisfaction and reductions in depressive symptoms. Increases in relationship satisfaction were associated with decreases in depressive symptoms ( $d=0.23$ ), and decreases in depressive symptoms were linked to increases in relationship satisfaction ( $d=0.33$ ). These findings suggest that the Relationship Checkup, as a brief and accessible intervention, can effectively improve both mental health and relationship functioning for couples across income levels, even those presenting with clinical levels of depressive symptoms.

5. Sexton, T. L., Datchi-Phillips, C., Evans, L. E., LaFollette, J., & Wright L. (2013). The Effectiveness of Couple and Family Therapy Interventions. In M. Lambert (Ed). *Handbook of Psychotherapy and Behavior Change*. Wiley: New York.

The authors considered 205 family studies and found positive the effects of CFP treatment on twenty-six distinct clinical problems, among which four emerged as the primary focus of the research: youth

behavior problems (40%), general mental health (3.4%), parenting (4.4%), family relationships (3.9%), and schizophrenic symptoms (3.4%). In their analysis, Sexton and colleagues (2013) found that 46% of the research (including studies of parenting programs) produced significant findings that support the effectiveness of family-focused interventions, 43.4% had mixed results, and 10.2% found that family-focused interventions did as well as the alternative treatment in the study. No studies reported iatrogenic outcomes. Found Couple therapy to be effective for:

- a. ***Relationship satisfaction.*** The majority of general CT studies (11 or 25%) investigated the impact of CT on relationship satisfaction. Of these 11 studies, 7 (63.63%) found that CT Produced significantly positive outcomes; 3 (27.3%) showed that CT's effects on relationship satisfaction were moderated by clients' initial level of distress.
- b. ***Alcohol and substance use/abuse.*** was a common topic of CT research with 12 studies (27.3%) investigating the effectiveness of various behavioral couple therapy programs. (See section on behavioral couple therapy for alcohol and drug use.)
- c. ***Infidelity.*** was the topic of five (11.4%) studies. CT is particularly successful in the treatment of intimate partner violence with four of these studies (80%) reporting significant positive outcomes.
- d. ***Intimate partner violence.*** Two studies of BCT looked at the impact of treatment on physical aggression associated with substance use, but found no evidence of a significant, positive effect. The results provided preliminary evidence that DVCFT helped to reduce physical aggression and increase relationship satisfaction.
- e. ***General mental health and depression.*** were the focus of five (11.4%) studies. The research produced little evidence that CT was effective in the treatment of mental health issues with only one study yielding statistically significant outcomes. Likewise, CT appears to have a limited impact on depression with only one study yielding significant positive results and three reporting mixed results.

*Family Intervention programs effective for:*

- a. ***Child and Youth Behavior Problems.*** The majority of the studies (75 or 33.8%) investigated the effects of family and parenting programs on clinical problems related to child and youth behavior problems. Twenty-five (33.3%) reported positive and significant outcomes; 35 (46.7%) found mixed results; 11 (15.6%) showed that FT and parenting interventions produced outcomes that were equal to another comparable treatment; and four (5.3%) produced no evidence of success. Both meta-analytic and individual studies support the effectiveness of FT and parenting programs with a broad range of child and youth behavior problems.
- b. ***Youth Substance Use/Abuse Problems.*** Both meta-analytic and individual clinical studies indicated that family intervention programs could be successful with youth substance use/abuse problems. Of the 23 individual studies that analyzed the effect of an FT intervention on substance abuse, nine (39.1%) had significant and positive outcomes, 13 (56.5%) had mixed outcomes, and one (4.3%) found the FT interventions to be no more successful than the comparison group. These results are consistent with the single meta- analysis (Smit, Verdurmen, Monshouwer, & Smit, 2008) that investigated the effect of family-based interventions, including family therapy, family psychoeducation, and parenting skills training, on alcohol consumption in participating youth. Results from the five relevant controlled studies suggest that family- focused interventions are effective ( $ES=0.25$ ).

- c. **Youth Bipolar, Depressive Disorder, and General Medical Conditions.** Bipolar disorder is often viewed as an individually based clinical problem. However, this review found 12 individual studies investigating the role of parenting and family interventions with this disorder. Of these studies, six (50%) found significant and positive outcomes, five (41.6%) had mixed results and only one had outcomes equal to the alternative treatment. This would indicate that FT and parenting interventions are promising interventions for what is often viewed as an individual problem. Youth depression is also a clinical problem that is often viewed as an individual clinical issue. Of the nine studies of family and parenting interventions directed at youth depression, three (33.3%) were successful, three (33.3%) reported mixed results, two had outcomes no different than the alternative, and only one with no evidence of effectiveness. General medical conditions of youth are an area of increasing focus in the family intervention literature. Of the 12 studies (5.9%) in this area, all were either significantly positive (50%) or had mixed results (50%). These outcomes would indicate that family interventions are a promising intervention category for medically based problems for youth.

6. Browne, D.T., Leckie, G., & Jenkins, J.M. (2019). Understanding couple and family dynamics through dyadic methodology. In Fiese, B. et al., (Eds.), *APA Handbook on Contemporary Family Psychology, Vol 1* (pp. 335 - 352). American Psychological Association

This chapter presents a case for the centrality of dyadic methodology in the science of couple and family psychology. It considers three central issues to family psychology through the dyadic data lens, with the goal of demonstrating the added value that comes from using dyadic approaches as compared to single-unit designs. The chapter presents the three domains of inquiry and their corresponding statistical models in order of increasing complexity. For each question, it refers readers to a published study that used the technique. The three questions are: (1) how consistent is one family member's behavior toward other family members? (2) to what extent are family relations "greater than the sum of their component parts?" and (3) Is there a causal influence of one family member's behavior on another, after controlling for other family similarities? This chapter is one among eight chapters in the volume addressing research methods in family psychology. Other chapters address: survey and interview assessment approaches, observational methods, quantitative statistical methods, qualitative and mixed methods, fixed allocation and dynamic adaptive intervention designs, ecological momentary assessment and related intensive longitudinal designs, and the use of biological measurements in CFP research. These chapters are mentioned here because articles on research methods are not typically published in refereed journals.

7. Carr, A. (2019). Family therapy and systemic interventions for child-focused problems: the current evidence base. *Journal of Family Therapy*, 41, 153-213.

This review updates previous similar papers published in JFT in 2000, 2009 and 2014. It presents evidence from meta-analyses, systematic literature reviews, narrative literature reviews and controlled trials for the effectiveness of systemic interventions for families of children and adolescents with common mental health problems and other difficulties. In this context, systemic interventions include both family therapy and other family-based approaches such as parent training, or parent-implemented behavioral programs. The evidence supports the effectiveness of systemic interventions either alone or as part of multimodal programs for sleep, feeding and attachment problems in infancy; recovery from child abuse and neglect; conduct problems, emotional problems, eating disorders, somatic problems,

and first episode psychosis. This article is relevant to CFP practice as it specifies which child-focused problems might benefit from systemic interventions.

8. Fritzson, E., Zhang, N., Wolchik, S. A., Sandler, I. N., Tein, J. Y., & Bellizzi, K. M. (2024). Developmental pathways of the family bereavement program to promote growth 15 years after parental death. *Journal of Family Psychology*.

This study tested a developmental cascade model of post-loss growth in 244 parentally bereaved youth (ages 8-16 at baseline) from 156 families who participated in a randomized controlled trial of a family-based intervention, the Family Bereavement Program (FBP). Using five waves of data, the study examined the prospective associations between the quality of parenting immediately following the FBP and post-loss growth 6 and 15 years later, and whether these associations were mediated by changes in intra- and interpersonal factors (mediators) during the initial 11 months following the FBP. The mediators were selected based on the theoretical and empirical literature on post-loss growth in youth. Results showed that improved quality of parenting immediately following the FBP was associated with increased support-seeking behaviors and higher perceived parental warmth at the 11-month follow-up, both of which were related to post-loss growth at the 6-year follow-up and 15-year follow-up. No support was found for the other hypothesized mediators that were tested: internalizing problems, intrusive grief thoughts, and coping efficacy. This study is relevant to CFP practice because of its long follow-up period for a family intervention, and its systemic conceptualization of how to promote post-loss growth among parentally bereaved youth. Specifically, bereavement services should target parent-child relationships that help youth feel a sense of parental warmth and acceptance and encourage youth to seek parental support.

9. Tsvieli, N., Nir-Gottlieb, O., Lifshitz, C., Diamond, G.S., Kobak, R. & Diamond, G.M. (2020). Therapist Interventions Associated with Productive Emotional Processing in the Context of Attachment-Based Family Therapy for Depressed and Suicidal Adolescents. *Family Process*, 59(2):428-444. doi: 10.1111/famp.12445.

Productive emotional processing is considered a key change mechanism in attachment-based family therapy (ABFT). This study examined the impact of ABFT therapist interventions aimed to promote productive emotional processing of primary adaptive emotions in a sample of 30 depressed and suicidal adolescents who had participated in a larger randomized clinical trial. Results of sequential analyses revealed that relational reframes and therapists' focus on primary adaptive emotions were associated with the subsequent initiation of adolescents' productive emotional processing of primary adaptive emotions. In contrast, interpretations, reassurances, and therapists' focus on adolescents' rejecting anger toward their parents were all followed by the discontinuation of adolescents' emotional processing that had already begun. Finally, therapists' general encouragement of affect and focus on adolescents' unmet attachment/identity needs were associated with both the initiation of adolescents' productive emotional processing, and with the discontinuation of such processing once it had already begun. This study is important because it provides evidence for prioritizing specific systemic interventions (e.g., relational reframes) over non systemic interventions (e.g., encouragement of affect) in the context of ABFT.



1. **Provide at least five psychological manuscripts published in refereed journals (or equivalent) that demonstrate the efficacy of the specialty's services for dealing with the types of psychological, biological, and/or social problems usually confronted and addressed by this specialty. Summarize and discuss the relevance of the findings of these studies, particularly their measures and outcome results.**

1. Hogue, A., Bobek, M., Dauber, S., Henderson, C. E., McLeod, B. D., & Southam-Gerow, M. A. (2019). Core elements of family therapy for adolescent behavior problems: Empirical distillation of three manualized treatments. *Journal of Clinical Child & Adolescent Psychology*, 48(1), 29-41.

Family therapy has the strongest evidence base for treating adolescent conduct and substance use problems, yet there remain substantial barriers to widespread delivery of this approach in community settings. This study aimed to promote the feasibility of implementing family-based interventions in usual care by empirically distilling the core practice elements of three manualized treatments. The study sampled 302 high-fidelity treatment sessions from 196 cases enrolled in 1 of 3 manualized family therapy models: multidimensional family therapy (102 sessions/56 cases), brief strategic family therapy (100 sessions/94 cases), or functional family therapy (100 sessions/46 cases). Adolescents were 57% male; 41% were African American, 31% White non-Hispanic, 9% Hispanic American, 6% another race/ethnicity, and 13% unknown. The observational fidelity measures of all three models were used to code all 302 sessions. Fidelity ratings were analyzed to derive model-shared treatment techniques via exploratory factor analyses on half the sample; the derived factors were then validated via confirmatory factor analyses supplemented by Bayesian structural equation modeling on the remaining half. Factor analyses distilled 4 clinically coherent practice elements with strong internal consistency: Interactional Change (6 treatment techniques; Cronbach's  $\alpha = .93$ ), Relational Reframe (7 techniques;  $\alpha = .79$ ), Adolescent Engagement (4 techniques;  $\alpha = .68$ ), and Relational Emphasis (4 techniques;  $\alpha = .67$ ). The 4 empirically derived factors represent the core elements of 3 manualized family therapy models for adolescent behavior problems. These findings are relevant to CFP practice because they set the foundation for a potentially sustainable option for delivering evidence-based family interventions in routine practice settings.

2. Jiménez, L., Hidalgo, V., Baena, S., León, A., & Lorence, B. (2019). Effectiveness of Structural-Strategic Family Therapy in the treatment of adolescents with mental health problems and their families. *Int J Environ Res Public Health*, 16(7), 1255. doi: 10.3390/ijerph16071255. PMID: 30965678; PMCID: PMC6479931.

Few studies have examined the effectiveness of other evidence-based approaches, such as structural and strategic family therapy, incorporating parent-child or parental dyadic measurement. The purpose of this study was to test the effectiveness of a structural-strategic family therapy with adolescents involved in mental health services and their families. In the south of Spain, 41 parents and adolescents who participated in this treatment were interviewed at pre-test and post-test, providing information on adolescent behavior problems, parental sense of competence, parental practices, parenting alliance, and family functioning. Regardless of participants' gender, adolescents exhibited fewer internalizing and externalizing problems after the treatment. Parents reported higher family cohesion, higher satisfaction and perceived efficacy as a parent, and healthier parental practices (less authoritarian and

permissive practices, as well as more authoritative ones). An interaction effect between parenting alliance and gender was found, with more favorable results for the mothers. In conclusion, this paper provides evidence of the usefulness of structural–strategic family therapy for improving family, dyadic, and individual facets in families with adolescents exhibiting mental health problems. Although this study is not a randomized clinical trial, it is relevant to CFP because it describes the application of an evidence-based model of family therapy to an international population. Prior to the publication of this paper, most studies of structural-strategic family therapy have included samples of families living in the U.S.

3. Celano, M. (2018). *Children with emotional and behavioral disorders: Systemic practice*. Momentum Press.

This book describes the contributions of CFP to the understanding and treatment of emotional and behavioral disorders among children ages 2 to 12. CFP competencies are presented and applied to the fictional case of a 9 year old girl with school refusal, anxiety, and behavior problems. The book is relevant to CFP because it: (a) describes how a systemic perspective affects clinical decisions from intake to treatment termination, and (b) applies the CFP competencies of scientific knowledge, assessment, evidence-based practice, intervention, individual and cultural diversity, ethical and legal standards, and reflective practice. There is no other published textbook that discusses the application of this array of CFP competencies to a clinical case of a child and her family. Although the book does not address the efficacy of CFP interventions in an empirical manner, Chapter 2 summarizes the scientific knowledge and empirical evidence supporting a family systems approach to the assessment and treatment of children’s presenting problems.

4. Gan, D. Z., Zhou, Y., Abdul Wahab, N. D. B., Ruby, K., & Hoo, E. (2021). Effectiveness of functional family therapy in a non-western context: Findings from a randomized-controlled evaluation of youth offenders in Singapore. *Family process*, 60(4), 1170-1184.

This study is the first to evaluate Functional Family Therapy (FFT) in a non-Western culture. The effectiveness of FFT was examined in relation to three proximal outcomes relevant to youth offender rehabilitation: (i) mental well-being, (ii) family functioning, and (iii) probation completion. 120 youth probationers ( $M_{age} = 16.2$ ,  $SD = 1.33$ ) were randomly assigned to receive either standard probation services Treatment-As-Usual (TAU;  $n = 57$ ) or FFT in addition to TAU (FFT;  $n = 63$ ). Data on psychometric measures of mental well-being and family functioning were obtained at (i) preprogram, (ii) postprogram, and (iii) at the end of probation. Probation completion data were obtained from casefile records. Mean mental well-being scores of the FFT group improved from pre- to post-treatment, and gains were maintained at follow-up. However, there was a nonsignificant trend for the FFT group showing higher rates of reliable change and clinical recovery on the mental well-being scale. There were no group differences in family functioning scores over time. However, there was a significant trend for the FFT group showing higher rates of reliable change and clinical recovery on the family functioning scale. Probation completion rates were 88.9% and 70.2% for the FFT and TAU groups, respectively. Youth in the FFT group were significantly more likely to complete probation successfully. The results support FFT’s effectiveness in Singaporean youth offenders. This article is relevant to CFP because it is the first study to demonstrate the cross-cultural effectiveness of FFT in, and transportability to, a non-Western culture.

5. Diamond, G., Diamond, G. M., & Levy, S. (2021). Attachment-based family therapy: Theory, clinical model, outcomes, and process research. *Journal of affective disorders*, 294, 286-295.

Attachment-based family therapy (ABFT) is an empirically supported treatment designed to capitalize on the innate, biologically based, caregiving instinct and adolescent need for attachment security. This therapy is grounded in attachment and emotional processing theory and provides an interpersonal, process-oriented, trauma-informed approach to treating adolescents struggling with suicide and associated problems such as depression and trauma. ABFT offers a clear structure and road map to help therapists quickly address the attachment ruptures that lie at the core of family conflict, which can fuel adolescent distress. Several clinical trials and process studies have demonstrated empirical support for the model and its proposed mechanisms of change. This article provides an overview of the theories underlying the model, the clinical strategies that guide the treatment, the outcome research that demonstrates efficacy, and the process research that explores the proposed mechanisms of change. This article's research findings are relevant to CFP because they support a systemic evidence-based model targeting adolescent depression, suicide ideation, and trauma. In contrast, several available evidence-based treatment models in CFP target substance abuse or externalizing behaviors (e.g., aggressive or antisocial behavior) in this age range.

6. Hogue, A., Schumm, J. A., MacLean, A., & Bobek, M. (2022). Couple and family therapy for substance use disorders: Evidence-based update 2010– 2019. *Journal of Marital and Family Therapy*, 48, 178–203.

This article provides an evidence-based update on couple and family therapy interventions for substance use disorders (SUDs) from 2010-2019. The authors reviewed 13 randomized controlled trials that met strict methodological criteria, including 7 studies targeting adolescents and 6 targeting adults. The review focused on outpatient treatments that involved couple and/or family-based relational processes, excluding individually-oriented or primarily psychoeducational interventions. Studies covered both alcohol and drug use disorders across the lifespan. Key findings indicate that systemic family therapy is well-established as a standalone treatment for SUDs, particularly for adolescents. Behavioral family therapy and behavioral couple therapy are efficacious as standalone treatments and well-established as part of multicomponent treatments. The review found strong evidence supporting couple and family therapies for SUDs across different approaches (e.g., systemic, behavioral) and formats (standalone vs. multicomponent). Specific advantages of family interventions included improved treatment engagement, better substance use outcomes, enhanced relationship functioning, and positive impacts on co-occurring problems such as intimate partner violence and child adjustment. Based on these findings, the authors recommend that SUD treatment programs routinely offer couple and family therapies as a standard-of-care option. They also discuss implementation challenges and suggest innovative future directions, including developing transdevelopmental practices that can be effective across the lifespan and transforming the national system of SUD healthcare to be more oriented toward relational interventions.

7. Goger, P., & Weersing, V. R. (2022). Family based treatment of anxiety disorders: A review of the literature (2010– 2019). *Journal of Marital and Family Therapy*, 48, 107– 128.

This article reviews the evidence base for family-based treatments of anxiety disorders in youth and adults from 2010-2019. The authors conducted a systematic literature search and identified 22 randomized controlled trials (RCTs) focused on youth anxiety that met inclusion criteria. The youth studies primarily targeted children and adolescents with anxiety disorders and compared family-based cognitive-behavioral therapy (CBT) interventions to waitlist controls or individual CBT. Sample sizes ranged from 22 to 545 participants across studies. Key findings indicate that family-based treatments generally performed better than no-treatment controls and as well as individual-based CBT interventions for youth anxiety. Some evidence suggested family-based interventions may outperform individual treatments for certain populations, for example, Puleo and Kendall (2011) found that youth with moderate autism symptoms were much more likely to respond to family-based CBT compared to individual CBT. Family interventions can directly target important family processes involved in anxiety maintenance, such as parental accommodation of symptoms, parental anxiety, and family climate factors like warmth and control. Some studies found family treatments produced more durable improvements compared to individual treatments at follow-up assessments. Family interventions targeting parents of young children showed promise for preventing later onset of anxiety disorders. Overall, the review highlights the potential benefits of involving families in anxiety treatment for youth while also noting limitations in the current evidence base, particularly for adult populations.

8. Wang, X., Zang, L., Hui, X., Meng, X., Qiao, S., Fan, L., & Meng, Q. (2024). Dyadic interventions for cancer patient-caregiver dyads: A systematic review and network meta-analysis. *International Journal of Nursing Studies*, 104948.

Couple interventions for patients and caregivers dealing with cancer have proven very effective. This systematic review examined the effectiveness of dyadic interventions for cancer patient-caregiver dyads. The study included 37 randomized controlled trials from 8 countries, published between 2004 and 2023, with over half conducted in the United States. The analysis focused on key outcomes including quality of life, dyadic adjustment, anxiety, depression, and caregiver burden. The findings revealed that different dyadic interventions were most effective for specific outcomes. WeChat couple-based psychosocial support significantly improved patients' quality of life, while an eHealth symptom and complication management program was most effective for caregivers' quality of life. Emotionally focused therapy showed the greatest benefit for enhancing dyadic adjustment in both patients and caregivers. For reducing anxiety, couple-based intimacy enhancement was most effective for patients, while telephone-based dyadic psychosocial intervention was best for caregivers. Telephone-based dyadic psychosocial intervention also ranked highest for reducing depression in patients, while coping skills training was most effective for caregivers' depression. Finally, caregiver educational programs were found to be most effective in reducing caregiver burden.

9. Gan, D. Z. Q., Zhou, Y., Binte Abdul Wahab, N. D., Ruby, K., & Hoo, E. (2021). Effectiveness of functional family therapy in a non-Western context: Findings from a randomized-controlled evaluation of youth offenders in Singapore. *Family Process*, 60(4), 1170–1184.  
<https://doi.org/10.1111/famp.12630>

This study evaluated the effectiveness of Functional Family Therapy (FFT) in Singapore in a randomized controlled trial. The sample consisted of 120 youth probationers (mean age 16.2 years, 89.2% male) randomly assigned to either standard probation services (Treatment-As-Usual, TAU; n=57) or FFT in addition to TAU (FFT; n=63). The researchers examined three main outcomes:

mental well-being, family functioning, and probation completion rates. Data were collected at pre-program, post-program, and end of probation stages. The findings supported FFT's effectiveness in improving mental well-being and probation completion rates. Youth in the FFT group showed significant improvements in mental well-being scores from pre- to post-treatment, with gains maintained at follow-up. The FFT group demonstrated higher rates of reliable change and clinical recovery on the family functioning scale. Notably, probation completion rates were significantly higher for the FFT group (88.9%) compared to the TAU group (70.2%). Youth who underwent FFT were approximately four times more likely to complete their probation order successfully relative to those in the TAU group. This study is important because it is the first randomized controlled trial of FFT in a non-Western Context.

10. Weintraub, M. J., Schneck, C. D., Posta, F., Merranko, J. A., Singh, M. K., Chang, K. D., & Miklowitz, D. J. (2022). Effects of family intervention on psychosocial functioning and mood symptoms of youth at high risk for bipolar disorder. *Journal of Consulting and Clinical Psychology*, 90(2), 161–171. <https://doi.org/10.1037/ccp0000708>

This study examined the effects of family-focused therapy (FFT) compared to enhanced care (EC) on psychosocial functioning and mood symptoms in youth at high risk for bipolar disorder. The sample consisted of 119 youth aged 9-17 with active mood symptoms and a family history of bipolar disorder, randomly assigned to either 4 months of FFT or EC. Participants were assessed on mood symptom severity and self-rated psychosocial functioning across family, social-emotional, and school domains over a 2-year follow-up period. The results showed that youth in the FFT group reported greater improvements in family functioning compared to those in EC, particularly at 4, 18, and 24 months post-randomization. Improvements in family functioning partially mediated reductions in depressive symptoms over time. The benefits of FFT were more pronounced for youth with comorbid anxiety and externalizing disorders. Specifically, youth with these comorbidities showed greater improvements in family functioning at 18 and 24 months when receiving FFT compared to EC. The study suggests that enhancing family functioning through early intervention may be an important mechanism for reducing depressive symptoms in youth at high risk for bipolar disorder.

2. **Provide at least five psychological manuscripts published in refereed journals (or equivalent) that demonstrate the efficacy of the specialty's procedures and techniques when compared with services rendered by other specialties or practice modalities. Summarize and discuss the relevance of the findings of these studies, particularly their measures and outcome results and the comparisons to other specialties or modalities.**

1. Diamond, G. S., Kobak, R. R., Ewing, E. S. K., Levy, S. A., Herres, J. L., Russon, J. M., & Gallop, R. J. (2019). A randomized controlled trial: Attachment-based family and nondirective supportive treatments for youth who are suicidal. *Journal of the American Academy of Child & Adolescent Psychiatry*, 58(7), 721-731.

This study evaluates the efficacy of attachment-based family therapy (ABFT) compared with a family-enhanced nondirective supportive therapy (FE-NST) for decreasing adolescents' suicide ideation and depressive symptoms. A randomized controlled trial of 129 adolescents who are suicidal ages 12- to 18-years-old (49% were African American) were randomized to ABFT (n = 66) or FE-NST (n = 63) for 16 weeks of treatment. Assessments occurred at baseline and 4, 8, 12, and 16 weeks. Trajectory of change and clinical recovery were calculated for suicidal ideation and depressive symptoms. There

was no significant between-group difference in the rate of change in self-reported ideation (Suicidal Ideation Questionnaire-Jr;  $F_{1,127} = 181, p = .18$ ). Similar results were found for depressive symptoms. The two treatments produced substantial decreases in suicidal ideation and depressive symptoms that were comparable to or better than those reported in other more intensive, multicomponent treatments. However, contrary to expectations, ABFT did not perform better than FE-NST. The equivalent outcomes could be attributed to common treatment elements, different active mechanisms, or regression to the mean. Future studies will explore long-term follow up, secondary outcomes, and potential moderators and mediators. This research is relevant to CFP practice because few family intervention models have been tested with depressed youth, particularly African American adolescents. In addition, this article is one of relatively few published studies that compares an evidence-based therapy model to an alternative family intervention (i.e., a four-session family psychoeducation program).

2. Tehrani, H. D., Yamini, S., & Vazsonyi, A. T. (2024). Effects of parenting program components on parental stress: A systematic review and component network meta-analysis. *Journal of Family Psychology, 38*(2), 320.

This study tested the effectiveness and ranking of the different combinations of parenting program components in reducing parental stress at the first posttreatment measurement in treatment settings for parents of children with disruptive behaviors. Fifty-seven studies were identified. Six different combinations of parenting program components were compared to the inactive component (control group), based on five active components (psychoeducation [PE], behavior management [BM], relationship enhancement [RE], parental self-management [SM], and parent as a coach [PC]). Except for BM with PE, all treatments, namely (a) BM with RE, (b) BM with SM, (c) BM with PE and SM and PC, (d) BM with RE and SM, and (e) BM with PE and RE and SM and PC, were effective in reducing parental stress when compared to the control group. The ranking of combinations provided evidence that BM with RE (e.g., Parent-Child Interaction Therapy) was the most effective combination for reducing parental stress. The evidence also indicated that more comprehensive parenting program components (BM with PE and RE and SM and PC, e.g., The Incredible Years) were less effective in reducing parental stress. The current findings indicate that parenting programs have the potential to reduce parental stress, even if programs are primarily aimed at improving children's behaviors. These findings are relevant to CFP because they provide support for the superiority of relationship enhancement interventions as a part of a behavioral management program, as compared to parenting programs that don't include an explicit focus on the parent-child relationship.

3. Liddle, H. A., Dakof, G. A., Rowe, C. L., Henderson, C., Greenbaum, P., Wang, W., Alberga, L. (2018). Multidimensional Family Therapy as a community-based alternative to residential treatment for adolescents with substance use and co-occurring mental health disorders. *Journal of Substance Abuse Treatment, 90*, 47-56. doi: 10.1016/j.jsat.2018.04.011

This randomized clinical trial compared Multidimensional Family Therapy (MDFT) with residential treatment (RT) for adolescents with co-occurring substance use and mental health disorders on substance use, delinquency, and mental health symptoms. Using an intent-to-treat design, 113 adolescents who had been referred for residential treatment were randomly assigned to either RT or MDFT in the home/community. The sample was primarily male (75%) and Hispanic (68%) with an average age of 15.4 years. Seventy-one percent of youth had at least one previous residential treatment

placement. Participants were assessed at baseline and at 2, 4, 12 and 18 months post-baseline. During the early phase of treatment (baseline to 2 months), youth in both treatments showed significant reductions in substance use [substance use problems ( $d = 1.10$ ), frequency of use ( $d = 1.36$ )], delinquent behaviors ( $d = 0.18$ ) and externalizing symptoms ( $d = 0.77$ ), and youth receiving MDFT reported significantly greater reductions in internalizing symptoms than youth receiving RT ( $d = 0.42$ ). In phase 2, from 2 to 18 months after baseline, youth in MDFT maintained their early treatment decreases in substance use problems ( $d = 0.51$ ), frequency of use ( $d = 0.24$ ), and delinquent behaviors ( $d = 0.42$ ) more effectively than youth in RT. During this period, there were no significant treatment differences in maintenance of gains for externalizing and internalizing symptoms. Results suggest that Multidimensional Family Therapy is a promising alternative to residential treatment for youth with substance use and co-occurring disorders. The results, if supported through replication, are important because they challenge the prevailing assumption that adolescents who meet criteria for residential treatment cannot be adequately managed in a non-residential setting.

4. Sexton, T. L., Datchi-Phillips, C., Evans, L. E., LaFollette, J., & Wright L. (2013). The Effectiveness of Couple and Family Therapy Interventions. In M. Lambert (Ed). *Handbook of Psychotherapy and Behavior Change*. Wiley: New York.

The authors considered 205 family studies and found positive the effects of CFP treatment on twenty-six distinct clinical problems, among which four emerged as the primary focus of the research: youth behavior problems (40%), general mental health (3.4%), parenting (4.4%), family relationships (3.9%), and schizophrenic symptoms (3.4%). In their analysis, Sexton and colleagues (2013) found that 46% of the research (including studies of parenting programs) produced significant findings that support the effectiveness of family-focused interventions, 43.4% had mixed results, and 10.2% found that family-focused interventions did as well as the alternative treatments. Efficacy when compared to alternative treatments was also established. No studies reported iatrogenic outcomes.

5. Dakof, G.A., Henderson,, C.E., Rowe, C.L., Boustani, M., Greenbaum, P.E., Wang, W., Hawes, S., Linares, C., & Liddle, H.A. (2015). A randomized clinical trial of family therapy in juvenile drug court. *Journal of Family Psychology*, 29(2), 232-241.

This research examined the effectiveness of 2 theoretically different treatments delivered in juvenile drug court – family therapy represented by multidimensional family therapy (MDFT) and group-based treatment represented by adolescent group therapy (AGT). During the court phase, youth in both treatments showed significant reduction in delinquency, externalizing symptoms, rearrests, and substance use. During a 24 month follow-up family therapy evidenced greater maintenance of treatment gains than group-based treatment for externalizing symptoms, commission of serious crimes, and felony arrests. The results suggest that family therapy enhances juvenile drug court outcomes beyond what can be achieved with a nonfamily based treatment.

6. Wittenborn, A. K., & Holtrop, K. (2022). Introduction to the special issue on the efficacy and effectiveness of couple and family interventions: Evidence base update 2010–2019. *Journal of Marital and Family Therapy*, 48(1), 5–22. <https://doi.org/10.1111/jmft.12576>

This article is an evidence-based review of the efficacy of couple and family interventions from 2010–2019. The researchers examined 133 articles and highlighted well-established therapies for youth issues like ADHD, anxiety, and mood disorders, and adult challenges like relationship distress and



substance use. It discusses how couple and family therapies compare to other therapeutic modalities. For example, it notes that for youth anxiety disorders, couple and family interventions were found to be as effective as individual-based therapies but were superior for specific populations, such as youth with autism. Similarly, systemic approaches for certain conditions like substance use disorders and relationship distress are well-supported. However, the article emphasizes that couple and family therapy leverages relational dynamics uniquely, which can make it particularly effective for relationship-focused issues and systemic challenges. It also emphasizes systemic approaches' potential for public health impact and identifies disparities in mental health research for racial/ethnic minorities. Recommendations include expanding research for underrepresented groups, understanding intervention mechanisms, and improving access and equity in family therapy to address health inequities effectively.

7. Baucom, B. R. W., & Crenshaw, A. O. (2019). Evaluating the efficacy of couple and family therapy. In B. H. Fiese, M. Celano, K. Deater-Deckard, E. N. Jouriles, & M. A. Whisman (Eds.), *APA handbook of contemporary family psychology: Family therapy and training* (pp. 69–86). American Psychological Association. <https://doi.org/10.1037/0000101-005>

This chapter explores the evolving landscape of treatment outcome research in couple and family therapy, introducing an integrative model that links relational, psychological, and physical health outcomes. It addresses key methodological, measurement, and statistical advancements in research, including randomized clinical trials, small-N designs, and multivariate analysis methods. It offers guidance on navigating alternative methods as well. The chapter highlights the unique strengths of CFT, particularly in treating relationship distress and co-occurring disorders like depression and anxiety, while also advocating for integrating physiological and behavioral measures in research. Recommendations for future research focus on improved measurement, frequent assessment, and tailored intervention approaches. Focusing primarily on couple therapy for clarity, it concludes with recommendations for advancing research methodologies, which are equally applicable to family therapy studies.

3. **Provide at least five psychological manuscripts published in refereed journals (or equivalent) that demonstrate the efficacy of the specialty's services for dealing with the types of settings or organizational arrangements where this specialty is practiced. Summarize and discuss the relevance of the findings of these studies in relation to the specialty practice.**

1. Ganz, M. B., Rasmussen, H. F., McDougall, T. V., Corner, G. W., Black, T. T., & De Los Santos, H. F. (2022). Emotionally focused couple therapy within VA healthcare: Reductions in relationship distress, PTSD, and depressive symptoms as a function of attachment-based couple treatment. *Couple and Family Psychology: Research and Practice*, 11(1), 15–32. <https://doi.org/10.1037/cfp0000210>

Emotionally Focused Couple Therapy (EFT) is a well-established, attachment-based treatment for relationship distress. This study seeks to further previous research by examining the impact of EFT on veterans' and their partners' symptoms of posttraumatic stress disorder (PTSD), depression, and relationship distress, in a real-life clinical setting. The present study uses dyadic data analyses to test three hypotheses: from pre to post therapy veterans and their partners would report (a) increases in relationship satisfaction and decreases in (b) PTSD and (c) depression symptoms. In addition, we tested whether diagnostic status at the start of therapy, that is, meeting clinical criteria for that



outcome, moderated the changes. Data were collected as part of routine care at an outpatient clinic at a Veterans Affairs (VA) Hospital. The sample consisted of 29 couples. Pre and post measures were obtained at the first and final sessions ( $M$  sessions = 15.52  $SD$  = 7.19). Multilevel models examining changes across time for all partners found that the difference between pre and post therapy scores for relationship satisfaction ( $b = 10.85, p < .01$ ) and depression symptoms ( $b = -1.61, p < .05$ ) was significant. Moreover, diagnostic status moderated treatment effects for all outcomes: the difference between pre and post therapy scores was significant for partners who met clinical criteria for relationship distress ( $b = 13.93, p < .001$ ), PTSD ( $b = -12.39, p < .01$ ), and depression ( $b = -7.64, p < .001$ ). Although PTSD and depression are not the focus of treatment, results indicate EFT is effective at reducing relationship distress and individual symptomatology in veterans and their partners. This study is relevant to CFP practice in that it demonstrates the effectiveness of EFT in the setting of a VA hospital clinic with a sample of veterans and their partners.

2. Kiser, L. J., Backer, P. M., Winkles, J., & Medoff, D. (2015). Strengthening Family Coping Resources (SFCR): Practice-based evidence for a promising trauma intervention. *Couple and Family Psychology: Research and Practice*, 4(1), 49–59. <https://doi.org/10.1037/cfp0000034>

There are few family-based interventions for children and caregivers affected by trauma, and even fewer for those impacted by multiple traumas and chronic stress. Using a within-subjects design, the authors assessed the impact of a manualized multifamily group intervention that delivers a trauma-focused, skills-based treatment to families living in traumatic contexts. Since publication of the Strengthening Family Coping Resources (SFCR) feasibility trial (Kiser et al., 2010), 2 models of SFCR have been implemented nationally by a range of community agencies. A total of 13 sites contributed data to the current study sample, which included 103 families with a child age 6 to 17 years exposed to multiple traumas (51.4% female;  $M$  age = 10.4 years). A total of 13 sites contributed data to the current study. Participants included 185 families with a child exposed to multiple traumas; pre–post data were submitted on 103 children age 6 to 17 years (56.7% female;  $M$  age = 10.7 years). Participants completed pre-assessments within 2 weeks of the first session, and follow-up assessment was completed within 1 month of the final session. As predicted, results of linear mixed-model analyses indicated child posttraumatic stress disorder symptoms decrease post SFCR (as reported by both caregivers and children). Caregivers also reported significant reductions in their child’s behavior problems, healthier family functioning, and decreased parenting stress following completion of SFCR. Overall, results suggest that SFCR is a promising intervention for reducing trauma-related symptoms in children and improving family functioning when delivered in multiple real-world settings. This article is relevant to CFP practice in that it tests a systemic intervention for a child welfare population, delivered in the setting of community agencies across the U.S.

3. Carlson, C.I., Maddocks, D.L.S., & Scardamalia, K.M. (2019). Families and schools. In Fiese, B.H. (Ed.-in-Chief), Celano, M., Deater-Deckard, K., Jouriles, E.N., & Whisman, M.A. (Assoc. Eds.). *APA Handbook of Contemporary Family Psychology* (Vol. 3). (pp. 217 - 233). Washington, DC: American Psychological Association.

This chapter provides family psychologists with knowledge and resources that can facilitate their ability to form partnerships between families and school systems that are in the best interest of the socioemotional development and academic success of children. The chapter includes information on: (a) theoretical foundations, (b) the family’s role in children’s development and school success, (c) school organization and changing parental roles in children’s learning across development, and (d)

evidence-based interventions that demonstrate an effect on children's school success.

4. Rothman, K., Roddy, M. K., & Doss, B. D. (2021). Moderating role of socioecological factors on web-based relationship interventions for lower income couples. *Journal of Family Psychology*, 35(8), 1192–1198. <https://doi.org/10.1037/fam0000867>

This study examined the effectiveness of two online relationship interventions, Our Relationship and ePREP, for lower-income couples. The research aimed to understand how various socioecological factors might moderate the programs' effects on relationship satisfaction. The sample included 742 couples (1,484 individuals) who were primarily in their mid-30s, racially diverse, and reporting an average annual household income of \$29,046. Most couples (85%) were within 200% of the federal poverty line. The study found that both Our Relationship and ePREP programs were effective in improving relationship satisfaction for lower-income couples compared to the waitlist control group. The interventions' effectiveness was largely consistent across various socioecological factors, including individual characteristics (e.g., age, gender, education), couple-level factors (e.g., relationship length, parenting status), and community-level factors (e.g., perceived discrimination, neighborhood crime rates). Income was the only factor that moderated the programs' effects, but only during the follow-up period. Higher-income couples in the waitlist group showed more natural recovery compared to lower-income couples, while the intervention groups maintained their gains regardless of income. The study found no evidence that other factors such as race, ethnicity, education level, or community characteristics significantly moderated the interventions' effectiveness. These results are relevant to CFP because they suggest that these online programs are effective for a wide range of lower-income, help-seeking couples, regardless of various socioecological stressors.

5. Jewell, T., Blessitt, E., Stewart, C., Simic, M. and Eisler, I. (2016), Family Therapy for Child and Adolescent Eating Disorders: A Critical Review. *Fam. Process.*, 55, 577-594. <https://doi.org/10.1111/famp.12242>

The article critically reviews evidence on family therapy for children and adolescents with eating disorders, focusing on anorexia nervosa (AN) and bulimia nervosa (BN). The findings show that eating disorder-focused family therapy is the strongest evidence-based treatment for adolescent AN, supported by nine randomized controlled trials (RCTs), and also effective for adolescent BN, demonstrated by three RCTs. Multiformat adaptations like multifamily therapy have emerged as beneficial, showing improved outcomes compared to traditional family therapy. The study highlights how early intervention and a structured, family-centered approach create a safe, predictable environment, reduce anxiety related to eating disorders, and facilitate behavioral and emotional change. Samples in these studies predominantly include adolescents with AN and BN and their families. Results demonstrate that family therapy leads to significantly higher rates of recovery at follow-ups compared to individual treatments. Efficacy is driven by family participation, psychoeducation, and the collaborative role of multidisciplinary teams.

6. McDaniel, S. H., Doherty, W. J., & Hepworth, J. (2014). *Medical family therapy and integrated care* (2nd ed.). Washington, DC: American Psychological Association.

In this thorough revision and update of their classic text, *Medical Family Therapy: A Biopsychosocial Approach to Families with Health Problems* (1992), the authors describe the impact of recent

economic and structural changes in health care on the role of the medical family therapist. They describe how medical and mental health providers can learn to speak the same language, whether they collaborate in outpatient therapy, co-location settings, community health centers, or fully integrated health systems. They also take into account exciting new advances in fertility treatments and genomic medicine, and assess the medical family therapist's role in navigating the unique conflicts that can arise in families dealing with these and similar issues. Although it was published 10 years ago, this book remains the authoritative text on the application of CFP interventions in medical settings.

7. Borduin, C.M. & Dopp, A. R. (2015). Economic impact of multisystemic therapy with juvenile sexual offenders. *Journal of Family Psychology*, Vol. 29(5), 687-696.

This study investigated the economics of multisystemic therapy for problem sexual behaviors (MST-PB), a family based treatment that has shown promise with juvenile sexual offenders. The net benefit of MST-PBS over usual community services was calculated in terms of (a) the value to taxpayers, which was based on measures of criminal justice system expenses, and (b) the value to crime victims, which was based on measures of both tangible (e.g. quality of life) loss, health care, damage and loss, lost productivity) and intangible (e.g. pain, suffering, reduced quality of life) losses. Every dollar spent on MST-PBS recovered \$48.81 in savings to taxpayers and crime victims over an 8.9-year follow-up. The findings demonstrated that a family-based treatment such as MST-PBS can produce lasting economic benefits with juvenile sex offenders.

8. Sherman, M.D. Fischer, E.P., Owen, Jr., R.R., Lu, L., & Han, X. (2015). Multifamily group treatment for veterans with mood disorders: A pilot study. *Couple and Family Psychology: Research and Practice*, Vol. 4(3), 136-149.

Researchers have advocated for a relational perspective to mood disorder treatment, and several promising treatments have been developed. However, few rigorous evaluations have been conducted within the Veterans Affairs (VA) system. Multifamily group therapy, an evidence-based practice for people living with schizophrenia, has recently been adapted for other psychological disorders with promising results. This article describes the first published evaluation of this treatment modality in the VA system for veterans living with mood disorders. Male veterans (n=101; 74 with major depression and 27 with bipolar disorder) and their family members participated in REACH (Reaching out to Educate and Assist Caring; healthy families), a 9 month, manualized, multifamily group treatment intervention adapted from McFarlane's original multifamily group model. Both veterans and family members showed improvements in their knowledge about mood disorders, understanding of positive strategies for dealing with situations commonly confronted in mood disorders, and family coping strategies. Veterans also evidenced improvement in family communication and problem-solving behaviors, empowerment, perceived social support, psychiatric symptoms, and overall quality of life.

**Criterion X. Quality Improvement. A specialty promotes ongoing investigations and procedures to develop further the quality and utility of its knowledge, skills, and services.**

*Commentary: The public interest requires that a specialty provides the best services possible to consumers. A specialty, therefore, continues to seek ways to improve the quality and usefulness of its practitioners' services beyond its original determination of effectiveness. Such investigations may take many forms. Specialties promote and participate in the process of accreditation in order to enhance the quality of specialty education and training. Petitions describe how research and practice literatures are regularly reviewed for developments which are relevant to the specialty's skills and services, and how this information is publicly disseminated*

- 1. Provide a description of the types of investigations that are designed to evaluate and increase the usefulness of the skills and services in this specialty. Estimate the number of researchers conducting these types of studies, the scope of their efforts, and how your organization and/or other organizations associated with the specialty will act to foster and communicate these developments to specialty providers. Provide evidence of current efforts in these areas including examples of needs assessed and changed that resulted.**

In accordance with the American Psychological Association's (2009) "Criteria for the Evaluation of Quality Improvement Programs and the Use of Quality Improvement Data;" the specialty of Couple and Family Psychology strives to enhance the specialty through continuous evaluation of research and services provided by the specialty. Basic research as defined by the APA Dictionary of Statistics and Research methods (2014) states that: "basic research is research conducted to obtain greater understanding of a phenomenon, explore a theory, or advance knowledge, with no consideration of any direct practical application," (p.21). Applied research "studies conducted to solve real-world problems, as opposed to studies that are carried out to develop a theory or to extend basic knowledge," (p.12).

The Society for Couple and Family Psychology (Div. 43) fosters and supports scientific investigations through many avenues. APA initiated the publication of the *Journal of Family Psychology* in 1987; it is published 8 times per year and has an impact factor of 2.3 (3.3 within the past 5 years). The Society started a new Journal in 2012 that is dedicated to the Specialty: *Couple and Family Psychology: Research & Practice (CFP:RP)*. This journal is published quarterly and has an impact factor of 1.9. Unlike other journals in the field, *CFP:RP* is focused specifically on couple and family psychology as a specialty practice, unique scientific domain, and critical element of psychological knowledge. The Society for Couple and Family Psychology also published research reports in the Division's newsletter *The Family Psychologist* through 2019. In April 2020, the Division pivoted to an online platform, the *Couple and Family Psychology Blog*, for members to share research, practice-based insights, news, and other updates. Advanced knowledge and research in the specialty has also been disseminated via textbooks. In December 2019 APA published a three volume set: *The APA Handbook of Contemporary Family Psychology*, with Barbara H. Fiese (former Division 43 President) as Editor-in-Chief, and four Associate Editors with established scholarly records in the specialty. This comprehensive textbook provides a solid foundation for integrating theory, research, practice, and policy in couple and family psychology. In addition, recent books have been published by CFP specialists on Functional Family Therapy (Sexton, van Dam & Anderson, 2025), Attachment-Based Family Therapy (Diamond & Boruchovitz-Zamir, 2023), Integrative Systemic Therapy (Pinsof et al.,

2018; Russell, Breunlin & Sahebi, 2022), and on diversity in couple and family therapy (Kelly, 2017). Furthermore, specialists have contributed to APA guidelines that aim to improve all activities in professional psychology, but have a special relevance for the specialty of couple and family psychology. For example, the most recent *Multicultural Guidelines* (APA, 2017) were written by a five member task force led by Caroline S. Clauss-Ehlers, a CFP specialist.

There are additional APA Divisions and other professional organizations that promote research-based practice from a family systems perspective through journals, newsletters, conferences, and training: Division 37, the National Council on Family Relations, American Counseling Association's International Association of Marriage and Family Counselors, the American Association of Marriage and Family Therapy, the American Family Therapy Association, the Association of Family and Conciliation Courts, National Association of Social Workers, family nursing associations, and family medicine associations.

The specialty of CFP fosters and communicates developments in quality of care and quality improvement through four primary avenues: 1) Division 43 has five (5) Listservs: a) Early Career Psychologists, b) Member Listserv, c) Announcement, d) Education and Training, and e) Relational Diagnosis, 2) the Couple and Family Psychology Blog published by Division 43, 3) The Academy of Couple and Family Psychology's Website, and 4) Division 43 social media outlet: Facebook, Instagram, LinkedIn, X (formerly known as Twitter). There have been no recent needs assessments of the Division 43 membership regarding the usefulness of specialty skills and services.

Estimating the number of researchers is a difficult task given the wealth, range, and diversity of activity in couple and family psychology as well as the numerous settings and publication outlets in which research is presented. However, based on the Table of Contents for the recently published *APA Handbook of Contemporary Family Psychology* (2019), the number of CFP researchers likely exceeds 100.

# **1. Describe how the specialty seeks ways to improve the quality and usefulness of its practitioners' services beyond its original determinations of effectiveness.**

As noted above, Couple and Family Psychology is represented by a synergy involving the Society for Couple and Family Psychology (a membership organization), the Academy of Couple and Family Psychology (board certified members) and the American Board of Couple and Family Psychology (ABPP, the Board that sets specialty requirements and criteria). The synergy allows for researchers, educators, specialty Board members and the Specialty examinations to be consistent with current research and trends in the field.

Couple and Family Psychologists, like other specialty areas, are committed to life-long learning. Item 1 above has already summarized how developments in CFP are accessed and reviewed. Throughout this CRSPPP Renewal we have identified research and books published since 2017 (the last CRSPPP Renewal) that demonstrate the vitality and relevance of CFP. Information and recent developments are publicly disseminated through public access to: Division 43's website, the COSPP website, the Division 43 website, and the AACFP website.

The CRSPPP Renewal Petition also functions as a pathway to Quality Improvement. In part, it serves the purpose of a Self-Study to identify the specialties strengths and areas of needed improvement. The process of self-reflection is part of the *Foundational Competency of Self-Assessment and Reflective Practice* with a commitment to life-long learning, engagement with scholarship, critical thinking and respect for scientifically derived knowledge, with a commitment to further the development of the specialty of CFP. The Renewal Petition is developed by and approved by representatives of the Synergy on the Couple and Family Psychology Specialty Council. Once approved, the CRSPPP document is available to the memberships to inform research, practice and training.

There are a number of specific activities that illustrate the commitment to quality improvement implemented by both Division 43 and by the American Board of Couple and Family Psychology:

- Maintenance of Certification through the American Board of Professional Psychology (ABPP)
- The American Academy of Couple and Family Psychology recruited CFP Specialists to offer “videos of interest” on their website: [Articles and Videos of Interest - American Academy of Couple and Family Psychology](#). These free videos, conducted primarily by specialists, address a number of topics of interest to psychologists in the specialty, including: Evidence-based family therapy (Tom Sexton), HIPAA and technology (Alan Groveman), Integrated systemic therapy (Bill Pinsoff), Ethics of affairs (Terry Patterson), and Evaluating the change process in therapy (Christina Wise).
- In 2021 and 2022 Division 43 developed a co-sponsored program with The Steve Frankel Group, LLC (SFG) to produce 25-hours of APA accredited CE courses for psychologists wanting post-licensure training in CFP. Division 43 leadership recruited senior couple and family psychologists as program presenters; presenters provided a pre-prepared syllabus, PowerPoints, and course handouts. Initially, the presentations were synchronous live APA CE-approved webinars produced by SFG. Currently, the seven recorded webinars (approved for 1.5 to 3 hours of CE credits) are available as asynchronous CE courses on the SFG website: <https://www.sfrankelgroup.com/all-courses/cfp-div43-courses/>
- ABPP Diversity Committee - In 2020 two CFP Specialists (Celano & Perry, 2020) called on ABPP to commit to an active, ongoing, and thorough process of examination of policies, practices, and representation related to diversity. Specifically, the authors called on ABPP to collect and publish data on the race of all specialists. In 2021, the ABPP Diversity Committee organized an initiative to collect data from all specialists annually on many diversity characteristics; these data are now available to the public via the online ABPP publication, *On Board with Professional Psychology*.
- The ABCFP Exam Manual (on ABPP website) has been updated to be consistent with the most recent competency requirements in professional psychology, as described in Criterion IV above.
- On the ABCFP/ABPP website, a brief document is available that defines the 16 competencies for the specialty of Couple and Family Psychology.
- In 2021 and 2022 members of the CFP specialty collaborated in developing and editing the *CFP Training and Education Guidelines* and the *CFP Taxonomy*, described in Criterion V and in (4) below. These *Guidelines* will be available to Division 43 members in 2025.

- Engagement of Early Career Psychologists: The Academy of Couple and Family Psychology and Division 43 are collaboratively working on the recruitment of early career psychologists, particularly those working with marginalized and underserved populations. Toward this end, all three boards (AACFP, ABCFP, Division 43) include at least one member who is an early career psychologist.
- In August 2024, Division 43 sponsored the following symposia at the APA Convention in Seattle: *Education and Training in Couple and Family Psychology: Past, Present and Future*; and *Board Certification in Couple and Family Psychology: Step-by-Step Guide*.

**2. Describe how the research and practice literature are regularly reviewed for developments which are relevant to the specialty's skills and services, and how this information is publicly disseminated. Give examples of recent changes in specialty practice and/or training based upon this literature review.**

Couple and Family Psychology has a long history of researchers who have periodically done systematic reviews of the research literature to identify what works and to translate those findings into formats for dissemination into training, practice and future research (addressed in prior sections of the CRSPPP Renewal). Systematic reviews of the CFP research literature are conducted at regular intervals. For example, Carr (2019) summarized the evidence base for systemic practice with child-focused problems, and Celano (2018) described the contributions of Couple and Family Psychology to the treatment of children's emotional and behavioral disorders. In addition, there is a recent meta-analysis of couple therapy (Roddy et al., 2020). Several published reviews address the efficacy of specific evidence-based systemic interventions (e.g., , Jiménez et al., 2019; see references in Criterion IX). These reviews shape the future research and practice of the Specialty. Public dissemination of these findings occurs in the Journals associated with the specialty.

Recent developments in CFP are publicly disseminated through public access to: Division 43's website, the COSPP website, the AACFP website and the ABCFP website. In addition, Couple and Family Psychologists contribute to the publicly available newsletter of ABPP, *On Board with Professional Psychology*. Recent issues have featured articles by CFP specialists addressing social media use among diverse teens and families (Lim & Celano, 2024) and artificial intelligence use in clinical practice (Elamin & Pollard, 2024).

Recent changes in specialty practice. One example of recent changes in specialty practice has to do with systemic practice via telehealth. Systemic interventions via video teleconferencing platforms are now ubiquitous (Lebow, 2021), with promising data about therapy process and outcome (de Boer et al., 2021). Many articles, book chapters, and workshops have emerged to orient specialists to this new practice context and to provide guidelines about how to handle the ethical, clinical, and logistical challenges associated with videoconferencing (Burgoyne & Cohn, 2020; Hardy et al., 2021; Robbins & Midouhas, 2021). There have been significant recent advances in relational and parenting psychoeducation-based programs delivered in online formats (e.g., de Boer et al., 2021; Doss et al., 2017). Another example is the development of a comprehensive and systemic conceptualization of diversity (APA, 2017), with implications for cross-cultural systemic assessment, research, and practice. Kelly (2017) provides recommendations for how systemic therapists' cultural competencies (knowledge, dynamic sizing indicators, skill set, self-awareness) can be used to bridge differences



with diverse couples and families via four mechanisms: worldview and value differences, experiences and contexts, power differences, and felt distance. Finally, recent books in CFP have applied a systemic lens to contemporary families experiencing racial microaggressions and discrimination, ambiguous loss, or parenting challenges associated with raising a child with autism (e.g., Browning & van Eeden-Moorefield, 2022), as well as to sexual and gender minority young adults and their parents (Diamond & Boruchovitz-Zamir, 2023).

Recent changes in specialty training. Specialty training guidelines have been updated in accordance with the *CFP Taxonomy* (approved 8/19/23), as described in Criterion V. The *CFP Taxonomy* will be disseminated to Division 43 members and the *CFP Training and Education Guidelines* will be available on the Division 43 website in 2025. In addition, CFP board certification procedures have been updated to be consistent with the latest organization of CFP competencies. According to the ABCFP (ABPP) Exam Manual, a candidate's performance during the oral exam is rated on at least eleven CFP competencies: the eight foundational competencies; and assessment, intervention, and one or more of the remaining six functional competencies (consultation, supervision, teaching, research/evaluation, management-administration, or advocacy). In addition, the ethical vignettes used during the oral exam have been organized by CFP competency and updated to reflect modern day challenges (e.g., LGBTQ topics, couples/family therapy via telehealth, etc).

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**This criterion includes two components: one focusing on past activities around accreditation (X.4.a), and the other on future activities around accreditation (X.4.b).**

**For X.4.a, describe how the specialty has promoted and participated in the process of accreditation in order to enhance the quality of specialty education and training. Also, indicate how many programs in this specialty have been accredited at the doctoral and/or postdoctoral level.**

After the 2009 CRSPPP Renewal was completed, the synarchies began exploring through CoA, recognition of Couple and Family Psychology as a Developed Practice Area. After much discussion, exploration, and work, in February 2010 a decision was made to discontinue this process. This decision was made because of the strong accreditation emphasis in psychology on clinical, counseling, and school psychology programs. Additionally, it is perceived by many students that pre-doctoral and postdoctoral internship sites, as well as potential employers, prefer candidates from one of these established practice areas (Bray and Stanton, 2009; Stanton and Welsh, 2011). In fact, according to APA's 2021 Survey of Health Service Psychologists, 55% of respondents who specialize in CFP also specialize in clinical psychology.

CFP is not among the “substantive areas” for which the APA Commission on Accreditation evaluates doctoral programs; therefore, there are no doctoral programs that are accredited in CFP. Presently, with some notable exceptions, graduate training in CFP consists mostly of one or two elective specialty courses within counseling, clinical or school psychology programs, and much of the more intensive CFP specialty training occurs at the internship, post-doctoral fellowship, and post-licensure levels. Criterion V describes how the specialty characterizes CFP training at the doctoral, internship, and postdoctoral stages consistent with the CFP Taxonomy and the *CFP Training and Education Guidelines*.

**For X.4.b, describe how the specialty will promote and participate in the process of accreditation in the future in order to enhance the quality and sustainability of specialty education and training. Also, explain how the future accreditation support activities will be consistent with the Education and Training Guidelines:**

A Taxonomy for Education and Training in Professional Psychology Health Service Specialties (see: <http://www.apa.org/ed/graduate/specialize/taxonomy.pdf>) and will be sustained (e.g., training CoA site reviewers with specialty expertise, sponsoring CoA self-study workshops, fostering the development or ongoing operation of a specialty training council, administrative agreements and protections, financial support, etc.). Explain how these activities will result in an increase in the number of specialty programs that are accredited at the doctoral and/or postdoctoral level.

The specialty is participating in the process of re-accreditation through this petition for the recognition of Couple and Family Psychology as a specialty within psychology, which was originally accredited by CRSPPP in 2001. As CFP is not among the “substantive areas” for which the APA Commission on Accreditation evaluates doctoral programs, CFP specialists cannot promote or participate in the process of accreditation of their specialty education and training programs in the same way that clinical or counseling psychologists can do for their specialties. However, members of the CFP specialty have collaborated in developing and editing the *CFP Training and Education Guidelines*. These *CFP Guidelines* were initially developed by the Education and Training Committee of the APA

Society for Couple and Family Psychology, which consisted of five psychologists with knowledge of training across all stages of post-secondary education (J. Gomez, S. Pollard, S. Riggs, G. Sanford, C. Wise). The committee began by reviewing pertinent policy documents and other important sources, then discussed the content and structure of the document with the identified goal of implementing CRSPPP's (APA, 2020) taxonomy for psychology education and training. Committee members most familiar with each stage of training wrote the first draft of each section, which then went through two rounds of review and discussion by the full committee. Subsequently, the committee received feedback on the document from three CFP specialists recognized as experts and active leaders in the field. After incorporating the expert feedback, the *CFP Training and Education Guidelines* were submitted and approved by the executive boards of the three constituent organizations comprising the CFPSC (Division 43, ABCFP, and AACFP).

It is unclear to what extent the *CFP Training and Education Guidelines* will contribute to the development of CFP training opportunities at the doctoral, internship, and postdoctoral training stages. However, members of the specialty hope that the *CFP Taxonomy* and the corresponding *Guidelines* will result in more consistent use of specific terms to differentiate the levels of training (Major Area of Study, Emphasis, Experience, Exposure) to guide students, trainees, educators, and ABCFP examiners. The Division 43 board is in the process of identifying doctoral, internship, and postdoctoral training programs with a Major Area of Study or Emphasis in CFP.

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**Criterion XI. Guidelines for Specialty Service Delivery. The specialty has developed and disseminated guidelines for practice in the specialty that expand on the profession's general practice guidelines and ethical principles<sup>3</sup>.**

*Commentary: Such guidelines are readily available to specialty practitioners and to members of the public and describe the characteristic ways in which specialty practitioners make decisions about specialty services and about how such services are delivered to the public*

- 1. Describe the specialty-specific practice guidelines for this specialty. Please attach. How do such guidelines differ from general practice guidelines and ethics guidelines? (In this context, professional specialty guidelines refer to modes of conceptualization, identification and assessment of issues, and intervention planning and execution common to those trained and experienced in the practice of the specialty. Such professional guidelines may be found in documents or websites including, but not limited to, those bearing such a title or as described in a variety of published textbooks, chapters, and/or articles focused on such contents.)**

Specialty-specific practice guidelines per se do not currently exist for this specialty.

- 2. How does the specialty encourage the continued development and review of practice guidelines?**

The specialty encourages high standards of practice through adherence to the APA Ethical Principles of Psychologists, the APA Multicultural Guidelines, and through ongoing efforts to implement practice guidelines promulgated by the American Psychological Association. Direct attempts to have an impact on clinical practice standards include the development of a task force to identify evidence-based systemic treatments for practitioners in the specialty. Guidelines for the classification of evidence-based treatments in Couple and Family Psychology have been published by Sexton, Gordon, Gurman, Lebow, Holtzworth-Munroe, and Johnson (2011). In addition, CFP specialists have provided guidance on how to translate research into treatment recommendations and relational interventions for various problems (e.g., Celano, 2018; Hollon & Sexton, 2012; Kiser, 2105; Lebow, 2014; Pinus, 2012).

- 3. Describe how the specialty's practitioners assure effective and ongoing communication to members of the discipline and the public as to the specialty's practices, practice enhancements, and/or new applications.**

The effective and ongoing communication of specialty practices, practice enhancements and new applications in CFP are accomplished through a number of mechanisms. Examples of these mechanisms include the following:

- 1) Communication to members of the **discipline**: On-going communication to Couple and Family Psychologists is accomplished through multiple formats, including:
  - a) Scholarly articles in the *Journal of Family Psychology*, *Family Process*, and *Couple and Family Psychology: Research and Practice*
  - b) Participation in Division 43 List Serves

- c) Couple and Family Psychology Blog
- d) Effective communication among the synarchies: the specialty of CFP has an effective collaborative process of recursive communication among the Society for Couple and Family Psychology, The Couple and Family Psychology Specialty Council, the American Board of Couple and Family Psychology, and the American Academy of Couple and Family Psychology (see Criterion I).
- 2) Communication to the **Public**: Communication to the public and consumers of Couple and Family Psychology services is provided by:
  - a) The Academy of Couple and Family Psychology website
  - b) The Council of Specialties in Professional Psychology website
  - c) The American Board of Couple and Family Psychology website and brochure
  - d) Division 43, Society for Couple and Family Psychology website
  - e) As mentioned above (Criterion X), Couple and Family Psychologists contribute to the publicly available newsletter of ABPP, *On Board with Professional Psychology*.

In addition to the above, much information regarding practice in the specialty area of CFP is communicated through publication of textbooks by researchers and practitioners in the field. One example of relevance is the *APA Handbook of Contemporary Family Psychology (2019)* which is composed of 3 volumes (see description in Criterion X). Other examples include Celano's (2018) *Children with emotional and behavioral disorders: Systemic practice*, and Browning and van Eeden-Moorefield's (2022) *Treating contemporary families: Toward a more inclusive clinical practice*. Finally, there is a multitude of other publications in the form of review articles, case studies, and research articles published outside of the three primary CFP journals (*Journal of Family Psychology*, *Family Process*, *Couple and Family Psychology: Research and Practice*), which communicate important practice related information in specialty.

### 3. How does the specialty communicate its identity and services to the public?

The public description of the specialty on the Division 43 website is:

*Couple and family psychology (CFP) practice is a recognized specialty in professional psychology based on the principles of systems theory. These principles set the specialty apart from other orientations that focus on individuals' intrapersonal and interpersonal experience. CFP practitioners understand clinical problems in the context of individuals' interactions with others (e.g., family members, peers, colleagues), communities and institutions (e.g., religious, school, workplace, local governments). They emphasize the complex reciprocal influence of person and context over the life course.*

*Couple and family psychologists work with individuals, couples, families, organizations and other social systems. They utilize treatment interventions that are founded on evidence-based knowledge of the individual, relational and environmental factors which support healthy functioning. They provide a variety of clinical services, including individual, couple and family assessment and therapy, consultation and clinical supervision. CFP practitioners work in diverse settings such as hospitals, outpatient clinics, and private practice.*

In addition, there is a description of the specialty of CFP on the ABCFP (ABPP) website:

*Couple and Family Psychology is the practice of working with multiple individuals within a relational unit to facilitate the wellness of both the individuals themselves as well as the health of the relational system that they co-create. An integral quality that sets couple and family psychology apart from other areas of the field is that CFP specialists view human behavior through a systemic lens; this includes explicit awareness of interactional feedback loops, context, culture, diversity, and developmental perspectives. In doing so, CFP specialists understand, assess, and treat psychological issues by focusing on a combination of affective, cognitive, behavioral, and dynamic factors that impact individuals, couples, families, and larger systems across the lifespan.*

The COSPP website also provides a brief definition of the CFP specialty:

*Couple and Family Psychology focuses on relationships in families, couples, groups and organizations and the larger settings and contexts in which those relationships exist. Couple and Family psychologists teach, supervise, do research and engage in practice via consultation and treatment in a variety of settings.*

*Professional settings may include hospitals, clinics, independent practice, schools, colleges and universities, businesses, government and other organizations. Within these environments family psychologists may perform a variety of task, including interventions with individuals and their families, testing and evaluation, conducting workshops, advocating and impacting policies that affect families, teaching, consulting and conducting research related to families and other social systems.*

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**Criterion XII. Provider Identification and Evaluation. A specialty recognizes the public benefits of developing sound methods for permitting individual practitioners to secure an evaluation of their knowledge and skill and to be identified as meeting the qualifications for competent practice in the specialty.**

*Commentary: Identifying psychologists who are competent to practice the specialty provides a significant service to the public. Assessing the knowledge and skill levels of these professionals helps increase the ability to improve the quality of the services provided. Initially practitioners competent to practice in the specialty may simply be identified by their successful completion of an organized sequence of education and training. As the specialty matures it is expected that the specialty will develop more formal structures for the recognition of competency in practitioners.*

**1. Describe the formal peer review-based examination process of board certification including its use of a review and verification of the individual's training, licensure, ethical conduct status, and a peer assessment of specialty competence.**

For all specialties a reevaluation and ongoing personal development and maintenance of competencies, skills, and knowledge is essential. Over the last number of years there has been an emphasis by the Society of Couple and Family Psychology and the Academy and Board of Couple and Family Psychology to advocate for ongoing training and evaluation of that training for CFP's. The Society of Couple and Family Psychology also has a fellow's program allowing both recognition and a systematic evaluation of knowledge, and has established a CE program for increasing the CFP competence of its members. CFP leaders have also published articles encouraging members to select advanced CFP training by focusing on sequences of CFP Continuing Education courses rather than randomly taking unrelated workshops. These aspirational goals happen by advocacy within the specialty and by formal methods of evaluation. For CFP that process began with a focus on post licensure competencies (see earlier sections). As those competencies were identified, they were integrated into both the aspiration messages of the Society and the evaluation methods of ABPP to ensure that competencies in CFP remained over time. In Couple and Family Psychology, like all other specialties, this reevaluation happens in multiple ways. First, as part of continuing education required for licensure we all must interact with the current knowledge in the field allowing a period of reflection and reevaluation. Training programs, because of APA certification, use competency based measures to identify trainee's skills and abilities.

At the professional level, formal methods of reevaluation occur at the level of the ABPP certification. The Specialty of Couple and Family Psychology is represented by the ABPP Couple and Family Psychology Board which sets criteria for and examination procedures to ensure specialty competencies in board certification. It is important to note that the ABPP Couple and Family Board criteria and examination procedures are based on the Stanton & Welch (2011) criteria that is identified above. This provides a unique nexus in the specialty between training, practice, and Board Certification. The ABPP examination is comprehensive, focusing on current research and practice methods. There is an early career, regular and senior track for certification. Appendix H previously referenced in the CRSPPP Renewal Petition describes the American Board of Couple and Family Psychology Eligibility Criteria.



Following certification, ABPP has, across all specialization areas, started a Maintenance of Certification process to evaluate current skills for all Board Certified Couple and Family Psychologists. The American Board of Professional Psychology Maintenance of Certification (MOC) is the only formal requirement for the maintenance of competency in Couple and Family Psychology, and the other specialties represented by ABPP. ABPP Maintenance of Certification (MOC) is consistent with CFP’s strategic objective to “maintain the value of board certification.” Throughout its development, adoption and implementation MOC has been thoroughly publicized to all specialists, academies, and specialty boards. Maintenance of Certification (MOC) involves a process of self-examination and documentation of one’s continuing professional development since the last examination or review.

2. **If this is a new petition for recognition describe a) current methods by which individual practitioners can secure an evaluation of their knowledge and skill and be identified as meeting the qualifications for competent practice in the specialty and b) efforts to establish a formal peer review-based examination process of board certification including a detailed plan and timeline.**

**NOT APPLICABLE: THIS IS A RENEWAL PETITION.**

3. **Describe how the specialty educates the public and the profession concerning those who are identified as a practitioner of this specialty. How does the public identify practitioners of this specialty?**

The American Board of Professional Psychology’s website (ABPP.ORG) has a link to identifying board certified specialists in all the specialty areas represented by ABPP. A specific search can be done by specialty, name, or state.

**Estimate how many practitioners there are in this specialty (e.g., spend 25% or more of their time in services characteristic of this specialty and provide whatever demographic information is available) and how many are board certified through the process decreed in item 1**

- See Appendix M for Couple and Family Psychology Demographic Data
- Board Certified Specialists Data since 2009 are listed below

**Board certified specialists in Couple and Family Psychology since 2009 and total Board-Certified specialists**

<b>Year</b>	<b>Certified</b>	<b>Not Certified</b>	<b>Pass Rate</b>
2009	3	0	100%
2010	2	0	100%
2011	1	1	50%
2012	2	0	100%
2013	2	0	100%

2014	8	0	100%
2015	3	0	100%
2016	5	0	100%
2017	3	0	100%
2018	4	0	100%
2019	5	0	100%
2020	5	1	83.33%
2021	3	0	100%
2022	8	0	100%
2023	2	0	100%
2024	4	1	80%
<b>Total</b>	<b>60</b>	<b>3</b>	<b>95%</b>

Current ABPP's in Couple and Family Psychology listed on ABPP.ORG

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**Public Description:**

An important component of the recognition process is to develop a public description of the specialty that can be used to inform the public about the specialty area. Please develop a brief description of the specialty by responding to the question below (total combined word limit for all five questions must not exceed 400 words). This provides the foundation for what will appear on the APA website upon recognition of the specialty and should be understandable to the general public (wording should not exceed an eighth-grade level). Descriptions will be edited for consistency to conform to the CRSPPP website standards.

- Provide a brief (2-3 sentences) definition of the specialty.
- What specialized knowledge is key to the specialty?
- What problems does this specialty specifically address?
- What populations does this specialty specifically serve?
- What are the essential skills and procedures associated with the specialty?

Couple and family psychology is a specialty in professional psychology that is focused on the emotions, thoughts, and behavior of individuals, couples, and families in relationships and in the broader environment in which they function. It is a specialty founded on principles of systems theory, with the family as a system being the most central focus. The premise of practice in this specialty is that family dynamics play a vital role in the psychological functioning of family members. This applies to extended families as well as nuclear families. The practice of couple and family psychology takes into consideration as well as the family's history and current environment (e.g., family history,

ethnicity, culture, community, school, health care system, and other relevant sources of support or difficulty). Couple and family psychologists strive to understand issues presented by persons to be served not only from the perspective of the presenter(s) of a particular problem but as well through understanding the contexts in which these issues have developed and might be maintained.

**Within this framework couple and family psychologists might see:**

- Individuals
- Couples
- Families
- Work Groups
- Communities groups of all kinds
- Organized systems

**Clinical problems that couple and family psychology addresses are:**

- Relationship issues between individuals who are coupled
- Schooling problems of youngsters
- Behavioral problems of children or adolescents
- Parenting problems
- Adaptational challenges of caring for a family member with a serious psychological or chronic health problem
- Work-related problems with one or more adults in a family
- Managing the aging problem of a family member or relative
- Problems in relationships between a sub-set of family members
- Problems in communications between two or more persons
- Relationship disturbances based on misperception
- Individual problems and specifically how the problems affect family members, or how individual problems might be maintained by family members

**Typical procedures and techniques used by family psychologists may include as appropriate:**

- Evidence based assessment and treatment
- Systems interventions (including family therapy) from a wide array of emphases
- Network therapy
- Couples therapy
- Group therapy and work group therapy
- Consultation with external authorities such as school professionals, primary and chronic care physicians, juvenile authorities and the courts
- Supervision of various workers concerned with resolving the presenting issues

The practice of couple and family psychology is not limited to a particular set of problems, but rather, *the distinctiveness of the specialty is based upon the theory from which couple and family psychologists think about a problem and work with their clients to solve it.* Couple and family psychology addresses the broad array of problems people face individually, as a couple, within a family, and other social systems.

**Attachment A**

Structures and Models of Education and Training in (name of specialty) Psychology Doctoral  
Program

COMPLETE THE FOLLOWING FOR ANY EXAMPLE DOCTORAL PROGRAMS SUBMITTED  
IN CRITERION VII THAT ARE NOT APA ACCREDITED

NOT APPLICABLE: DOCTORAL PROGRAMS LISTED ARE ALL APA ACCREDITED

## **Attachment B**

Structures and Models of Education and Training in (name of specialty) Psychology Postdoctoral Program

COMPLETE THE FOLLOWING FOR ANY EXAMPLE POSTDOCTORAL PROGRAMS SUBMITTED IN CRITERION VII THAT ARE NOT APA ACCREDITED

**NOT APPLICABLE: POSTDOCTORAL PROGRAMS LISTED WITH DIVISION 43 SURVEY ARE APA ACCREDITED.**

END OF PETITION FORM



## **Appendix A: Bylaws for the Family Psychology Specialty Council**



## **Bylaws of the Couple and Family Psychology Specialty Council**

### **Article I Name of Organization**

The name of the organization is the Couple and Family Psychology Specialty Council.

### **Article II**

#### Couple and Family Psychology Specialty Council Mission

The purpose of the Couple and Family Psychology Specialty Council shall be to:

- Facilitate communication and development of coherence and consistency of policies and procedures within Couple and Family Psychology.
- Promote quality assurance of education, training, credentialing, and practice in Couple and Family Psychology.
- Represent the specialty of Couple and Family Psychology to the Committee of Accreditation and the Council of Specialties in Professional Psychology.

### **Article III Membership**

1. The membership of the Couple and Family Psychology Specialty Council shall consist of at least one representative from each of three co-sponsoring organizations: the Academy of Couple and Family Psychology, the American Board of Couple and Family Psychology and Division 43-Society for Couple and Family Psychology. The organization of education and training directors in Couple and Family Psychology at the doctoral program level, the doctoral internship and postdoctoral residency levels shall have one representative each.
2. Each representative shall be appointed for a term of two years and may serve a maximum of two two-year terms. All appointments beginning January 1, 2000 shall be for two years.
3. Terms of representatives to the Couple and Family Psychology Specialty Council and officers thereof shall begin in January.
4. Representatives to the Couple and Family Psychology Specialty Council commit themselves to regular attendance at meetings that typically occur once a year at the APA Annual Convention. Teleconference meetings may be scheduled as needed. Appointment of a new representative may be required by the Couple and Family Psychology Specialty Council in the case of insufficient participation by a representative.

5. The officers of the Couple and Family Psychology Specialty Council shall consist of a chair, vice-chair and secretary officers can be re-elected for a second two-year term under special circumstances. The vice-chair shall serve in the absence of the chair and perform tasks requested by the chair. The secretary shall take and distribute minutes of meetings within six weeks and shall help with furthering communications. Elections to office extend appointment to the end of service in that office, total service not to exceed six years.

## **Article IV**

### **Meetings**

1. Meetings shall be held at least once a year.
2. Meetings may be attended by liaisons and observers by invitation of the Couple and Family Psychology Specialty Council.
3. The Couple and Family Psychology Specialty Council may address business matters outside of the regularly scheduled meetings. Votes may be conducted by mail, e-mail or fax.

## **Article V**

### **Representative to the Council of Specialties in Professional Psychology**

Members of the Couple and Family Psychology Specialty Council shall elect the Couple and Family Psychology Representative to the Council of Specialties in Professional Psychology. The term of this Representative shall be three years, effective January 2003 and reelection for one consecutive term is possible.

## **Article VI**

### **Rules of Order**

The Couple and Family Psychology Specialty Council shall conduct its meetings in accordance with the latest edition of Keesey's Modern Parliamentary Procedures.

## **Article VII**

### **Amendment**

Amendments to these Bylaws may be made by a two-thirds majority vote of the members of the Couple and Family Psychology Specialty Council. Mail ballots may be utilized providing a discussion of the matter had taken place at a prior meeting and allowing a twenty-day response.

Adopted August 2000

Amended August 2001 (10/16/01)

Amended September 2013 (09/25/13)

Amended April 3, 2015

## **Appendix B: Bylaws for the Society of Couple and Family Psychology**

## **Bylaws: The Society for Couple and Family Psychology - Division 43 of the American Psychological Association**

### **ARTICLE I: NAME**

NAME: The name of this organization shall be: Society for Couple and Family Psychology of the American Psychological Association.

### **ARTICLE II: OBJECT AND MISSION**

1. **OBJECT:** The purposes of this organization shall be:

- a. to advance the contributions of psychology as a science and as a profession to understanding and intervening with diverse couples, families, children, and other systems;
- b. to promote the education of psychologists in matters of couple and family psychology including the appropriate roles of psychologists in the field of couple and family psychology; and
- c. to inform the psychological community, mental and physical health communities, third party payers, health management organizations, other appropriate institutions, and the general public, about current research, educational and service activities and the training of couple and family psychologists as clinicians, educators, supervisors, consultants and researchers.

1. **MISSION:** Couple and Family Psychology integrates the understanding of individuals, couples, families and their wider contexts. The Society for Couple and Family Psychology seeks to promote human welfare through the development, dissemination, and application of knowledge about the dynamics, structure and functioning of couples and families.

### **ARTICLE III: MEMBERSHIP**

1. **CLASSES:** There shall be three classes of membership in the Division: Fellows, Members, and Associate members. There shall also be a class of Student Affiliates. The requirements for these classes shall be as provided by the bylaws of the APA. In addition, there will be a class of Professional Affiliates and a class of Honorary Members, the requirements for which are described below.

2. **ELIGIBILITY:**

- a. **Fellows:** Members nominated to become Fellows in the Division must provide to the Fellows Committee evidence of unusual and outstanding contributions in an area of couple and family psychology.
- b. **Members and Associate Members:** Members and Associate members of the APA admitted to Division membership will be admitted in the same status held in the APA. Associate members may not vote or hold office, but shall be entitled to all rights and privileges not specifically denied them in these Bylaws. Associate members shall achieve voting privileges after five consecutive years in the status of Associate membership.
- c. **Student Affiliates:** Graduate or undergraduate students taking courses in psychology are eligible to become Student Affiliates of the division and of APA. Consistent with APA bylaws, Student Affiliates are not Members of the Division and may not vote or hold office apart from that of Student Representative to the Division Board.
- d. **Professional Affiliates:** The minimum requirement for acceptance to Professional Affiliate status in the Division shall be a doctoral degree (e.g., Ph.D., M.D., J.D., D.Min.) or its equivalent. Professional affiliates need not have joined APA. Consistent with the APA bylaws definition of Affiliates, Professional Affiliates are not Members of the Division and may not vote or hold office.
- e. **Honorary Members:** Honorary members may be selected by the Board of Directors in recognition of extraordinary contribution(s) to the field of Couple and Family Psychology.

3. Voting in the Division shall follow the criteria established in the Bylaws of the American Psychological Association. All Members and Fellows shall have the right to vote and hold office.
4. The minimum membership dues are set by the Council of Representatives and are paid to the Division by the Association from the members' annual dues payments. Additional dues or assessments may be imposed by vote of the Board of Directors of the Division.

#### ARTICLE IV: OFFICERS

1. The Officers of the Division shall be the President, President Elect, Past President, Vice Presidents (4: Practice, Public Interest and Diversity, Science, and Education), Secretary, and Treasurer, who shall assume their duties January 1 of the year following their election to that position. In February 2017 the Board voted to change the 12 month term from the calendar year to August to August, exempting the Council Representative.
2. The President shall be a Member or Fellow of the Division who has just completed his/her term of office as President Elect and shall serve for one (1) year. The President shall be the Chairperson of the Board of Directors and the Executive Committee of the Board, and shall perform all usual and customary duties of a presiding officer including those specified in the Policies and Procedures Manual. In the event that the President fails to serve his/her term for any reason whatsoever, the Past President, if available, shall succeed to the unexpired remainder thereof. If the Past President is unavailable, the Board of Directors, at its discretion, may fill the President's unexpired term by selecting the President-Elect or, if unavailable, a previous Past President.
3. The President-Elect shall be Member or Fellow of the Division, elected for a term of one (1) year. The President-Elect shall be a member of the Board of Directors with vote and shall perform the duties that are usual and customary for a vice president. The President Elect shall also serve as Chair of the Nominations and Elections Committee.
4. The Past President shall be the most recently retired President of the Division and shall serve as a member of the Board of Directors with the right to vote.
5. The Secretary shall be a Member of the Board of Directors with the right to vote, perform all usual and customary duties of a Secretary including those specified in the Policies and Procedures Manual.
6. The Treasurer shall be a Member or Fellow of the Division elected for a term of two years. The Treasurer shall be a member of the Board of Directors and Executive Committee with vote and shall perform all the usual and customary duties of a Treasurer including those specified in the Policies and Procedures Manual.
7. In the case of death, incapacity, or resignation of any officer except the President or Past President, the vacant office shall be awarded to the defeated candidate for the position who was, at the time of the most recent past election, the runner up for the office in question. If the runner up declines to serve or is for any reason unavailable, the elected members of the Board of Directors shall, by majority vote, elect a successor to serve the remainder of the unexpired term.
8. The means for filling a vacancy in the office of President is specified in Article IV, Section 2 of these Bylaws above. In the case of death, incapacity, or resignation of the Past President, such vacancy shall remain through the balance of the year in which it occurs.

#### ARTICLE V: BOARD OF DIRECTORS

- a) There shall be a Board of Directors of the Society for Couple and Family Psychology. Its membership shall

consist of the following persons:

- The nine (9) Officers of the Division as specified in Article IV, Section 1 of these Bylaws.
- Representative(s) elected to the APA Council of Representatives as specified in Article V, Section 2 of these Bylaws.
- A Student Representative, who shall be appointed by the President Elect and serve as a member of the Board, with vote. The Student Representative shall assume office at the same time as the President Elect becomes President, and shall serve during that President's term of office. The Student Representative shall be a Student Affiliate of the Division. In addition to standard reimbursement for non-convention board meetings, the Student Representative shall have all reasonable expenses to attend the convention reimbursed up to \$1,500, which may include registration, lodging for three nights, airfare, ground transportation, and meals.
- An officer or the Executive Director of the American Board of Couple and Family Psychology (ABCFP) shall serve as an ex-officio Member of the Board without vote, at the expense of ABCFP.

b) **APA COUNCIL REPRESENTATIVE(S):** The Division shall elect each year that number of Representatives to APA Council necessary to fill vacancies created by the ending of the terms of incumbent Council Representatives and/or vacancies created by changes brought about by the yearly APA apportionment ballot. Consistent with APA Bylaws, any Representative to APA Council must be a Member or Fellow of the Division and are ordinarily elected for a three (3) year term. The Representatives to APA Council shall perform those duties required of Council Representatives as specified in APA's Bylaws and Rules of Council and the Division 43 Policies and Procedures Manual. The Division's Representatives to APA Council shall be members of the Board of Directors with the right to vote. They shall be responsible for informing the Board of Directors of significant action taken by APA Council.

- Representatives to APA Council shall assume office in accordance with APA procedure and shall maintain office until their successors are seated.
- In the case of death, incapacity, or resignation of any Representative to APA Council the vacant office shall be awarded to the defeated candidate who was, at the time of the most recent past election, the runner up in the election for Council seats. If the runner up declines to serve or is for any other reason unavailable, the Board of Directors by majority vote shall elect a successor to serve the unexpired term.
- If the Division loses one or more of its seats on APA Council as a result of that association's annual reapportionment, and if the loss cannot be offset by the ending of a term or terms of outgoing Representatives, then the seat will be given up from among those elected most recently, in reverse order of their election.

c) **VICE PRESIDENTS:** There shall be four Vice Presidents: Practice, Public Interest and Diversity, Education, and Science. Two (2) shall be elected at a time, each for a two (2) year term. The Vice Presidents shall be members of the Board of Directors with vote. Vice Presidents shall be responsible for generating and coordinating initiatives in the Vice President's area, liaison activities involving the corresponding APA Board and Directorate, oversight of the functions and budgets of the Committees and Task Forces which have been assigned to their area, as well as any other duties or functions specified in the Policies and Procedures Manual. In the case of death, incapacity, or resignation of any Vice President, the vacant office shall be awarded to the runner up candidate. If there was a tie for runner-up, the Board shall select one to serve. If a runner up declines to serve or is for any reason unavailable, the Board of Directors shall, by majority vote, elect a successor to complete the unexpired term.

d) **DUTIES:** The duties of the Board of Directors shall be the usual and customary duties for a Board of Directors including those specified in the Policies and Procedures Manual.

e) **MEETINGS:** Each member of the Board of Directors present at the meeting shall have one vote, and no

member may vote by proxy. The Board of Directors is authorized to adopt and publish rules and codes for the transaction of the business of the Division in accordance with these Bylaws. The Board may also conduct business via conference call and email, including submitting, discussing, and voting on motions.

f) **EXECUTIVE COMMITTEE:** There shall be an Executive Committee of the Board of Directors. The Executive Committee shall be composed of the President, President Elect, Past President, Secretary, and Treasurer. The Executive Committee shall conduct such affairs of the Division between meetings of the Board of Directors as may be needed to implement or prompt decisions of the Board of Directors. During the interval between meetings of the Board of Directors, the Executive Committee may act on matters it deems urgent provided it does not exceed Divisional budget allocations or set new policy. Rules governing the functioning of Executive Committee are specified in the Divisional Policies and Procedures Manual. Should the Executive Committee declare there to be an emergency requiring immediate action, an email ballot may be taken on such emergency matters from the full Board of Directors. Board members shall be provided minutes of the Executive Committee in a timely fashion after the approval of such minutes.

g) **COMMUNICATIONS:** Actions of the Board of Directors shall be communicated to the membership through APA Community, the listserv, and at the annual membership meetings.

h) **PARLIAMENTARY PROCEDURE:** Except as otherwise specified in the Bylaws or Policies of the Division, the parliamentary authority for Division 43 shall be the latest edition of Ray E. Keesey's Modern Parliamentary Procedure. Where Keesey is silent, the latest edition of Robert's Rules of Order Newly Revised is the parliamentary authority. The President shall appoint a parliamentarian.

#### ARTICLE VI: COMMITTEES, TASK FORCES & BOARD(S)

a) The Committees of the Division shall consist of such Standing Committees (referred to as "Administrative Committees") as may be provided by these bylaws, and such special committees (referred to as "Divisional Services Committees"), task forces, and board(s) as may be established by the Board of Directors. Committees, task forces, and board(s) shall function as specified in the Divisional Policies and Procedures Manual. Committee, Task Forces, and board(s) chairs are appointed by the President with advice and consent of the Board of Directors and serve the pleasure of the President. Each Chairperson's term of office expires at the end of the President's term and Chairpersons must be reappointed or replaced by the next President. All committees, board(s), and task forces will report in writing to the Board of Directors as specified in the Divisional Policies and Procedures Manual. The President or Board of Directors may request a report from any Committee, Task Force, board(s), or other divisional component at any time with a reasonable advance notice.

b) **ADMINISTRATIVE COMMITTEES:** The Administrative (or standing) Committees shall be: Awards, Bylaws, Fellows, Finance, Membership, Nominations and Elections, Program. There shall be a Publications Board.

- **Awards Committee.** The Awards Committee is chaired by the immediate Past President and shall recommend to the Board such awards and recommendations as reflecting and furthering the aims and purposes of the Division. The Awards Committee shall perform all the usual and customary duties of an Awards Committee as specified in the Divisional Policies and Procedures Manual.
- **Bylaws Committee.** The Bylaws Committee shall periodically review and recommend to the Board of Directors changes to enable the Division to function more effectively. The Bylaws Committee shall perform all the usual and customary duties of a Bylaws Committee as specified in the Divisional Policies and Procedures Manual.
- **Fellows Committee.** The Fellows Committee shall recruit, receive, review and recommend nominations and applications for Fellowship in accordance with the Divisional Policies and Procedures Manual and of the APA and shall perform all the usual and customary duties of a Fellows Committee.

- Finance Committee. The Finance Committee shall consist of the President Elect, the Treasurer, one affiliated Board member and two other members of the Division, nominated by the President and approved by the Board. The President shall appoint as Chair of the Finance Committee one of its members other than the Treasurer. The Finance Committee shall perform all the usual and customary duties of a Finance Committee as specified in the Divisional Policies and Procedures Manual.
- Membership Committee. The Membership Committee shall recruit, receive, and recommend applications for membership and represent their recommendations to the Board. The members of the Membership Committee shall perform the usual and customary duties of the Membership Committee such as those specified in the Policies and Procedures Manual.
- Nominations and Elections Committee. The Nominations and Elections Committee shall ordinarily consist of the President Elect, the more recently elected of the Secretary or Treasurer, and one member of the Division (chosen by the President). No one serving on the Nominations and Elections Committee may run for office that year. A conflict of interest may be handled by not running for office that year or by resigning from the Nominations and Elections Committee. The Nominations and Elections Committee shall conduct nominations and elections following APA policy and the Divisional Policies and Procedures Manual.
- Program Committee. The Program Committee shall solicit, evaluate, and select scientific and professional program proposals submitted for presentation at the APA's Board of Convention Affairs following the Divisional Policies and Procedures Manual.
- Publications Board. The Publications Board shall develop and supervise all publications of the Division and recommend policy regarding such publications and shall perform all the usual and customary duties of a Publications Board including those specified in the Divisional Policies and Procedures Manual. The Publications Board shall include, with vote, the Editor(s) of *The Couple & Family Psychologist*, the President, Treasurer, plus another member appointed by the President.

## ARTICLE VII: ACTIVITIES

- 1) The annual meeting of the Division shall take place during the annual convention of the APA, and in the same locality for the transaction of business, the presentation of scientific papers and awards, and the discussion of professional matters in the field of the Division's interest. The Division shall coordinate its programs with, and participate in, the program of the Association.
- 2) An additional annual Board Meeting will be held as called by the President or a majority of the Board. Conference calls of the Executive Committee shall be held at least quarterly, with others held by the Board and Executive Committee at their discretion. All calls are open to members.
- 3) The Nominations Chair of the Division, directly or through the APA Central Office, shall notify new members of the Division of their election in a timely fashion.
- 4) The Division may publish *The Couple & Family Psychologist*, a journal or other material to disseminate news, or for other purposes; coordinate divisional participation in the APA political process and answer the substantive needs of the members.

## ARTICLE VIII: AMENDMENTS

1. Amendments to these Bylaws may be proposed by a majority vote of the Division's Board of Directors or by petition of 10 percent of the Division's voting members. Bylaws amendments are ratified and implemented upon a 2/3 majority of those division members voting in a mail ballot. Bylaws amendments may also be adopted and implemented by the Division's Board if there are no more than two votes opposed. The President shall appoint a By-laws and Policy & Procedures Revision Committee as needed, but no less than every five years. The next revision is due no later than 2023.



#### ARTICLE IX: SUBORDINATION

(1) In case of conflict the APA and the Division 43 Bylaws, the former shall be followed.

#### ARTICLE X: DISSOLUTION

1. In the event of the dissolution of the Division, any assets remaining following satisfaction of the Division's debts and obligations shall be conveyed or distributed to the APA.

#### ARTICLE XI: POLICIES AND PROCEDURES MANUAL

1. There shall be a Division 43 Policies and Procedures Manual. It is intended that Division 43 policy and procedure not contained in the Division's Bylaws be included in the Division's Policies and Procedures Manual.

Approved November 2003

Edited January 2005 and July 2005 (nse)

Reformatted February 2008 (whw)

Revised 2008 and Approved, August 2008 (whw)

Reviewed and edited 9/30/18 (mc)

## **Appendix C: Bylaws for the American Board of Couple and Family Psychology (ABCFP)**

**The American Board of Couple and Family Psychology (ABCFP)  
A Member Board of The American Board of Professional Psychology (ABPP), Inc.**

**BYLAWS**

Chapter 1

**Name**

**The name and title by which this organization shall be known is the American Board of Couple and Family Psychology (ABCFP), (also referred to as “the Organization”). The ABCFP is affiliated with the American Board of Professional Psychology (ABPP), also referred to as “the Corporation”) as a Member Specialty Board, with representation through a Board of Trustees (BOT). These By-Laws are consistent with those of the ABPP, and the ABCFP has signed the Articles of Agreement between ABPP and ABCFP in accord with the ABPP Affiliations Manual. In case of conflict between these Bylaws and the Bylaws of ABPP, the latter shall be followed.**

Unless decided otherwise by a majority vote of members of the organization, ABCFP is, and will remain, an affiliated Board of the American Board of Profession Psychology (ABPP).

Chapter 2

**Purposes and Goals**

To serve the public and the profession by ensuring that psychologists certified by the ABPP in Couple and Family Psychology have completed and maintain the education, training, experience and standard ethical requirements of this specialty. These requirements include an examination designed to assess the competencies required to provide quality Couple and Family Psychology services and routine demonstration that these competencies and ethical standards are maintained.

Section 1. The Board shall provide a service to the profession of psychology, to other professionals and to the public by granting an ABCFP Certificate which is Board Certification to qualified psychologists who evidence advanced, specialized expertise in the practice of couple and family psychology.

Section 2. The Board shall grant Board Certification to those psychologists who successfully complete the Board’s professional, peer-based evaluation of their competence in the specialty area of couple and family psychology.

Section 3. *The Board fosters a culture in which all members feel respected, valued, included, and recognized for their unique and collective contributions to the purpose and mission of ABCFP. The Board welcomes, respects, and embraces differences among applicants, candidates, examiners, and board members in age, gender, sexual orientation, gender identity, race, ethnicity, indigenous background, culture, national origin, language, religion, spiritual orientation, ability status, social class, veteran status, political persuasion, professional interests, and other cultural and professional dimensions, as well as the intersectionalities among these dimensions. The Board does not*

*discriminate in its selection, approval, or reimbursement of applicants, candidates, examiners, and board members on the basis of age, gender, sexual orientation, gender identity, race, ethnicity, indigenous background, culture, national origin, language, religion, spiritual orientation, ability status, social class, veteran status, political persuasion, or any other cultural or diversity variable. The Board will make reasonable accommodations to allow for participation of applicants, candidates, examiners and board members in oral exams and other activities (e.g., board meetings) needed to accomplish the Board's purpose.*

Section 4. Certificates authorized by the Board shall be issued jointly with ABPP and holders of such Certificates shall be considered to have been awarded said Certificate jointly by ABCFP and ABPP.

## Chapter 3

### **Composition of the Board of Directors**

Section 1. The Board of Directors shall consist of up to ten voting members. Each member of the Board of Directors shall be an ABPP Board Certified Specialist in good standing with the American Academy of Couple and Family Psychology (AACFP), and ABCFP.

Section 2. The nomination and election of the Board of Directors shall be carried out according to the procedures specified in Chapter 5.

Section 3. The composition of the Board of Directors may be changed by a two-thirds vote of the Board of Directors.

Section 4. If a vacancy on the Board of Directors is created due to death, resignation, or other cause, the President may appoint, with the advice and consent of the Board of Directors, a member to serve until the next regular election, or call a special election to fill the unexpired term according to Section 3 in Chapter 5. However, any vacancy of the Representative of the ABPP Board of Trustees (BOT) shall be filled by appointment by the ABPP BOT with consultation of the Board of Directors. The term of service of such member shall be extended to completion of the term of the replaced member. A member so appointed may then be selected for one subsequent four-year term.

Section 5. A member of the Board of Directors may be removed for cause by a two-thirds vote of the Board of Directors. Appropriate causes for such action may include, but not be limited to, activity or behavior by a Board member that is judged by the Board to be contrary to the stated purpose or objective of the Board. If a member misses three consecutive, called meetings of the Board of Directors, **that member** shall be removed automatically from office unless their absence is excused by a majority vote of the Board of Directors.

Section 6. The responsibilities of the Board of Directors shall be to:

1. establish policies and procedures and to supervise the implementation of the
2. policies and procedures regarding the examination process for ABCFP Board Certification,
3. review and revise policies and procedures as needed,
4. review, evaluate and approve application of candidates. Candidates who fail examinations

- may appeal Board decision through the ABCFP Appeals committee, *consistent with the description of the appeals process in the ABCFP Manual*,
5. establish and supervise the activities of examination committees,
  6. review and revise requirements for applications including those regarding education, training, experience and supervision,
  7. establish standing and/or ad hoc committees, and
  8. maintain ongoing communications with and make recommendations to the American Academy of Couple and Family Psychology and ABPP BOT regarding matters within its purview.

## Chapter 4

### **Functions of the Board of Directors**

Section 1. The Officers of the Board shall be the members of the Board of Directors. The Board of Directors shall be composed of the: President, Past-President, President-Elect, Secretary, Treasurer, Representative to the BOT, President of the Academy (ex officio), and four additional Representatives who are members at large and are elected by those ABPP Specialists eligible to vote. ***In any given year, the Board includes a Past-President or a President-Elect, but not both.***

Section 2. The President shall be elected to serve a term of two ***calendar*** years. The Past-President shall serve a term of one year, following a two-year term as President. The President-Elect shall serve a one year term before becoming President. The Secretary and Treasurer shall be elected to serve terms of two years elected in alternating years.

Section 3. Members may serve no more than two, full successive, ***calendar year*** terms in the same office. Their service may be extended to a maximum of six years if they were previously elected to the Board to fill an unexpired term of a former Board member. A Board member elected to serve as representative to the ABPP BOT shall serve a maximum of two continuous full (four-year) terms and may then not be re-elected until after an interval of two years.

Section 3. Officers may be removed from office for cause by a two-thirds vote of the Board of Directors.

#### Section 4. Duties of Officers and Directors

1. The President shall preside at all meetings of the Board of Directors. The President shall: be the chief executive officer of the Board and insure that all directives of the Board of Directors are implemented; with the approval of the Board of Directors, appoint members to committees; prepare and submit an Annual Report of the Board's activities and affairs; and perform other duties as may be required by the Board of Directors. When deemed appropriate by President, non-members of the Board, may be appointed as committee chairs or members.

2. Either the President Elect or Past President (whoever is on the Board in that calendar years, as there is either a President Elect or a Past President on the board in any given year) shall preside in the absence of the President at all meetings of the Board of Directors. The President Elect or Past President shall function as interim President if the President is incapacitated or, for any valid reason, is unable to

function as President.

3. The Secretary shall record the minutes of all meetings of the Board of Directors and Executive Committee; and notify members in writing of the time and location of meetings of the Board of Directors at least two months before regularly held meetings.
4. The Treasurer shall have the general oversight of all Board finances and cash flow data. The Treasurer shall work with the President and the Board and the Treasurer of the BOT of ABPP in planning annual budgets and tracking all income and expenditures. All requests for expense reimbursement will be sent to the Treasurer on the ABCFP Expense Reimbursement Sheet who will then sign the expense voucher form and forward it to the ABPP Central Office for payment. All questions will be resolved in consultation with the President.
5. The President Elect or the Past President shall serve as Chairperson of an annual Nominating Committee. (It shall be understood that this person cannot run for office in the present election year so as to avoid any conflict of interest.) If said person is not available, the President can appoint someone else to serve as Nominating Committee Chair.
6. The Representative to the ABPP BOT shall represent the interests of the Board at such meetings; and report to the Board actions and proceedings of the ABPP BOT.
7. All Board Members shall serve on committees and perform functions as requested by the Board or by the President. The members at large shall attend all regularly scheduled Board meetings, serve on Board Committees and chair a committee if asked to do so. ***They shall make reasonable efforts to serve on a minimum of two examination committees per year.***

## Chapter 5

### **Officers and Officer Elections**

Section 1. Based on the ABPP-BOT guidelines, nominations to the ABCFP Board are generated from the AACFP membership list of members in good standing (dues are paid up) by an ABCFP Nominations Committee. The Nominations Committee shall be chaired by the Past-President of the ABCFP, or someone designated by the President if the Past-President cannot so serve or has not begun his/her/their term, with additional committee members nominated by the Past-President or President and approved by a majority of the Board. The call for nominations to the Board (members-at-large positions) will be mailed to all members in good standing by the AACFP. The persons receiving the most nominations, and who have agreed to serve, shall have their names placed on a ballot.

Section 2. The Nominations Committee will implement the Call for Nominations by mailing a Nomination Form to all AACFP members in good standing by April 1st annually. Nominations must be dated no later than May 15th to be valid. AACFP members will be e-mailed a ballot to vote on the slate of Nominees which will be due no later than June 10th annually. The nominee(s) with the most votes will be contacted by the President or Nominating Committee chairperson and invited to attend the annual meeting at APA in August to provide overlap between old and new Board members for an orderly transition of Board responsibilities.

Section 3. The President may appoint a person, with majority approval of the Board, to fill a vacancy on the Board of Directors at his or her discretion, until the next regularly scheduled election.

Section 4. The Board shall elect its own officers as openings occur, and from a slate of nominees produced by the ABCFP Nominations Committee from the AACFP membership list of ABPP Specialists in good standing. Preferably they will have already served at least one term as member of ABCFP.

## Chapter 6

### **Executive Officer (if relevant)**

ABCFP does not have an ED.

## Chapter 7

### **Committees**

Section 1. There shall be an Executive Committee comprised of the President, Past- President *or* President-Elect, Secretary, Treasurer, and Representative to the ABPP BOT The duties of the Executive Committee shall be to act on behalf of the Board in between regular meetings of the Board of Directors and recommend items for the Annual Meeting.

Section 2. The Credentials Review Committee shall consist of *Specialists* in good standing and a Chair (who shall be a member of the Board of Directors) appointed by the President who shall review and evaluate the credentials of applicants.

Section 3. The President may establish ad hoc committees and task forces and appoint members at his or her discretion. These committees shall automatically be terminated at the end of the President's term, unless the President terminates the committee or task force earlier. If the committee or task force has not completed their charge by the end of the President's term, they can be continued or terminated and then reinstated at the beginning of the next President's term.

## Chapter 8

### **Meetings/Quorums**

Section 1. Regular meetings of the Board shall be held twice a year if possible. The Annual Meeting shall be held in conjunction with the Annual Convention of the American Psychological Association. Additional meetings may be scheduled as required.

Section 2. Special meetings of the Board of Directors may be called by the President, or upon written request to the President, by at least one-third of the members of the Board of Directors. Written notice, email of the time of the special meetings and an agenda shall be sent to each member of the Board of Directors not less than seven days before a special meeting. The President shall determine the location

of special meetings and may include a telephone or video-conference call.

Section 3. A majority of the members of the Board of Directors shall constitute a quorum for the transaction of business. Except as otherwise stated, the majority vote of a quorum shall be sufficient to pass upon any business of the Board.

Section 4. The Board of Directors shall be authorized to carry on necessary business of the Board by mail ballot, email or phone conferences between meetings. In such instance, it shall require a majority vote of the members of the Board of Directors to pass upon any business.

## Chapter 9

### **Income and Properties**

ABCFP does not receive income other than that administered by ABPP, and does not maintain properties.

## Chapter 10

### **Liabilities of the Board of Directors**

The Board of Directors, as a Specialty Board of ABPP, and its officers and committee chairs shall be afforded the same liability protection as members of the ABPP BOT.

## Chapter 11

### **Indemnification of Directors, Executive Officer, Employees and Board-certified Specialists**

The American Board of Professional Psychology (ABPP) ("Corporation") carries a Directors & Officers Liability Insurance Policy. To the extent covered by said policy, each trustee, and officer of an ABPP-affiliated Specialty Board who is officially engaged in Specialty Board business shall be considered to be engaged in Corporation business, and shall be indemnified by the Corporation against all costs and expenses (including counsel fees) actually and necessarily incurred by or imposed on him/her/them in connection with the defense of any action, suit, or proceeding in which he/she/they may be involved or to which he/she/they may be made a party by reason of his/her/they being or having been such trustee or Specialty Board officer, except in relation to matters as to which he/she/they shall be finally adjudged in such action, suit, or proceeding to be liable for dishonesty, willful neglect, or default. Such costs and expenses shall include amounts reasonably paid in settlement for the purpose of curtailing the costs of litigation and as covered by the liability policy. The foregoing right of indemnification shall not be exclusive of any other rights to which he/she/they may be entitled as a matter of law or by agreement, by law, or otherwise. Any indemnification, however, shall not exceed the monetary limits of any insurance policy carried for such purposes by the Corporation regardless of the absolute monetary amount incurred by an individual trustee or Specialty Board officer engaged in Corporation business. The Corporation shall make a copy of the Directors &



Officers Liability Insurance Policy available to trustees and Specialty Board officers who request to review the policy so that the requesting individual may determine what, if any, additional coverage that individual might desire to obtain independent from the Corporation. The cost of any such additional coverage will be the individual's responsibility.

## Chapter 12

### **Ethical Standards**

The American Psychological Association's current ethical standards apply to the psychologist members of the Board of Directors in their work on behalf of the Board.

## Chapter 13

### **Amendments**

Alterations or amendments to these Bylaws may be made by at two-thirds vote of the members of the Board of Directors provided that all members of the Board of Directors have been notified in writing or by confirmed e-mail of proposed changes not less than seven days before the date of action.

Revised: *January 19, 2024*

## **Appendix D: Bylaws for the American Academy of Couple and Family Psychology (AACFP)**

## **BYLAWS**

### **THE AMERICAN ACADEMY OF COUPLES AND FAMILY PSYCHOLOGY**

#### **(Academy of Family Psychology)**

**July 11, 2023**

#### **ARTICLE I - PURPOSE**

The purpose of this organization shall be to advance Couple and Family Psychology (CFP) as a psychological science, and also to promote and enhance couple and family welfare. Specifically, it shall:

- Promote board certification in CFP among psychologists
- Encourage CFP board certification by covering the cost of the Practice Sample Review Phase of the exam (upon passing that phase as indicated by advancement to the Oral Exam Phase) for several applicants per year (contingent upon availability of funds)
- Enhance communications among its members;
- Provide continuing education programs;
- Disseminate information to the public about the specialty of Couple and Family Psychology;
- Support the functions of the American Board of Couple and Family Psychology (ABCFP) as an affiliated Board of the American Board of Professional Psychology (ABPP);
- Provide a voice for the specialty of Couple and Family Psychology within the profession of psychology; and
- Recommend and help to implement policy decisions within the specialty.

#### **ARTICLE II - MEMBERSHIP**

**Section 1.** Upon successful completion of the examination process, new Specialists will automatically become members of the Academy for the remainder of the year in which they are board certified. Following that initial membership, holders of Couple and Family board certification shall maintain their Academy membership upon paying annual Academy dues. Academy membership is for a period of one year and will need to be renewed by January 1 of each year. No additional application shall be necessary.

**Section 2.** Academy members shall have all rights and privileges of membership including the right to

vote and hold office.

**Section 3.** Membership in the Academy may be terminated by receipt of written notice of voluntary withdrawal, for non-payment of dues and other mandatory fees, or for cause. Other than non-payment of fees, cause for termination of membership shall include: conviction of a felony, revocation or suspension of the member's license to practice psychology, revocation of membership in the American Psychological Association for ethical violation, or revocation of membership from any other professional organization in a related discipline due to a violation of professional ethics.

### **ARTICLE III - DUES AND FINANCES**

**Section 1.** The fiscal year of the Academy shall begin on January 1<sup>st</sup>.

**Section 2.** The annual dues shall be determined by the Board of Directors.

**Section 3.** Special assessments may be approved by majority vote of the Board of Directors.

**Section 4.** Dues are payable in advance of the first day of the membership year.

**Section 5.** Members who fail to pay their dues within thirty (30) days of their renewal date shall be notified by the Academy and, if payment is not made within the next thirty (30) days, may, without further notice or hearing, be dropped from the rolls and denied all rights and privileges of membership. The Board of Directors may extend the time for payment of dues and continuation of membership privileges for good cause.

### **ARTICLE IV - BOARD OF DIRECTORS**

**Section 1.** The Academy is a volunteer organization, and officers shall receive no compensation for their services; they may, however, be reimbursed for expenses to the extent approved by the Board. The Board of Directors shall be the chief governing body of the Academy and shall have full power and authority over the affairs and funds of the Academy within the limitations set by the Articles of Incorporation and these Bylaws. Only Academy members shall serve on the Board of Directors.

**Section 2.** The Board of Directors shall consist of seven members. Four members will be officers of the Board, and there shall be three Members at Large. If at all possible, one of the Members at Large

should be an early career psychologist.

**Section 3.** Terms of office of the Board of Directors shall be for a two year term. The President shall be elected to serve a term of two years. The Past-President shall serve a term of one year, following a two-year term as President. The Secretary and Treasurer shall be elected to serve terms of two years elected in alternating years. The President-Elect shall serve a term of one year.

**Section 4.** All votes require a majority of the quorum with a quorum defined as four of the seven Board members.

**Section 5.** Replacements or vacancies for any position on the Board of Directors may be filled by a majority vote of the Academy membership for nominees who have decided to run for the vacant position. In case only one Academy member expresses interest in running for a vacant position, the Academy Board may approve that member as a new officer, or may decide to hold elections with the possibility of write-in votes. In case no Academy member expresses interest in running for a vacant position, the Academy Board of Directors shall select whom they may deem appropriate to encourage to join the Board of Directors.

**Section 6.** The Board of Directors shall meet via conference call or in person at least quarterly, as set by the President of the Board. The approved minutes of the Board of Directors meetings shall be posted by electronic means to membership.

**Section 7.** All meetings shall be governed by the most current edition of Keesey's Rules of Order.

**Section 8.** Any member of the Academy may attend a Board of Directors meeting to present business to the Board; the Board may limit the amount of time that such business is presented to the Board. The Board also may have executive sessions.

**Section 9.** The Board shall establish standing committees as necessary to perform regular and necessary functions of the Academy. The President may establish task forces or designate consultants, as necessary, for special purposes. Task forces or consultants shall exist for one year unless reauthorized by the President. The Chair of each task force shall choose committee members and submit them to the Board for approval.

## **ARTICLE V - OFFICERS**

**Section 1.** The officers of this Academy shall be the President, President-Elect or Past President, Secretary and Treasurer.

**Section 2.** The President shall be the principal officer of the Academy and shall preside at all meetings. The President will represent the Academy in order to best further its interests, and shall perform other duties as prescribed by the Board of Directors.

**Section 3.** The President Elect shall succeed the President at the conclusion of the latter's term of office. The President Elect or Past President shall preside in the absence of the President at all meetings of the Board of Directors. The (Past or Elect) President shall function as interim President if the President is incapacitated or, for any valid reason, is unable to function as President for a short period while in office.

**Section 4.** The President Elect or the Past President shall serve as Chairperson of an annual Nominating Committee. (It shall be understood that this person cannot run for office in the present election year so as to avoid any conflict of interest.)

**Section 5.** The Secretary shall be responsible for recording minutes of Academy meetings, and shall perform such other duties as prescribed by the Board of Directors.

**Section 6.** The Treasurer, in collaboration with the Board of Directors, shall preserve all funds of the Academy, shall deposit them in the name of the Academy in such financial institutions as directed by the Board of Directors, shall have authority to sign checks and drafts of the Academy for disbursement of funds as provided in procedures specified by the Board of Directors, shall monitor and record all money received and paid out, shall provide reports, shall supervise the preparation of budgets for approval by the Board of Directors, shall ensure that the federal 501(c)(3) tax return is filed in a timely manner, and shall perform such other duties as prescribed by the Board of Directors.

## **ARTICLE VI – MEETINGS**

**Section 1.** General meetings of the Academy shall be held no less than once yearly at the annual convention of the American Psychological Association or convened by technological means.

**Section 2.** Special meetings may be called by majority vote of the Board of Directors.

**Section 3.** Extraordinary general meetings of the Academy must be called at the request of ten (10) percent of the Full Members of the Academy who have filed such request with the President in writing. Such extraordinary general meetings shall be for the purpose of bringing items of business before the membership and only those items of business can be considered at such a meeting. Fourteen (14) days notice must be given to members prior to such an extraordinary general meeting. If the item is approved, the item must be submitted to the entire voting membership.

**Section 4.** Upon petition of 10% of the Full Members in good standing, a request for a vote of the voting members of the Academy upon any matter (but not involving an amendment to the Bylaws) may be addressed to the Board of Directors, who shall present the matter covered by the petition, if it is consistent with the Articles of Incorporation and these Bylaws, to the voting Members of the Academy for a vote. The Board of Directors shall take such action as may be necessary to implement the result of any such vote.

## **ARTICLE VII - ELECTIONS**

**Section 1.** New members of the Board of Directors shall be elected directly by the majority of the Members who voted. Officers of the Academy (Secretary and Treasurer) may be appointed by the President from among current members of the Board of Directors.

**Section 2.** Any member in good standing may run for and hold office. Within ninety days before the end of the fiscal year, for each Board position whose term is lapsing, elections will be held. The President shall send an e-mail informing the Academy membership of the vacant positions. As stated before (Article IV, Section 5 above) in case only one Academy member expresses interest in running for a vacant position, the Academy Board may approve that member as a new officer, or may decide to hold elections with the possibility of write-in votes. In case no Academy member expresses interest in running for a vacant position, the Academy Board of Directors shall select whom they may deem appropriate to encourage to join the Board of Directors. In case there are two or more candidates for a vacant position, election ballots will be emailed to Academy members. The Board of Directors of the Academy will determine when the ballots should be returned (or votes electronically casted through email). The Secretary will count the votes, and inform the President of the outcomes. The President will notify the winners and losers, and then officially announce the results to the membership. Ballots will be saved for an inspection for forty-five days.

## **ARTICLE VIII - AMENDMENTS**

These Bylaws may be amended, repealed or altered, in whole or in part, by a three-quarters vote of the Board of Directors (five of seven Directors), by the majority vote of the Members at the annual meeting, or by a majority vote of the Members who respond to an e-mail vote.

## **IX - INDEMNIFICATION**

**Section 1.** No current or former officer, Board of Director, consultant, or employee of the Academy shall be personally liable to the Academy or its members for monetary damages for any conduct in that position; provided, however, that this section shall not eliminate or limit liability for acts or omissions that involve intentional misconduct or a knowing violation of law for any transaction from which the person will receive a benefit in money, property, or services to which they are not legally entitled.

**Section 2.** Each Board member, consultant, and employee shall be indemnified by the Academy against all expenses reasonably incurred by them in connection with an action, suit or proceeding to which they may be a party defendant or with which they may be threatened by reason of their being in the above position, or by reason of having acted pursuant to a resolution of the Board of Directors, but a Board member shall not be indemnified for any matter for which they are held liable for gross negligence or misconduct in the performance of their duties. The right of indemnification under this article shall not exclude any other right to which a Board member may be entitled nor restrict the Academy's right to indemnify or reimburse a Board member in a proper case even though not specifically provided.

**Section 3.** The Academy may maintain insurance, at its expense, to protect itself and any such officer, Board member, consultant, employee or agent of the Academy or another corporation, partnership, joint venture, trust or other enterprise against any such expense, liability or loss, whether or not the Academy would have the power to indemnify such person against such expense, liability or loss under the law.

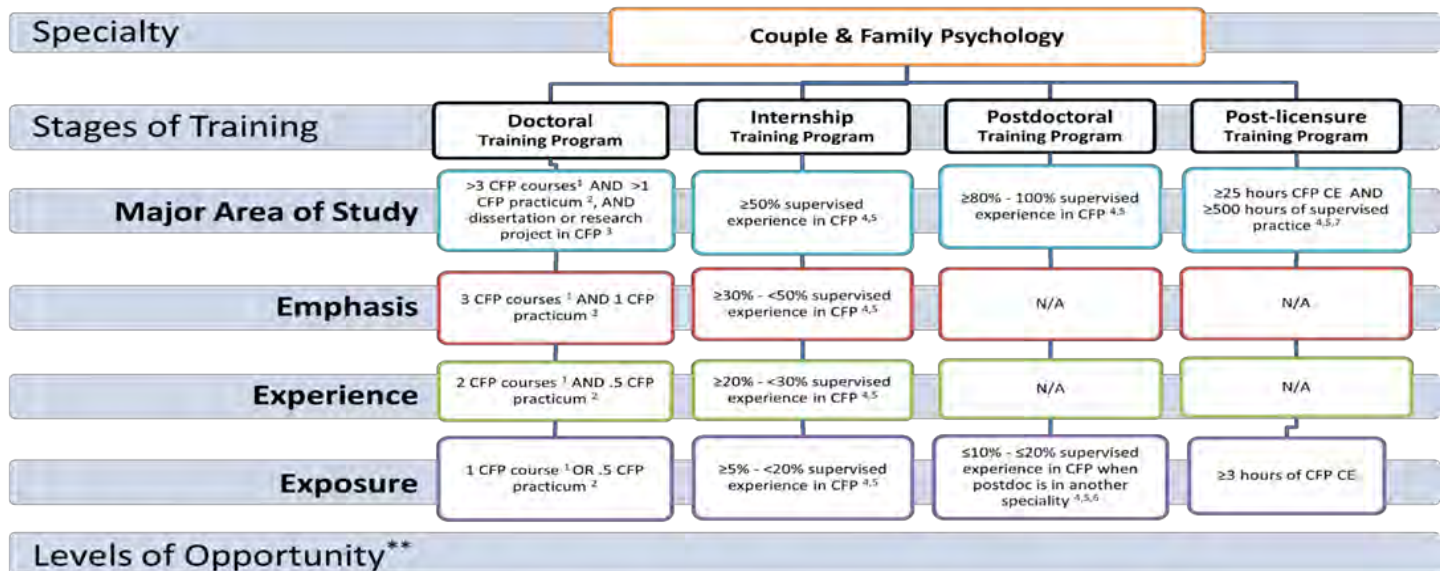
## **XI - DISSOLUTION**

The Academy shall use its funds only to accomplish the objectives and purposes specified in these Bylaws and no part of the funds shall be distributed to the members of the Academy other than for



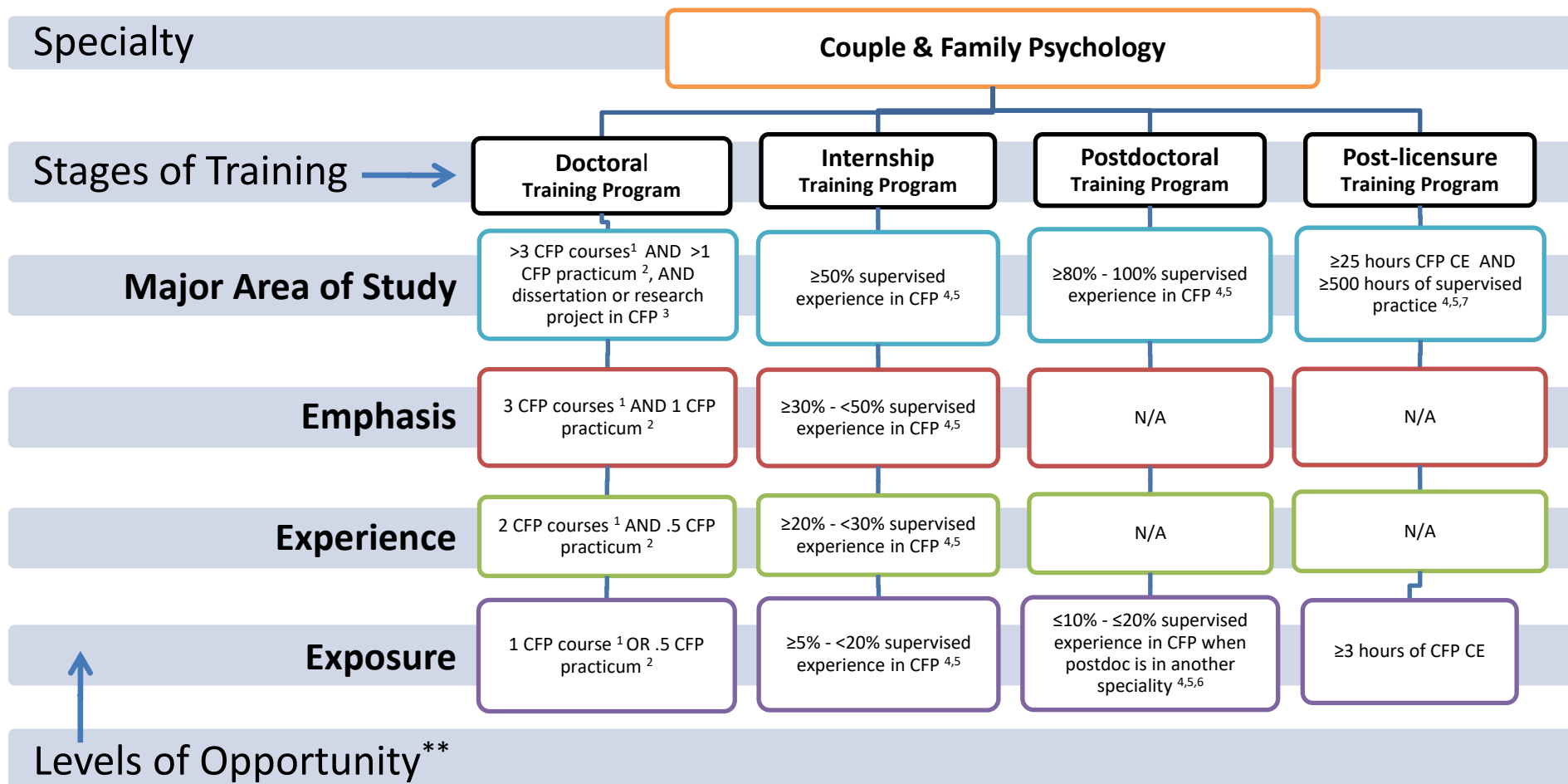
reimbursement of authorized expenses. On dissolution of the Academy, any funds remaining shall be distributed to one or more regularly organized professional societies or qualified charitable, educational, scientific or philanthropic organizations selected by the Board of Directors.

## Appendix E: Taxonomy of Education and Training for Couple and Family Psychology



\*\*The term “*focus*” should be used to describe opportunities in areas of training which are not recognized specialties. Training programs should strive to provide explicit explanations of the type of training provided in these non-specialty areas.

Approved by CoS Board of Directors, 2/20/2021



\*\*The term “*focus*” should be used to describe opportunities in areas of training which are not recognized specialties. Training programs should strive to provide explicit explanations of the type of training provided in these non-specialty areas.

Approved by CoS Board of Directors, 2/20/2021

**Common Definitions and Criteria Across All Recognized Specialties**  
**Clarifications to help recognized specialties use the APA-Taxonomy\* in a consistent manner**

- Broad and general training forms the core of education and training in health service psychology. Programs are accredited by the American Psychological Association or Canadian Psychological Association. Programs integrate the broad and general training with those educational and training activities related to recognized specialties as determined by the specialty and described in a specialty taxonomy. In addition, each specialty will have education and training guidelines consistent with its specialty area. Specialty training may be acquired at the doctoral, doctoral internship, postdoctoral, or postlicensure stages as defined by the specialty.
- By definition, postdoctoral education and training is a Major Area of Study in a specialty recognized by the Commission for the Recognition of Specialties and Subspecialties in Professional Psychology (CRSSPP) and requires that 80% or more of time be spent in the specialty area. At the postdoctoral training stage, as per above, it is recognized that training in the Major Area of Study will be consistent with the education and training guidelines set forth by the specialty.
- A course is typically defined as 3 semester-credit hours (or equivalent) in a health service psychology training program accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA).
- A practicum is typically defined as the equivalent of one academic year (e.g., 9 months, in semester or quarter systems) consisting of supervised training for at least 8 hours per week, or its equivalent, with at least 50% of time in the provision of clinical services.
- Consistent with what is described in *CoA Standards of Accreditation*, supervision should be provided by persons with competencies in the specialty demonstrated by appropriate training, credentials, and qualifications for training in the specialty as defined by the specialty.
- Additional training experiences can also include, but are not limited to, research experiences, lab meetings, brown bags, lecture/colloquia series, and grand rounds, as defined by the specialty.
- For definitions of continuing education (CE) and continuing professional development (CPD) see the APA [Quality Professional Development and Continuing Education Resolution](#). A continuing education (CE) course is defined as an organized program by the American Psychological Association or Canadian Psychological Association, a State Psychological Association, or other major provider of CE (e.g., Society of Behavioral Medicine).

\* Taxonomy; [www.apa.org/ed/graduate/specialize/taxonomy.pdf](http://www.apa.org/ed/graduate/specialize/taxonomy.pdf)

### Specialty Specific Definitions and Criteria

Use superscripts in table entries above to reference footnotes provide in this section which expand upon or clarify table entries as needed.

Superscript 1: CFP Doctoral Course: Systemic principles are infused throughout doctoral courses in Couple and Family Psychology (CFP). In contrast to an individual approach, a systemic approach views human behavior to occur within a contextual matrix of individual, interpersonal, and environmental or macrosystemic factors (Stanton, 2009). The majority of course content is relevant to the CFP foundational and functional competencies presented in Celano (2019) and Stanton & Harway (2019), which appear in Fiese, Celano, Deater-Deckard, Jouriles & Whisman (Eds.)(2019). *APA handbook of contemporary family psychology: Vol.3. Foundations, methods, and contemporary issues across the lifespan*. Washington, DC: APA.

Superscript 2: CFP Doctoral Practicum: Must include at least 50% of clinical service delivery with individuals, couples, parents, families and individual family members, and their relevant interprofessional teams using a systemic epistemological framework. Doctoral practicum may also include seminar attendance, readings, supervision, etc.

Superscript 3: CFP Doctoral Dissertation or Research Project: Empirical research, extended case studies, literature critiques and analyses, or capstone projects relevant to CFP topics, problems, populations, competencies.

Superscript 4: CFP Supervised Experience/Practice: Clinical service delivery involving systemically oriented assessment, consultation, and therapy to individuals, couples, families and family members, and interprofessional care teams. CFP supervised experience/practice may include not only direct services but also seminar attendance, assigned readings, research, provision of clinical supervision, teaching, and program development/evaluation/administration.

Superscript 5: CFP Supervisors: Primary supervisors of CFP supervised experience/practice should have training, qualifications, or credentials (e.g. ABPP) as couple and family psychologists.

Superscript 6: CFP Post-doctoral Training: Exposure at this level of training reflects CFP supervised training that may be available within organized post-doctoral training where the major area of study is another specialty.

Superscript 7: CFP Post-licensure supervised practice. The minimum required supervision hours by a CFP specialist (ABPP) or licensed psychologist qualified to supervise CFP must be documented as part of the “supervised experience” at this education and training level.

## Examples of Program Descriptors for Each Stage of Training

### Doctoral Training Program

A typical doctoral program that offers a **Major Area of Study** in couple and family psychology (CFP) includes 12 credit hours of coursework and one nine- month (two-semester) practicum. Coursework emphasizes various CFP theories, assessments, and interventions with couples and families. Students are introduced in courses to models of treatment with couples and families, then gain applied experience with couples and families in practicum. Additionally, students complete a dissertation or research project with a systemic focus.

### Internship Training Program

A one-year, full-time pre-doctoral internship with an **Emphasis** or **Major Area of Study** in couple and family psychology is generally situated within the broad and general specialty of clinical psychology with substantial training and experience in couple and family psychology that provides the intern with diverse clinical experiences in systemic assessment and intervention with couples and families. The internship in couple and family psychology includes a 50-hour didactic seminar in CFP and a supervised experience in CFP that comprises 30-50% of the total supervised experience required for internship. CFP internship training is developmentally graded and sequenced beginning with knowledge gained in didactic seminar, observation and discussion of live sessions, co-therapy, and supervised CFP practice. Both individual and group supervision are provided.

### Postdoctoral Training Program

A one-year postdoctoral fellowship with couple and family psychology as the **Major Area of Study** teaches trainees to think and practice within a systemic lens and learn to work systemically with a diverse clinical population of individuals, couples, and families. Weekly seminar topics address a range of CFP issues and populations. Each fellow participates in at least one clinical consultation team consisting of trainees and staff level therapists; each team is focused on a specific population of treatment models (e.g., emotion-focused therapy, transition to parenthood, integrative systemic therapy). In addition, fellows may elect to participate in applied clinical research, including the option to learn how to conduct an empirically based treatment related to an ongoing randomized clinical trial.

### Post-licensure Training Program

An example of a post-licensure program with a flexible structure designed for currently employed psychologists provides a 28 CE credit CFP Certificate program that is focused on using a systemic family therapy framework in diagnosis and treatment pertaining to a wide variety of individual and relational concerns. The program includes a combination of online coursework and on-site instruction over a weekend in residence. Program completion requires completion of 500 hours of supervised practice in addition to completion of the curriculum.

**Common Definitions and Criteria Across All Recognized Specialties**  
**Clarifications to help recognized specialties use the APA-Taxonomy\* in a consistent manner**

- (1) Broad and general training forms the core of education and training in health service psychology. Programs are accredited by the American Psychological Association or Canadian Psychological Association. Programs integrate the broad and general training with those educational and training activities related to recognized specialties as determined by the specialty and described in a specialty taxonomy. In addition, each specialty will have education and training guidelines consistent with its specialty area. Specialty training may be acquired at the doctoral, doctoral internship, postdoctoral, or postlicensure stages as defined by the specialty.
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- (5) Consistent with what is described in *CoA Standards of Accreditation*, supervision should be provided by persons with competencies in the specialty demonstrated by appropriate training, credentials, and qualifications for training in the specialty as defined by the specialty.
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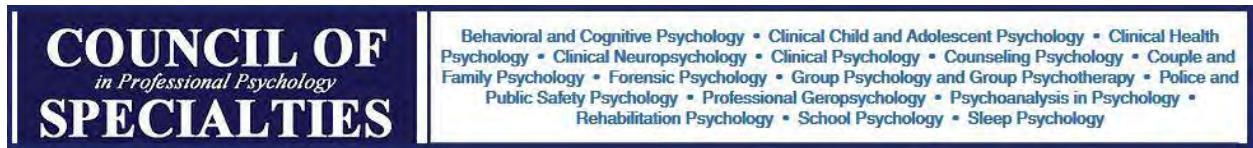
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## **Appendix F: Approval of Specialty Taxonomy by the Council of Specialties in Professional Psychology**

A .pdf copy of the letter is attached separately to preserve formatting.



October 10, 2024

RE: Approval of Specialty Taxonomy by the Council of Specialties in Professional Psychology

Dear Dr. Carlson:

You are receiving this letter as the representative of the Couple and Family Specialty and a member of the Council of Specialties in Professional Psychology (CoS).

The CoS has completed its review of Couple and Family Specialty's taxonomy submitted in advance of the specialty's upcoming review by the Commission for the Recognition of Specialties and Subs specialties in Professional Psychology (CRSSPP). At its fall quarterly meeting held on September 16, 2024, the CoS membership reviewed and unanimously approved the taxonomy. The members of the CoS found the taxonomy to be consistent with requirements as outlined by *the APA Guidelines: A Taxonomy for Education and Training in Professional Psychology Health Service Specialties and Subs specialties* (<https://www.apa.org/ed/graduate/specialize/taxonomy.pdf>).

Please submit this letter in your petition to CRSSPP.

Sincerely,

*Carlen Henington*

Carlen Henington, PhD NCSP  
President, Council of Specialties in Professional Psychology

## **Appendix G: Training and Education Guidelines for Couple and Family Psychology**

A .pdf copy of our guidelines is attached separately due to the length and formatting of the document.

# **Training and Education Guidelines for Couple and Family Psychology**

APA Division 43, Society for Couple and Family Psychology

## **Section A. Introduction**

### **A.1. Terminology Used and Rationale**

#### *A.1.(a) Terminology*

This document describes guidelines, which are defined as pronouncements, statements, or declarations that suggest or recommend specific professional behavior, endeavors, or conduct for psychologists (American Psychological Association [APA], 1992). These guidelines provide a framework for education and training in the specialty of Couple and Family Psychology (CFP) that suggests learning goals (i.e., competencies) and activities for specific levels of training across doctoral, internship, post-doctoral, and post-licensure stages of education.

#### *A.2.(b) Rationale for Use of Terms*

Consistent with this definition, the guidelines set forth in this document are intended to provide a set of recommendations and aspirational objectives for curriculum development, competency outcomes, and teaching strategies for graduate and post-graduate educators and trainers. The guidelines are not mandatory, nor are they meant to set rules or standards of performance.

### **A.2. Scope of Application and Need for Proposed Guidelines**

#### *A.2.(a) Scope of application*

The primary goal of this document is to provide general guidelines for CFP training at all stages of education. In whatever form they are framed, guidelines for education and training are intended as suggestions or recommendations to those for whom they are written. In no instance are they intended to take precedence over the judgment of the faculty responsible for specific education and training programs or others of academic authority responsible for education and training institutions. The CFP Training and Education Guidelines consist of an introduction and three main sections. The introduction summarizes the philosophy of CFP and the overarching competencies considered essential for the development of a couple/family psychologist and CFP supervisors. The subsequent sections describe CFP model training programs offering various taxonomic levels of training at the doctoral, internship, postdoctoral, and post-licensure levels. Educators are encouraged to read the full Introduction plus the subsequent section(s) that is most relevant to their training activities. Further specification of a model training program for Masters CFP education may be warranted as APA moves toward accreditation of Masters level programs, but for the time being readers are referred to the Exposure, Experience and Emphasis level training descriptions for CFP doctoral programs. It is important to note that the principles of CFP training programs are built upon the broad foundation of professional psychology and implementation should remain consistent with the specific accredited specialty within which the program is housed. Furthermore, these guidelines are aspirational rather than mandatory, and designed to be flexible in order to assist

CFP trainers in developing new and/or updating current curriculum, competency criteria and evaluation, and clinical training opportunities.

#### *A.2 (b) Need for proposed guidelines*

Family psychology was established by the American Board of Professional Psychology (ABPP) as a specialty in 1990 and recognized by the American Psychological Association (APA) as a specialty in 2002. At that time, leaders in the field turned their attention to the development of education and training guidelines in family psychology. The first versions of the Model Training Programs for family psychology were written in 2003 to conform to the Guidelines and Principles for the Accreditation of Programs in Professional Psychology. Stanton and Harway (2003) described the model doctoral training program, while Kaslow, Gottlieb, Grossman, and Turner (2003) described the model post-doctoral training program. Subsequently, Stanton and Harway's (2007) model for doctoral education and training in family psychology was approved by the Family Psychology Specialty Council, the Academy of Family Psychology, the American Board of Family Psychology, and APA Division 43 Society of Family Psychology. Leading family psychologists also began the process of defining competencies in family psychology by describing eight family-specific competencies (Kaslow, Celano, & Stanton, 2005) and further delineating the specialty practice of family psychology in terms of need/rationale, distinctiveness, applied procedures, educational pathways, and relevant organizations (Nutt & Stanton, 2008).

The hope of these leaders was that family psychology would become an APA-accredited specialty alongside the three accredited specialties of counseling, clinical, and school psychology. Stanton and Harway (2019) outlined the barriers to accreditation, noting that other APA specialties and proficiencies faced similar challenges. As a result, graduate training in couple and family psychology today consists of mostly elective specialty courses within counseling, clinical or school psychology programs, and much of the more intensive family specialty training occurs at the internship, post-doctoral fellowship, and post-licensure levels.

In the most recent petition for the renewal of couple and family psychology as a specialty in professional psychology, the Couple & Family Psychology Specialty Council (CFPSC; 2018) reported results from a survey of doctoral training programs (N = 100) in the three accredited specialties. Findings indicated that 81% offered at least one CFP course, but only 9% offered substantial (3+) coursework in couple and/or family psychology (although 16% of the respondents indicated "other"). In a similar survey of APA-accredited internship programs (N = 101), the Council reported that while some training in couple and family psychology was available at most sites (73%), only 12% of the programs offered a major rotation in family psychology and only 6% offered a major rotation in couple psychology. The proportion of post-doctoral accredited programs offering major rotations in family or couple intervention was even lower (6%, 2% respectively).

Despite the shortage of CFP training opportunities at these early stages, Norcross and Rogan (2013) reported that 75% of the APA Division of Psychotherapy members surveyed provide couples therapy and 33% provide family therapy, which together represents 17% of practice time for these service providers. Compare, for instance, the coursework and training in assessment required by most doctoral psychology programs relative to the percentage of psychologists who perform projective testing (32% for 5% of practice time) or intellectual/cognitive testing (53% for 10% of practice time). To establish an acceptable level of competence in couple and family psychology, many psychologists must seek post-licensure training in couple and family therapy through extensive continuing education, professional consultation/supervision, post-graduate certification programs and/or specialized training institutes. However, this process may be burdensome, and access to qualified, professional supervision is limited in some geographical areas.

Thus, increased attention to CFP training at the graduate school and internship levels can be justified on ethical grounds, as psychologists are discouraged from practicing outside their scope of competence (APA, 2002/2017). A second argument concerns our duty to the public given what we know about relationship science; research shows that a systemic conceptual model is needed to successfully treat a number of psychiatric disorders and virtually all relationship problems. Finally, psychologists seeking board certification in couple and family therapy need to demonstrate that they have received appropriate education and training in the specialty.

Many significant changes in the past decade affect training in our specialty, triggering the need for the current revision of the model training program. First, the specialty of “family psychology” has been broadened to “couple and family psychology”(CFP) in recognition of the fact that many psychologists subscribe to core systemic principles in their clinical practice with couples but may not work with families. Second, in an effort to encourage consistent communication across training programs, the Commission on the Recognition of Specialties and Proficiencies in Professional Psychology (CRSSPP; APA, 2012, 2020) defined terms and provided structure for their use by the approved APA specialties at doctoral, internship, postdoctoral, and post-licensure stages of education. In particular, for each educational stage, the taxonomy categorizes four levels of specialty training varying in the type and intensity of training sequences: Exposure, Experience, Emphasis, and Major Area of Study (See Table 1). The aspirational goal of the CFP Specialty Council is to persuade training programs at all educational stages to integrate CRSSPP terminology and education guidelines into their curriculum and circulated descriptions of the CFP specialty training offered by their program. Finally, in 2017, APA transitioned from the Guidelines and Principles for the Accreditation of Programs in Professional Psychology to the new Standards of Accreditation based on the blueprint for education and training developed by APA’s Health Service Psychology Education Collaborative (2013).

### **A.3. Process of developing proposed guidelines**

### A.3.(a) Participants and processes in developing guidelines

These guidelines were developed by the Education and Training Committee of the APA Society for Couple and Family Psychology, which consisted of five Couple and Family psychologists with knowledge of training across all stages of post-secondary education (J. Gomez, S. Pollard, S. Riggs, G. Sanford, C. Wise). The committee began by reviewing pertinent policy documents and other important sources that are listed below. The committee then discussed the needed content and structure of the document given a key goal of implementing CRSSPP's (2012, 2020) taxonomy for psychology education and training. The division's early model program descriptions included the doctoral and post-doctoral stages, and the committee decided to include internship training with the post-doctoral stage and add a model program description for post-licensure education due to the high number of psychologists who pursue couple or family specialization through continuing education and post-graduate training opportunities. Committee members most familiar with each stage of training wrote the first draft of each section, which then went through two rounds of review and discussion by the full committee. Subsequently, the committee sent the document content (Section C) to six couple and family psychologists who are recognized experts and active leaders in the field of Couple and Family Psychology and received three responses (L. Berg-Cross, M. Celano, A. Chambers). After the expert feedback was incorporated into the document, it was submitted for approval to the Executive Board of APA Division 43 Society for Couple and Family Psychology and the Couple and Family Psychology Specialty Council.

### A.3.(b) Policy and other documents relevant to proposed guidelines.

A number of key sources informed the development of the current document and where appropriate, the reader will be directly referred to the source document for further details. This document is not intended as a sole reference for trainers and will not duplicate the details of other more comprehensive documents. At the broad and general level, we consulted the Standards of Accreditation (SoA) for Health Service Psychology (APA, 2016); the CRSSPP Education and Training Guidelines taxonomy (APA, 2012), the Benchmark Competencies in Professional Psychology (Fouad et al., 2009; Hatcher et al., 2013); and the Blueprint for Education and Training in Health Service Psychology (Health Service Psychology Education Collaborative [HSPEC], 2013; Belar, 2014). For CFP-specific education and training guidelines, we referred to the 2003 model training program documents for doctoral (Stanton & Harway, 2003) and postdoctoral education (Kaslow, Gottlieb, Grossman, & Turner, 2003), and drew heavily from the most recent petition for renewal of CFP specialty recognition (CFPSC, 2017/2018). In addition, a number of key articles, chapters and books describing specific competencies for the CFP specialty were consulted (e.g., Celano, 2019; Celano & Pollard, 2019; Kaslow, Celano, & Stanton, 2005; Stanton & Harway, 2019; Stanton, Harway, & Vetere, 2009; Stanton & Welsh, 2011).

## **Section B: Implementation and Maintenance of Guidelines**



The responsibility for the implementation and maintenance of these guidelines belongs to Education and Training Committee and Vice-President for Education of the Society for Couple and Family Psychology, APA Division 43.

#### **B.1 Disseminating Guidelines**

After approval is received, the Education and Training Committee will post an announcement about the guidelines on the Division 43 website, as well as the division's newsletter blog and listserv. In addition, electronic announcements will disseminate the guidelines to the Training Directors of accredited graduate programs, internships, and post-doctoral training sites; the Council of Chairs of Training Councils; state or regional psychological associations and other APA division for possible use in graduate and post-graduate training, conferences and workshops, continuing education events and other educational activities.

#### **B.2. Maintaining Currency of Guidelines**

The Education and Training Committee will review and update these guidelines. Within 5 years of approval, the Committee Chair and/or the VP of Education will propose a schedule for updating the guidelines to the Executive Board of the Society for Couple and Family Psychology. The proposal should include recommendations for the review process and a timeline for presenting an updated draft to the Division 43 Executive Board, the Couple and Family Psychology Specialty Council, the division APA Council Representative, and the APA Board of Educational Affairs for APA governance reviews prior to APA Council renewal in time for the update required by Association Rule 80.3.

### **Section C: Content of Guidelines**

7/24/2022



# Couple & Family Psychology Education & Training Guidelines

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*Submitted by*

*APA Division 43 Education & Training Committee*

*Shelley Riggs, Chair    Jessica Gomez*

*Sara Pollard    Garica Sanford    Christina Wise*

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ACKNOWLEDGEMENTS: The committee wishes to express its sincere appreciation to Drs. Linda Berg-Cross, Marianne Celano, and Anthony Chambers for their helpful feedback and recommendations on earlier versions of these guidelines. In particular, Dr. Celano actively assisted the committee in refining the document with respect to consistency across the three model program sections and the specific competencies determined to be appropriate at each level and stage of training. We also greatly appreciate her editing skills and gracious permission to reprint the tables of foundational and functional competencies that appear in these guidelines. Drs. Berg-Cross and Cindy Carlson have provided invaluable assistance to the committee with the task of navigating the various CFP and APA entities to obtain feedback and approval. Finally, we are grateful to Dr. Patricia Pitta, who contributed the sample post-licensure training program for inclusion in the final section of these guidelines.

## **Couple & Family Psychology Education & Training Guidelines**

### **Part I: Introduction**

The primary goal of this document is to provide general guidelines for CFP training at all stages of education. The CFP Training and Education Guidelines consist of an introduction and three main sections. This introduction summarizes the philosophy of CFP and the overarching competencies considered essential for the development of a couple/family psychologist and CFP supervisors. The subsequent sections describe CFP model training programs offering various taxonomic levels of training at the doctoral, internship, postdoctoral, and post-licensure levels. Educators are encouraged to read the full Introduction plus the subsequent section(s) that is most relevant to their training activities. Further specification of a model training program for Masters CFP education may be warranted as APA moves toward accreditation of Masters level programs, but for the time being readers are referred to the Exposure, Experience and Emphasis level training descriptions for CFP doctoral programs. It is important to note that the principles of CFP model training programs are built upon the broad foundation of professional psychology and implementation should remain consistent with the specific accredited specialty within which the program is housed. Furthermore, these guidelines are aspirational rather than mandatory, and designed to be flexible in order to assist CFP trainers in developing new and/or updating current curriculum, competency criteria and evaluation, and clinical training opportunities.

### **Background**

Family psychology was established by the American Board of Professional Psychology (ABPP) as a specialty in 1990 and recognized by the American Psychological Association (APA) as a specialty in 2002. At that time, leaders in the field turned their attention to the development of education and training guidelines in family psychology. The first versions of the Model Training Programs for family psychology were written in 2003 to conform to the Guidelines and Principles for the Accreditation of Programs in Professional Psychology. Stanton and Harway (2003) described the model doctoral training program, while Kaslow, Gottlieb, Grossman, and Turner (2003) described the model post-doctoral training program. Subsequently, Stanton and Harway's (2007) model for doctoral education and training in family psychology was approved by the Family Psychology Specialty Council, the Academy of Family Psychology, the American Board of Family Psychology, and APA Division 43 Society of Family Psychology. Leading family psychologists also began the process of defining competencies in family psychology by describing eight family-specific competencies (Kaslow, Celano, & Stanton, 2005) and further delineating the specialty practice of family psychology in terms of need/rationale, distinctiveness, applied procedures, educational pathways, and relevant organizations (Nutt & Stanton, 2008).

The hope of these leaders was that family psychology would become an APA-accredited specialty alongside the three accredited specialties of counseling, clinical, and school psychology. Stanton and Harway (2019) outlined the barriers to accreditation, noting that other

APA specialties and proficiencies faced similar challenges. As a result, graduate training in couple and family psychology today consists of mostly elective specialty courses within counseling, clinical or school psychology programs, and much of the more intensive family specialty training occurs at the doctoral internship, post-doctoral fellowship, and post-licensure levels.

In the most recent petition for the renewal of couple and family psychology as a specialty in professional psychology, the Couple & Family Psychology Specialty Council (CFPSC; 2018) reported that a survey of doctoral training programs (N = 100) in the three accredited specialties indicated that 81% offered at least one CFP course, but only 9% offered substantial (3+) coursework in couple and/or family psychology (although 16% of the respondents indicated “other”). In a similar survey of APA-accredited internship programs (N = 101), the Council reported that while some training in couple and family psychology was available at most sites (73%), only 12% of the programs offered a major rotation in family psychology and only 6% offered a major rotation in couple psychology. The proportion of post-doctoral accredited programs offering major rotations in family or couple intervention was even lower (6%, 2% respectively).

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Thus, increased attention to CFP training at the graduate school and internship levels can be justified on ethical grounds, as psychologists are discouraged from practicing outside their scope of competence (APA, 2002/2017). A second argument concerns our duty to the public given what we know about relationship science; research shows that a systemic conceptual model is needed to successfully treat a number of psychiatric disorders and virtually all relationship problems. Finally, psychologists seeking board certification in couple and family therapy need to demonstrate that they have received appropriate education and training in the specialty.

### **Need for CFP Guidelines**

Many significant changes in the past decade affect training in our specialty, triggering the need for the current revision of the model training program. First, the specialty of “family psychology” has been broadened to “couple and family psychology”(CFP) in recognition of the fact that many psychologists subscribe to core systemic principles in their clinical practice with couples but may not work with families. Second, in an effort to encourage consistent communication across training programs, the Commission on the Recognition of Specialties and Proficiencies in Professional Psychology (CRSSPP; APA, 2012, 2020) defined terms and provided structure for their use by the approved APA specialties at doctoral, internship, postdoctoral, and post-licensure stages of education. In particular, for each educational stage, the taxonomy categorizes four levels of specialty training varying in the type and intensity of training sequences: Exposure, Experience, Emphasis, and Major Area of Study (See Table 1). The aspirational goal of the CFP Specialty Council is to persuade training programs at all educational stages to integrate CRSSPP terminology and education guidelines into their curriculum and circulated descriptions of the CFP specialty training offered by their program. Finally, in 2017, APA transitioned from the Guidelines and Principles for the Accreditation of Programs in Professional Psychology to the new Standards of Accreditation based on the blueprint for education and training developed by APA’s Health Service Psychology Education Collaborative (2013).

### **Process of Developing the Guidelines**

These guidelines were developed by the Education and Training Committee of the APA Society for Couple and Family Psychology, which consisted of five Couple and Family psychologists with knowledge of training across all stages of post-secondary education (J. Gomez, S. Pollard, S. Riggs, G. Sanford, C. Wise). The committee began by reviewing pertinent policy documents and other important sources that are listed below. The committee then discussed the relevant content and appropriate structure of the document given a key goal of implementing CRSSPP’s (2012, 2020) taxonomy for psychology education and training. Although the division’s early model program descriptions only included the doctoral and internship/post-doctoral stages, the decision was made to add a model program description for post-licensure education due to the high number of psychologists who pursue couple or family specialization through continuing education and post-graduate training opportunities. Committee members most familiar with each stage of training wrote the first draft of each section, which then went through two rounds of review and discussion by the full committee. Subsequently, the committee sent the full document to six couple and family psychologists who are recognized experts and active leaders in the field of Couple and Family Psychology and received three responses (L. Berg-Cross, M. Celano, A. Chambers). After the expert feedback was incorporated into the document, it was submitted for approval to the Executive Board of APA Division 43 Society for Couple and Family Psychology and the Couple and Family Psychology Specialty Council.

This document is not intended as a sole reference for trainers and will not duplicate the details of other more comprehensive documents. A number of key sources informed the development of the current document and where appropriate, the reader will be directly referred to the source document for further details. At the broad and general level, we consulted the

Standards of Accreditation (SoA) for Health Service Psychology (2016); the CRSSPP Education and Training Guidelines taxonomy (APA, 2012, 2020), the Benchmark Competencies in Professional Psychology (Fouad et al., 2009; Hatcher et al., 2013); and the Blueprint for Education and Training in Health Service Psychology (Health Service Psychology Education Collaborative [HSPEC], 2013; Belar, 2014). For CFP-specific education and training guidelines, we referred to the 2003 model training program documents for doctoral (Stanton & Harway, 2003) and postdoctoral education (Kaslow, Gottlieb, Grossman, & Turner, 2003), and drew heavily from the most recent petition for renewal of CFP specialty recognition (CFPSC, 2018). In addition, a number of key articles, chapters and books describing specific competencies for the CFP specialty were consulted (e.g., Celano, 2019; Celano & Pollard, 2019; Kaslow, Celano, & Stanton, 2005; Stanton & Harway, 2019; Stanton, Harway, & Vetere, 2009; Stanton & Welsh, 2011).

### **CFP Specialty Training**

“The Specialty of Couple and Family Psychology is comprised of (a) core scientific foundations in psychology; (b) a basic professional foundation; (c) advanced scientific and theoretical knowledge germane to the specialty; (d) advanced professional applications of this knowledge to selected problems and populations in particular settings, through use of procedures and techniques, and (e) systematic training that provides various levels of training (Major Area of Study, Emphasis, Experience and Exposure) at the doctoral, internship, postdoctoral and post licensure levels” (CFPSC, 2017/2018, p. 2).

Specialists in couple and family psychology initially develop core foundational and functional competencies within clinical, counseling and school psychology training programs. As outlined by Fouad et al. (2009) and restructured by Hatcher et al. (2013), the Benchmark Competencies in Professional Psychology include the following:

#### **Professionalism:**

- Professional Values and Attitudes
- Individual and Cultural Diversity
- Ethical, Legal Standards and Policy
- Reflective Practice/Self-Assessment/Self-Care

#### **Relational:**

- Relationships

#### **Science:**

- Scientific Knowledge and Methods
- Research/Evaluation

#### **Application:**

- Evidence-based Practice
- Assessment
- Intervention
- Consultation

#### **Education:**



- Teaching
- Supervision

**Systems:**

- Interdisciplinary Systems
- Management/Administration
- Advocacy

In addition to this broad and general training in psychology, Stanton and Welsh (2011) have comprehensively discussed how these competencies apply and are demonstrated in CFP professional practice in *Specialty Competencies in Couple and Family Psychology*, which is currently used by the American Board of Couple and Family Psychology (ABCFP) to prepare candidates for board certification in CFP. Using the latest benchmarks document (Hatcher et al., 2013), Celano (2019) more recently has described CFP foundational and functional competencies in the context of Health Service Psychology (HSPEC, 2013; See Tables 2 and 3). The reader is referred to these publications and the subsequent sections of the current document for further discussion of CFP competencies at the various stages of education.

At its core, CFP relies on the broad conceptual foundation of systems theory (Celano, 2019; Stanton & Harway, 2003; Stanton & Welsh, 2011), which offers a contextual understanding of individuals and relationships over time, embedded in the diverse and complex systems in which they live, including couples, families, groups, neighborhoods, schools, organizations, and the larger society. Stanton and his colleagues stressed that a critical and often difficult task in developing an identity as a couple/family psychologist in the U.S. is to move away from the individualistic, Western worldview, which relies on hierarchical and linear explanatory models, toward a more systemic worldview, which recognizes reciprocal causality and ecologically-based models. This paradigm shift requires a fundamental change in thinking about human development, problem etiology, definition of the client, treatment or research focus, ethical and legal issues, and many other basic therapeutic concepts and practices.

A systemic perspective on psychological functioning and intervention is the critical defining element in the identity of a couple and family psychologist. CFP practice can look very different from one setting or practitioner to another. While couple and family therapy is an important part of CFP, it is not necessary to practice in this modality with these populations in order to hold a CFP identity. Many couple and family psychologists treat only children/adults, only couples or only families, or possibly provide services to these clients periodically or with a small proportion of their clients at any one point in time. Other couple and family psychologists may only conduct assessments or provide professional consultation, such as those who work in the forensic arena. Indeed, the modality of couple/family therapy is a tool in the CFP toolbox, with its own set of competency benchmarks, but does not define the field of Couple and Family Psychology (Stanton, Sexton, & McDaniel, 2016). Thus, a CFP identity may be only one of several professional identities, and is more often than not combined with an identity as a clinical, counseling, or school psychologist gained through each professional's doctoral education. The crucial distinction is that no matter what types of clients or presenting concerns

the psychologist works with, the conceptualization of the problem and treatment planning is guided by systemic thinking.

The CFPSC (2018) lists the following key aspects of the specialty that are important for training programs to incorporate:

1. A paradigm shift from an intrapsychic and individual conceptualization to a systemic conceptualization.
2. In the systemic conceptualization there is a focus on individuals, couples, families, and other systems as they operate within the various systems in which they are embedded.
3. Patterned interactions within and among these systems are identified in order to gain a comprehensive understanding of human functioning.
4. The client may be defined as an individual (whose presenting problems are considered within the larger systemic perspective) or any larger system (whether it is a couple, family, organization, or other type of system).
5. The types of problems being treated may not be different from those treated by other psychologists. What differs is the conceptualization of the problem as discussed above.
6. Couple and Family Psychologists are competent to treat the full spectrum of mental disorders, but they do so with special attention to the relational context of the disorders and their reciprocity between disorders and interpersonal contexts, whether clients are being treated as individuals, couples, families, or other group contexts.
7. Skills of a couple and family psychologist include systemic case conceptualization, systemic assessment, and systemic approaches and techniques in individual psychotherapy, sex therapy, couples and marital therapy, family therapy, psychoeducational strategies and/or divorce therapy. Couple and Family Psychologists have specialized skills and experience in assessment approaches and instruments that measure individual, couple, family, and broader system functioning.
8. Systemic conceptualizations also require special attention to ethical issues which must be dealt with somewhat differently than with more intrapersonal approaches. (p. 107)

Regardless of when CFP training begins, Stanton and Harway (2019) emphasized that “psychology students need an initial experience of understanding and using systemic perceptual and thought structuring processes ***before*** learning CFP interventions to avoid the error of simply learning techniques apart from their epistemological underpinning” (bolded italics added). This is an extremely important, but often forgotten, component in training programs for couple and family psychology. CFP educators must provide their students with opportunities to learn about systems theory and practice systemic case conceptualization prior to teaching them about CFP assessment and intervention strategies.

In addition to a systemic perspective, other key elements of CFP include attention to the role of time and context in intra- and inter-personal functioning (Stanton & Welsh, 2011). A developmental perspective in CFP involves an awareness of both the individual and family life cycle and the recognition that socio-historical changes can affect family roles and norms. CFP

also considers ecological influences (e.g., Bronfenbrenner, 1979), such as current personal or family circumstances, group and organization memberships, employment, and macrosystemic factors (e.g., culture, economic climate, diversity). The Society for Couple and Family Psychology further specifies 10 core knowledge areas for couple and family psychologists, including the following: (1) Natural Systems Theory; (2) Family Strengths; (3) Family Evaluation/Research; (4) Marital/Couples Therapy and Parenting Issues; (5) Family Therapy; (6) Sex Therapy; (7) Family Diversity; (8) Family Law; (9) Outcome & Process Research; and (10) Family Violence. Table 3 describes each of these content areas in more detail.

## **CFP Supervision**

The content and process of clinical supervision for CFP practice (e.g., theories, models, and effective practices) is not unlike supervision in other specialty areas and should be consistent with the Guidelines for Clinical Supervision in Health Service Psychology (APA, 2014). CFP supervision is distinguished by an emphasis on systemic principles and attention to other CFP competencies required for specialty practice. Due to the difficulty in achieving a systemic perspective and the anxiety often experienced by new clinicians treating multiple members in a system, supervision is especially critical in early CFP practicum training (CFPSC, 2018). Despite previous clinical experience with individual clients and/or CFP didactic coursework, many students experience difficulty learning to conceptualize multiple simultaneous dynamics and to conduct effective interventions with complex couple and family systems (Stanton & Harway, 2019). Supervisors should possess the training and clinical backgrounds that reflect the core competencies in CFP practice in order to assist students in navigating the system and intervening at many interacting levels (e.g., individual, dyadic, subsystem, whole system, ecosystem).

In addition to individual and group supervision, live supervision with a supervisory team behind a one-way mirror is a common training method for couple and family therapy and can provide a safety net for the novice therapist. For example, in order to offer an alternative conceptualization or narrative for a family, or call attention to specific processes in the room, the supervisory team might interrupt a therapy session with a telephone call to the therapist, use of “bug in the ear” technology, or mid-session consultation or reflection team of colleagues/supervisors who observe the session then discuss what they noticed, which can be shared with the therapist and/or the client. Live supervision is widely accepted as an effective supervision practice for helping CFP trainees learn to establish and repair systemic therapeutic alliances and implement CFP interventions. As students become more experienced, the modality of supervision usually transitions to one-on-one or group review of session video recordings. Furthermore, when trainees are working with larger systems (e.g., family-school consultation or collaboration with family practice physicians), apprenticeship or co-therapy with an experienced Couple and Family Psychologist on-site may substitute for live supervision behind a one-way mirror.

Celano, Smith, and Kaslow (2010) proposed an integrative supervisory approach for couple and family therapy (CFT) that attends to and evaluates eight essential components:

1. **Systemic formulation** considers how recursive family processes and relationship patterns contribute to the presenting symptom. Conceptualization/assessment strategies might include circular questioning, genograms, enactments, and structural mapping.
2. **Forging a successful systemic therapeutic alliance** requires balance/neutrality in attending to reciprocal influences of multiple individuals and subsystems. Strategies might include joining behaviors, finding common ground and a common “enemy”, goal setting, minimizing blame/hostility, promoting teamwork and broadening the view of the problem to the family system rather than an individual member.
3. **Understanding family of origin issues** informs treatment by identifying family beliefs and responses surrounding the problem, and providing a cultural context for issues surrounding parenting, developmental transitions, trauma and loss. Genograms are especially informative to therapist understanding of intergenerational patterns.
4. **Reframing** the family’s negative view of the problem in a positive way that the family can “swallow” promotes more constructive and relationally-based attributions that allow greater cooperation and reduce defensiveness and blame.
5. **Managing negative interactions** can be challenging, but family conflict can be managed with carefully timed interventions. Strategies might include searching for exceptions to the problem, reframing to reduce blame, selective attention to positive statements, and may also incorporate more direct interventions such as teaching conflict resolution skills and setting explicit rules/expectations for behavior in session.
6. **Building cohesion/intimacy/communication** among family members can be accomplished in a number of ways, including communication skills training, facilitating dialogue in session, highlighting both individual and family strengths and “good times”, homework assignments designed to increase positive affect and expression in the family and/or specific dyads and subsystems (e.g., agreed upon fun family/dyad activity, behavioral exchange technique).
7. **Restructuring/parenting** is often the focus of treatment for child behavior problems and emotional distress. Interventions might include parent-child interaction therapy or parent management training, which can be implemented as stand-alone intervention or integrated with other therapeutic approaches, such as structural family therapy.
8. **Understanding and applying evidence-based CFT models** is extremely helpful in guiding therapeutic decisions with complex family processes. Application may follow a strict treatment protocol or alternatively may integrate the relevant research findings into practice.

While all psychology supervisors should strive to meet the optimal performance expectations as outlined by APA’s supervision guidelines, (APA, 2014), the criteria for CFP supervision are flexible and these recommendations are provided to assist the professional in self-reflection and evaluation of their own competence to supervise CFP service delivery. It is important to note that supervisory competence requires a higher level of competence than direct service delivery. In order to supervise others in CFP work, the minimum recommended requirements for competent supervision practice include:

- Competence in foundational CFP theory (e.g., systemic conceptualization, lifespan development).
- One of the following:
  - a. Experience/emphasis training at the doctoral or internship stage
  - b. Major area of study at postdoctoral stage
  - c. Certification (within last 10 years) from post-licensure training program (e.g., Gottman method, EFT, etc.)
  - d. Combination of experience and training qualifying for candidate status within ABPP (see website)
  - e. ABPP in CFP
- Clinical training and experience using systemic case conceptualization. If the psychologist is supervising clinical or consulting work with complex family systems or couples, it is important for the psychologist to have clinical training and/or supervised experience with the relevant therapeutic modality, evidence-based treatment models, assessment approach and/or consultation service.

Aspirational credentials and experience for CFP supervision include one of the following pathways to competent CFP supervision:

1. CFP Specialists have ABPP certification in couple and family psychology
2. Board-certification eligibility
3. Equivalent of a Major Area of Study for CFP specialty at one of the four stages of development (i.e., doctoral, internship, post-doctoral fellowship, or post-licensure).
4. Combination of Experience/Emphasis training at the doctoral or internship stage PLUS substantial post-licensure continuing education in CFP and/or CFP supervised clinical experience in the area of CFP being supervised (i.e., assessment, filial therapy, couples therapy, sex therapy, family therapy, or other evidence-based CFP therapy model). The combination of these experiences should provide the opportunity to develop a solid foundation of systems conceptualization and other CFP competencies, as well as clinical expertise in the relevant therapeutic modality.

## Glossary of Terms

To ensure a shared understanding of the language used in this document, definitions for specific terms are presented below:

- **Assessment:** an evaluation of a client and/or family system, which involves the collection of information about history, current functioning, dynamics, interactional patterns, and potential prognosis, which allows for diagnosing and treatment planning. Specific tools or measures may be used in order to collect information. Assessment also allows for continued evaluation of progress throughout treatment.

- **Consultation:** A collaborative meeting involving the counsel of an individual with expertise and competence in a particular system, whose purpose is to assess needs, offer recommendations and/or advisement to meet the needs of the consultee.
- **Couples therapy:** A clinical modality focused on relational dynamics, interactional patterns, and history that create or sustain conflict within a relationship
- **Didactics:** Planned instruction, given in both verbal and written form, that is included within the program curriculum. While didactic teaching can occur in psychotherapy, for the purposes of this document, the term didactics refers to professional education that typically occurs in the context of a training seminar, workshop, or classroom instruction.
- **Direct service in couple and family psychology:** Providing clinical services where the focus and clinical modality utilizes a systemic lens to explore and understand psychological disorders and relationships in couple or family systems, including individual dynamics, relational dynamics, interactional patterns, and history to create or maintain problems in a system. Although traditionally thought of as intervention or assessment with more than one person, CFP direct service can be provided to a single individual conceptualized and treated from a systemic perspective.
- **Doctoral Internship:** A training program designed to offer students who have completed their doctoral course work an intensive experiential training experience as part of the final requirements to complete their doctorate degree. The program is guided by specific goals and competencies, and may be structured as full-time or part-time to meet the equivalent of 1 year of full-time training to be completed in no fewer than 12 months (or 10 months for school psychology internships), or the equivalent of half-time training to be completed within 24 months.
- **Evidenced-based practice (EBP):** Evidence-based practice is “the integration of the best available research with clinical expertise in the context of patient characteristics, culture and preferences” (See APA Policy Statement on EBP; APA Presidential Task for on EBP, 2006).
- **Family therapy:** A clinical modality, which utilizes a systemic lens to explore and understand relationships among family members and interactional patterns that create/maintain/ or escalate problems within the system and/or identified client.
- **Mastery of specialty:** While various pathways including combinations of training and professional experience working from a systems lens with relevant populations can achieve ethical competence in CFP, definitive mastery of the specialty can be demonstrated by obtaining ABPP board certification for CFP. For information and instructions regarding the boarding process, please see <https://abpp.org/Applicant-Information/Specialty-Boards/Couple-and-Family-Psychology.aspx>.
- **Postdoctoral Fellowship/Residency:** An intensive training program for students who have received their doctorate degree yet are not fully licensed for independent practice. The program is experiential and focuses on the development of advanced competencies in major and/or specialized areas of training. Trainees must complete a minimum of 1

year of full-time training in no less than 12 months (10 months for school psychology postdoctoral training programs), or 2 years of half-time training in no more than 24 months. Specialty practice residencies may require longer training periods, as specified in their respective education and training guidelines.

- **Post-licensure:** A professional in the field of psychology that has successfully completed training, including a doctoral degree from an APA or CPA accredited graduate program or designation by the ASPBB/National Register, completed doctoral internship accredited by APA/CPA or contained in the APPIC listing, completed a postdoctoral psychology fellowship or met state licensing requirements, and obtained a state psychologist license.
- **Practicum:** A pre-doctoral course of study aimed at preparing students in the practice of psychology, including direct application of clinical skills and theory while under the supervision of a licensed psychologist. APA Committee on Specialties (CoS) defines one practicum as equivalent to one academic year (approximately 9 months). A CFP doctoral practicum must include at least 50% of clinical service delivery with individuals, couples, parents, families and individual family members, and their relevant interprofessional teams using a systemic epistemological framework.
- **Professional identity as a couple and family psychologist:** Identification with the core values of the CFP specialty, reflected in conceptual competency in systemic epistemology (ability to use systems theory to inform CFP) and involvement in professional activities of the specialty, e.g., continuing education or training, membership and service in a CFP organization, presentation on CFP at professional conferences, Fellow status in APA Division 43, ABPP in CFP, or sustained engagement in social policy, programs or legislation on behalf of CFP.
- **Reflecting Team:** Developed by Tom Anderson, a reflecting team is typically comprised of 4-7 therapists. One or two therapists serve as the clinician in the room with the client(s), and the other members of the team observe the therapy session from behind a two-way mirror. At designated time during the session, the team behind the mirror share reflections about what was noticed about the session and afterwards clients are given the opportunity to respond to the reflections. Reflecting teams are often utilized as training tools to teach counseling skills clinicians in training.
- **Supervised Experience:** Under direct supervision by a qualified licensed psychologist, psychological services can include but are not limited to psychotherapy, assessment, psychoeducation, systems consultation, supervision of trainees conducting CFP work, etc.
- **Specialty of couple and family psychology** (as defined by the American Board of Professional Psychology): “is a comprehensive application of the science and profession of psychology with families, couple and family subsystems, and individual couple and family members. Couple and family psychologists stress the centrality of understanding

and constructively changing the couple and family unit or subsystems, as well as the individual.”

- **Supervision:** a clinically focused teaching method between an experienced psychologist and a trainee with less experience. The purpose is to increase the trainee’s competence in the practice of psychology.



Table 1: Commission on the Recognition of Specialties and Proficiencies in Professional Psychology (CRSSPP) Taxonomy of Specialty Training – Couple & Family Psychology

Specialty	Couple & Family Psychology			
Stages of Training	Doctoral Training Program <sup>1</sup>	Internship Training Program	Postdoctoral Training Program <sup>7</sup>	Post-licensure Training Program <sup>8</sup>
Major Area of Study	≥3 CFP courses <sup>2</sup> AND ≥1 CFP practicum <sup>3</sup> , AND dissertation or research project in CFP <sup>4</sup>	≥50% supervised experience in CFP <sup>5,6</sup>	≥80% - 100% supervised experience in CFP <sup>5,6</sup>	≥25 hours CFP CE <sup>9</sup> AND ≥500 hours of supervised practice <sup>6</sup>
Emphasis	3 CFP courses <sup>2</sup> AND 1 CFP practicum <sup>3</sup>	30% - <50% supervised experience in CFP <sup>5,6</sup>	N/A	N/A
Experience	2 CFP courses <sup>2</sup> AND .5 CFP practicum <sup>3</sup>	20% - <30% supervised experience in CFP <sup>5,6</sup>	N/A	N/A
Exposure	1 CFP course <sup>2</sup> OR .5 CFP practicum <sup>3</sup>	5% - <20% supervised experience in CFP <sup>5,6</sup>	≥10% - ≥20% supervised experience in CFP <sup>5,6</sup>	3 hours of CFP CE <sup>9</sup>
Levels of Opportunity <sup>**</sup>				

<sup>\*\*</sup>The term “*focus*” should be used to describe opportunities in areas of training which are not recognized specialties. Training programs should strive to provide explicit explanations of the type of training provided in these non-specialty areas.

Approved by CoS Board of Directors, 2/20/2021

Superscript 1: At the Major level of Doctoral Training, Couple and Family Psychology (CFP) systemic principles are infused throughout the curriculum of APA accredited doctoral programs and specifically within designated courses and practicum.

Superscript 2: CFP Doctoral Course: The majority of course content is relevant to the foundational and functional competencies presented in Celano (2019) and Stanton & Harway (2019), which appear in Volume 3 of Fiese, Celano, Deater-Deckard, Jouriles & Whisman (Eds.)(2019). APA handbook of contemporary family psychology: Foundations, methods, and contemporary issues across the lifespan. Washington, DC: APA. Doctoral courses are considered the equivalent of the three credit hours.

Superscript 3: CFP Doctoral Practicum: Must include at least 50% of clinical service delivery with individuals, couples, parents, families and individual family members, and their relevant interprofessional teams using a systemic epistemological framework. In contrast to an individual approach, a systemic approach views human behavior to occur within a contextual matrix of individual, interpersonal, and environmental or macrosystemic factors (Stanton, 2009). One doctoral practicum is considered equivalent to one academic year (approximately 9 mo.) of supervised experience, which may also include seminar attendance, readings, etc.

Superscript 4: CFP Doctoral Dissertation or Research Project: Empirical research, extended case studies, literature critiques and analyses, or capstone projects relevant to CFP topics, problems, populations, competencies.

Superscript 5: CFP Supervised Experience/Practice: Clinical service delivery involving systemically oriented assessment, consultation, and therapy to individuals, couples, families and family members, and interprofessional care teams. CFP supervised experience/practice may include not only direct services but also seminar attendance, assigned readings, research, provision of clinical supervision, teaching, and program development/evaluation/administration.

Superscript 6: CFP Supervisors: Primary supervisors of CFP supervised experience/practice should have training, qualifications, or credentials (e.g. ABPP, HSP) as couple and family psychologists.

Superscript 7: CFP Post-doctoral Training: Postdoctoral education and training in a specialty is a major area of study requiring 80% commitment of time, with potential exposure (10-20% time commitment) to other specialty areas. The Emphasis and Experience level of training are Not Applicable at this Training level.

Table 2 *Essential Components of Foundational Competencies for Health Service Psychology and Couple and Family Psychology*

Category	Essential Components for HSP	Essential Components for CFP
Professional values and attitudes	<ol style="list-style-type: none"> <li>1. Behave in ways that reflect the values and attitudes of professional psychology</li> <li>2. Value principles of safe, effective, patient-centered, timely, and equitable care, using them as guidelines for health care practice</li> <li>3. Value and communicate to the public and other health professionals one's identity as a psychologist</li> <li>4. Value collaboration with other health professions and team-based care</li> </ol>	<ol style="list-style-type: none"> <li>1. Behave in ways that reflect the values and attitudes of all CFP competencies</li> <li>2. Value principles of safe, effective, client-centered, timely, and equitable care, using them as guidelines for health care practice</li> <li>3. Value and communicate to the public and other health professionals one's identity as a couple and family psychologist</li> <li>4. Value constructive relations, including collaborative relationships with other health care professions and within health care teams</li> </ol>
Individual and cultural diversity	<ol style="list-style-type: none"> <li>1. Exhibit awareness, sensitivity, and skills to work professionally with diverse individuals, groups, and communities that represent various cultural and personal backgrounds and characteristics defined broadly and consistent with relevant APA practice guidelines</li> <li>2. Be knowledgeable about literature on diversity factors and health disparities; apply that knowledge in practice</li> <li>3. Exhibit awareness, sensitivity, and skills to work with diverse individuals across the health professions</li> </ol>	<ol style="list-style-type: none"> <li>1. Be knowledgeable about how self and others, and health problems, are shaped by individual and cultural diversity factors and context</li> <li>2. Perform culturally-centered CFP functions, including clinical services and training</li> <li>3. Develop and maintain a culturally centered perspective, including a commitment to social justice</li> </ol>
Ethical legal standards & policy	<ol style="list-style-type: none"> <li>1. Abide by the current APA Ethics Code; engage in ethical decision making in collaboration with others</li> <li>2. Be knowledgeable about the professional standards associated with health care practice</li> <li>3. Be knowledgeable about and adhere to the local, state and federal laws governing health care practice</li> <li>4. Be knowledgeable about health care policies relevant to health care systems and the delivery of services</li> </ol>	<ol style="list-style-type: none"> <li>1. Command of ethical and legal knowledge related to CFP, including the APA Ethics Code, and professional standards and laws for health care practice</li> <li>2. Application of an ethical decision making model and relevant ethical and legal principles</li> <li>3. Commitment to ethical development and improvement in the competency</li> </ol>
Reflective practice/Self-assessment/ Self-care	<ol style="list-style-type: none"> <li>1. Engage in reflective practice conducted with personal and professional self-awareness, attending to one's health behaviors and well being and their impact on practice</li> <li>2. Conduct self-assessments designed to continuously improve health services offered</li> </ol>	<ol style="list-style-type: none"> <li>1. Engage in reflective practice conducted with personal and professional self-awareness, attending to one's health behaviors and well being and their potential impact on specialty practice.</li> <li>2. Engage in reflections on the impact of one's own family-of-origin history and dynamics, as well as attitudes, beliefs, and practices that stem from practitioner's own broader contextual background, and their impact on the practice of CFP.</li> </ol>
Relationships	<ol style="list-style-type: none"> <li>1. Relate effectively and professionally with patients, colleagues, and communities</li> <li>2. Relate effectively with professionals from other disciplines and demonstrate competence in interprofessional collaborative practice</li> <li>3. Communicate clearly and appropriately in written and oral form with patients, colleagues, other health professionals, and the public</li> </ol>	<ol style="list-style-type: none"> <li>1. Knowledge of systems theory and research about interpersonal relationships</li> <li>2. Interpersonal, affective, and expressive skills in applying the knowledge and attitudes to facilitate communication and manage interpersonal conflict in all professional interactions</li> <li>3. Commitment to facilitating positive and constructive interpersonal relations</li> </ol>

Scientific knowledge and methods	<ol style="list-style-type: none"> <li>1. Be knowledgeable about the biological, cognitive, affective, social, and life span developmental bases of behavior; apply in practice</li> <li>2. Be knowledgeable about psychological research methods and techniques of data collection and analyses, and apply that knowledge in practice</li> <li>3. Be knowledgeable about psychological clinical research findings fundamental to the provision of health care services; apply in practice</li> <li>4. Be knowledgeable about current information technology; apply that knowledge in practice</li> <li>5. Be familiar with research on how biological, psychological, social, cultural and economic factors affect health and behavior, disease, and treatment outcomes; apply that knowledge in practice</li> </ol>	<ol style="list-style-type: none"> <li>1. Command of specialty epistemology and scientific knowledge</li> <li>2. Command of specialty scientific methods</li> <li>3. Intentional inclusion of CFP concepts, scientific knowledge, and scientific methods in all aspects of specialty activity</li> <li>4. Scientific mindedness: values CFP theory and scientific methods, and their application to specialty practice</li> </ol>
Research/Evaluation	<ol style="list-style-type: none"> <li>1. Critically evaluate of relevant health and behavior research related to populations to be served</li> <li>2. Conduct research that contributes to the scientific and professional knowledge base or evaluates the effectiveness of various professional activities in health care/promotion</li> <li>3. Use research skills for program development and evaluation as well as for quality improvement related to healthcare services</li> <li>4. Be familiar with health research methods</li> </ol>	<ol style="list-style-type: none"> <li>1. Critically evaluate relevant CFP research related to populations to be served</li> <li>2. Conduct research, guided by a systemic epistemology, that contributes to the scientific and professional knowledge base or evaluates the effectiveness of professional activities in health care/promotion</li> <li>3. Use CFP research skills for program development and evaluation as well as for quality improvement in healthcare services</li> <li>4. Be familiar with research methods in CFP</li> </ol>

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Table 3 *Essential Components of Functional Competencies for Health Service Psychology and Couple and Family Psychology*

Category	Essential Components for HSP	Essential Components for CFP
Application: Evidence-based practice	<ol style="list-style-type: none"> <li>1. Engage in evidence-based practice (EBP) that integrates the best available research with clinical expertise in the context of patient characteristics, culture, and preferences</li> <li>2. Incorporate local population-based information and research findings in the provision of health care services</li> </ol>	<ol style="list-style-type: none"> <li>1. Be knowledgeable of CFP evidence-based practice (EBP) and specialty interventions</li> <li>2. Applies EBP in CFP to issues and populations</li> <li>3. Values the role of research in intervention</li> </ol>
Assessment	<ol style="list-style-type: none"> <li>1. Conduct assessments of psychological and behavioral components of physical and mental health to diagnose problems and assess strengths as a basis for planning prevention or treatment</li> <li>2. Use assessment approach model that includes attention to biological, psychological, social, life span, and cultural components of health</li> <li>3. Provide assessments grounded in the science of measurement and psychometrics, and clinical research related to assessment health, behavior, and psychosocial aspects of physical conditions</li> <li>4. Communicate findings in language appropriate for the client, family and health care professionals</li> <li>5. Conceptualize cases integrating medical, dental, and other health findings, including their impact on interpretation of psychological data</li> </ol>	<ol style="list-style-type: none"> <li>1. Understands the nature and scope of CFP assessment methods, and the measurement and psychometrics of CFP assessment instruments</li> <li>2. Applies assessment methods, competently using multiple methods of assessment appropriate to CFP and applying them to case conceptualization</li> <li>3. Understands case conceptualization in the context of CFP service delivery, including a model for producing a systemic case conceptualization</li> <li>4. Demonstrates a client-centered perspective in the case conceptualization and assessment processes</li> <li>5. Produces a systemic case conceptualization, including a client-centered problem formulation, case formulation, and treatment formulation</li> </ol>
Intervention	<ol style="list-style-type: none"> <li>1. Provide evidence-based psychological approaches in prevention, treatment, and rehabilitation</li> <li>2. Be knowledgeable about theories, models, and effective practice in psychotherapy</li> <li>3. Monitor a patient's response to interventions and modify as needed</li> <li>4. Educate patients, families, and communities about health and behavior to facilitate behavior change, including promotion and prevention</li> <li>5. Seek consultation and refer to other health professionals for problems outside one's training and experience</li> <li>6. Provide health promotion services, in individual, group, and community settings</li> <li>7. Be knowledgeable about effectiveness and costs of psychological treatment options for a clinical context</li> <li>8. Be familiar with common medical, dental, and other health treatments for the targeted population</li> </ol>	<ol style="list-style-type: none"> <li>1. Knows a broad range of CFP interventions</li> <li>2. Selects, implements, and evaluates CFP interventions, including EBP interventions</li> <li>3. Knows about the effectiveness of psychoeducation, specialty curriculum for psychoeducation, and the distinction between psychoeducation and psychotherapy</li> <li>4. Provide CFP interventions designed to improve relationship health in individual, group, and community settings</li> <li>5. Understand data regarding the effectiveness and cost of CFP interventions for a particular clinical context</li> <li>6. Understand the common medical, dental, and health treatments for the targeted population as part of the medical/clinical context for CFP specialty practice</li> </ol>

Consultation	<ol style="list-style-type: none"> <li>1. Provide consultation to patients and their families other health care professionals, and systems related to health and behavior</li> </ol>	<ol style="list-style-type: none"> <li>1. Be knowledgeable about consultation theory, research findings, roles, assessment, and methodology</li> <li>2. Conduct effective CFP consultations, including a systemic needs assessment yielding a report and recommendations, and effective interventions.</li> <li>3. Vales ethical standards and respects individual and cultural diversity in consultation practice</li> </ol>
Education: Teaching	<ol style="list-style-type: none"> <li>1. Provide training to psychology trainees and other health professionals in relevant health care services</li> <li>2. Provide training in the application of psychological science to health care service delivery and the improvement of the health care system</li> </ol>	<ol style="list-style-type: none"> <li>1. Understand teaching-learning theory, methodology, and assessment in CFP</li> <li>2. Implement and evaluate teaching-learning methodologies in CFP</li> <li>3. Value lifelong learning and teaching in CFP</li> </ol>
Supervision	<ol style="list-style-type: none"> <li>1. Be knowledgeable about theories, models, and effective practices in supervision</li> <li>2. Apply this knowledge to the supervision of direct service delivery by trainees and other health care professionals</li> </ol>	<ol style="list-style-type: none"> <li>1. Be knowledgeable about supervision and competencies in CFP specialty</li> <li>2. Provide effective CFP supervision</li> </ol>
Systems Interdisciplinary or interprofessional systems	<ol style="list-style-type: none"> <li>1. Be knowledgeable about and apply the core competencies for interprofessional practice</li> <li>2. Be knowledgeable about the outcomes literature associated with service delivery by health care teams</li> <li>3. Use health informatics, including electronic health records, to communicate with professionals and patients</li> <li>4. Be familiar with various health care systems and service delivery models, and their implications for practice</li> </ol>	<ol style="list-style-type: none"> <li>1. Be knowledgeable about and apply core competencies for interprofessional practice in a manner consistent with the foundational CFP interpersonal interaction competency</li> <li>2. Be familiar with the various health care systems and delivery models providing a context for patient care, and their implications for CFP practice</li> </ol>
Professional leadership development	<ol style="list-style-type: none"> <li>1. Appreciate the role of a psychologist as an autonomous, knowledgeable team member and leader in health care</li> <li>2. Be familiar with professional roles in management and administration of health care research, services, and systems; be prepared for further leadership development</li> </ol>	<ol style="list-style-type: none"> <li>1. Identify as a couple and family psychologist and appreciate the role of the CFP specialty in implementation and leadership of team-based health care</li> </ol>
Advocacy	<ol style="list-style-type: none"> <li>1. Advocate for psychology's role as a science and profession in health care</li> <li>2. Advocate for research that contributes to the evidence base to support practice and for evidence-based practice</li> <li>3. Advocate for quality health care at the individual, institutional, community, and systems levels in public and private sectors</li> <li>4. Advocate for equity and access to quality health care services for patients</li> </ol>	<ol style="list-style-type: none"> <li>1. Advocate for the specialty of CFP and its role as a science and profession in health care</li> <li>2. Advocate for research that contributes to the evidence base to support CFP specialty practice</li> <li>3. Advocate for quality health care in the CFP specialty at the individual, institutional, community, and systems levels</li> <li>4. Demonstrate commitment to social justice; advocate for policies that promote equity</li> </ol>

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Table 4: *CFP Core Knowledge Areas*

Natural Systems Theory	<ul style="list-style-type: none"> <li>• Understanding how natural systems work, how they regulate themselves, change and resist change</li> <li>• Familiarity with other naturally occurring supraorganisms to understand the family as a system or functional unit</li> </ul>
Family Strengths	<ul style="list-style-type: none"> <li>• Information regarding the family's history of both problems and strengths, and their goals is needed to understand the family system and how to intervene.</li> <li>• Assess via individual and family interviews, and other assessment tools</li> </ul>
Family Evaluation/Research	<ul style="list-style-type: none"> <li>• In addition to individual measures, familiarity with instruments to assess relationship and family functioning</li> <li>• Value of multi-method, multi-informant assessment</li> <li>• Assessment goal to understand ways in which a family functions to manage emotional closeness, distance, and conflict, as well as cope with stress</li> <li>• Understanding transmission of relationship patterns across generations.</li> <li>• Knowledge re: the construction and validation of couple/family measures</li> </ul>
Marital/Couples Therapy and Parenting	<ul style="list-style-type: none"> <li>• Knowledge of theories of marital interaction, marital evaluation, and marital therapy</li> <li>• Awareness of how the marital relationship is related to parenting and child outcomes</li> <li>• Clinical techniques and skills to use this knowledge to effect change in families couples change.</li> </ul>
Family Therapy	<ul style="list-style-type: none"> <li>• Knowledge of theories of family interaction, family evaluation and family therapy.</li> <li>• Awareness of how key family processes are related to individual and relational outcomes</li> <li>• Clinical techniques and skills to use this knowledge to effect change in families.</li> </ul>
Sex Therapy	<ul style="list-style-type: none"> <li>• Knowledge of normal and abnormal sexual functioning</li> <li>• Evaluation of sexual functioning</li> <li>• Principles and programs used in treating sexual problems</li> </ul>
Family Diversity	<ul style="list-style-type: none"> <li>• Appreciation of ethnic and cultural differences between families, similarities among families of all backgrounds</li> <li>• Awareness of one's own racial, ethnic, and class identity, and unconscious biases.</li> </ul>

	<ul style="list-style-type: none"> <li>• Value for the dignity and worth of individuals inclusive of their gender, race, ethnicity, nationality, sexual orientation, age, physical and mental abilities, political or spiritual beliefs, socioeconomic class, and other identities.</li> </ul>
Family Law	<ul style="list-style-type: none"> <li>• Knowledge of the law and regulations regarding <ul style="list-style-type: none"> <li>○ custody and visitation;</li> <li>○ child, spouse, and elderly abuse</li> <li>○ ethical relationships with attorneys</li> </ul> </li> <li>• In active courtroom work, training in forensic family psychology needed</li> </ul>
Outcome & Process Research	<ul style="list-style-type: none"> <li>• Understanding of systems-based process and outcome research and</li> <li>• Knowledge regarding relevant statistical analyses using paradigms that analyze family and/or group interactions while accounting for interdependence</li> <li>• Knowledge of psychology and sociological research relevant to family and larger systems research.</li> <li>• Conduct research or critically examine new research findings relevant to CFP and empirically supported treatments for couples and families.</li> </ul>
Family Violence	<ul style="list-style-type: none"> <li>• Knowledge of theories of relational trauma and violence, including its impact on individuals, families and larger systems.</li> <li>• Familiarity with recommended procedures for assessing and treating all types of abuse and violence within and impinging upon families</li> </ul>



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## **Couple and Family Psychology Education and Training Guidelines**

### **Part II: Couple and Family Psychology Model Doctoral Training Program**

Specialty-specific knowledge in Couple and Family Psychology (CFP) primarily emphasizes an understanding and appreciation for the properties of natural systems. However, this specialty-specific knowledge requires foundational training in the core scientific areas of psychology as a general discipline. Applied doctoral programs are accredited as Counseling, School, or Clinical Psychology through APA's Council on Accreditation (COA). The distinctive features of doctoral training in couple and family psychology in each of the core competencies are detailed elsewhere (CFPSC, 2017/2018; Celano, 2019; Kaslow, Celano, & Stanton, 2005; Stanton & Welsh, 2011) and will not be duplicated here. In addition to the broad and general training of their accredited specialty, many doctoral programs will also offer additional training tracks in specialty areas, including CFP. The purpose of Part II in these guidelines is to provide doctoral educators with assistance for developing or updating their CFP training program so that it aligns with the CRSSPP taxonomy (APA, 2012, 2020) and meets the general expectations for CFP education as it leads to board certification. This section will describe the expectations and challenges for CFP doctoral education, and outline the curricular components needed to characterize a training sequence as Exposure, Experience, Emphasis or Major according to the CRSSPP taxonomy of education and training (APA, 2012, 2020).

The professional development of a couple/family psychologist can follow various trajectories. Stanton and Nurse (2005) mapped family psychologists' development beginning with traditional doctoral training that includes a focus on couple/family psychology and culminating in board certification in couple and family psychology. Despite an ideal onset of concentrated family systems training in graduate school, much of family specialty training seems to occur at the doctoral internship and postdoctoral levels. Most doctoral training programs offer minimal opportunities for couple/family coursework or practica, often consisting of one or two didactic courses that may or may not be required.

The Society for Couple and Family Psychology conducted a survey of doctoral programs in 2013 to determine the prevalence of CFP curriculum. The survey was sent to 61 school psychology programs, 69 counseling psychology programs, and 227 clinical psychology programs, all APA-accredited (CFPSC, 2018, pp. 201-204, Appendix I). Of 100 respondents, 36 reported offering one CFP course, 20 reported 2-3 courses, and 9 reported more than 3 courses or an emphasis that demonstrates strong inclusion of CFP curriculum, clinical training, and specialty faculty. The most common course offered regularly was Family Psychotherapy (51%), followed by Couple Psychotherapy (31%), Systems Theory (20%), Sexuality and Sex Therapy (12%), and Family Assessment (7%). However, 24% of respondents reported that their program does not offer CFP courses and only 28% reported that CFP courses were required by the program. This reality is troubling given the fact that as many as 75% of practicing psychologists conduct couples therapy and 33% conduct family therapy (Norcross & Rogan, 2013). Compare these CFP statistics to coursework in psychological assessment, which is required by most graduate psychology programs, relative to the percentage of psychologists who perform projective

testing (32% for 5% of practice time) or intellectual/cognitive testing (53% for 10% of practice time).

The juxtaposition of the high number of psychologists practicing couple and/or family therapy in relation to the scarcity of formal training at the doctoral level is cause for concern and points to a strong need to develop more CFP training programs at all levels of education. Kaslow et al. (2005) noted the complexity of developing a professional identity as a family psychologist due to the integration of family psychology within clinical, counseling, or school psychology doctoral training programs, the limited number of qualified teachers and supervisors, and the failure of couple/family research to keep pace with the increasing emphasis on empirically supported treatment. Furthermore, graduate programs vary widely in the number of couple/family psychology courses offered, the content of these courses, and the types of training and supervision provided, which makes it difficult to establish a clear definition of competence in the specialty (Patterson, 2005).

Some have argued that post-licensure training available through continuing education (CE) offerings can provide the training needed to acquire couple/family competence. However, there may be several problems for the CFP specialty if we continue to rely on post-licensure training to produce qualified couple and family psychologists. First, with changes in licensure requirements in many states, the erosion of the postdoctoral training period means that CFP leaders can no longer count on this experience to provide specialized training. Second, during the post-licensure period, it is questionable whether the typical half- or full-day CE workshop can adequately prepare practitioners trained in individual interventions to make the “paradigm shift” to systems thinking, which is difficult for most students (Stanton & Harway, 2007). In addition, most CE opportunities do not provide ongoing weekly supervision of couple/family cases.<sup>1</sup> Finally, by delaying training in systems theory and intervention, we are missing the opportunity to foster a couple/family psychologist identity in trainees and early career psychologists, which would bring new members into our specialty.

### **CFP Faculty**

At all levels of training and stages of education, instructors are assumed to have the theoretical expertise, as well as the academic and applied experience that are necessary to teach graduate level courses in couple and family psychology. The Couple & Family Psychology Specialty Council (2018) recommends that doctoral programs with an Emphasis or Major Area of Study in Couple and Family Psychology have core faculty who identify as Couple and Family Psychologists and provide leadership to the training sequence. While some programs will have one designated psychologist with CFP credentials and scholarship, who is responsible for integrity and quality of specialty training, the number of CFP faculty should be sufficient to meet the academic and professional responsibilities associated with the program. CFP faculty should demonstrate substantial competence in Couple and Family Psychology through

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<sup>1</sup> Notable exceptions would include intensive post-licensure couples therapy training programs involving externships (e.g., EFT training through the International Centre for Excellence in Emotionally Focused Therapy) or continuing supervision and consultation (e.g., IBCT training in VAs).

recognized indicators such as psychology licensure; research, presentations, and publications related to CFP; membership and service in APA’s Society for Couple and Family Psychology (Division 43) or similar groups within the state associations; election as a Fellow of APA Division 43; post-doctoral ABPP certification in Couple and Family Psychology; and/or other specialty-related recognitions. While core CFP faculty function as role models for students and socialize students into the discipline of Couple and Family Psychology, adjunct faculty who identify with Couple and Family Psychology and have expertise in the specialty area may augment the core faculty in the provision of education and clinical training in Couple and Family Psychology.

**Table 5: CRSSPP Taxonomy in CFP at the Doctoral Training Stage**

Doctoral Training Stage	Curriculum
<b>Exposure</b>	<ul style="list-style-type: none"> <li>○ At least 1 didactic course in CFP OR .5 practicum</li> </ul>
<b>Experience</b>	<ul style="list-style-type: none"> <li>○ 2 didactic courses in CFP, AND</li> <li>○ .5 CFP practicum<sup>a</sup></li> </ul>
<b>Emphasis</b>	<ul style="list-style-type: none"> <li>○ 3 didactic courses in CFP, AND</li> <li>○ 1 CFP practicum</li> </ul>
<b>Major</b>	<ul style="list-style-type: none"> <li>○ 2+ years CFP-infused didactic coursework</li> <li>○ ≥3 didactic courses in CFP, AND</li> <li>○ ≥1 CFP practicum, AND</li> <li>○ Formal research project in CFP</li> </ul>

<sup>a</sup> One doctoral practicum is considered equivalent to one academic year (approximately 9 mo.) of supervised experience, which may also include seminar attendance, readings, etc. A CFP doctoral practicum must include at least 50% of clinical service delivery with individuals, couples, parents, families and individual family members, and their relevant interprofessional teams using a systemic epistemological framework.

### 1. Exposure

For doctoral training, the CRSSPP guidelines (APA, 2012) defined “Exposure” as at least 1 didactic course in the specialty OR .5 practicum (i.e., one semester or the equivalent). At the onset of training, students should be introduced to the fundamental epistemology of couple and family psychology before learning about specific therapeutic approaches. The systemic knowledge base of CFP considers the (a) context in which various systems are embedded; (b) identification of patterned interactions; (c) developmental processes over the life span; (d) centrality of issues regarding diversity and culture; and (e) family life cycle (CFPSC, 2018). In particular, the very first course should provide a solid foundation in systems theory and provide students with opportunities to practice systemic thinking. Stanton and Harway (2019) recommend that CFP educators facilitate the students’ transformation from linear to systemic thinking by presenting complex clinical case studies that challenge the student to consider

systemic factors involved in the cases. Instructors can encourage students to practice systemic thinking by pushing them to conceptualize change, dispute rigid mental models, comprehend complexity, contemplate connections, accept ambiguity, shift perspective, see the system holistically, recognize reciprocity, observe patterns and trends, consider unintended consequences, and factor in time (Stanton & Welsh, 2012)

While lectures and discussion will be the norm, experiential techniques can enhance training and foster the paradigm shift from individual to systems thinking. For example, to encourage the developing competency of reflective practice and self-assessment, CFP trainers commonly assign work related to the student's own family of origin in order to provide concrete, meaningful examples of systemic concepts, such as subsystem boundaries, enmeshment, emotional triangles and detouring, coalitions, and intergenerational transmission of relationship patterns (CFPSC, 2018). Family of origin work often involves interviewing nuclear and extended family members about relationship patterns and then using this information to construct one's own family genogram (CFPSC, 2018). Caveats in the use of this training technique include the need for instructors to be aware that family-of-origin work is sometimes unsettling and students may require reassurance regarding the confidentiality of their family history (Tavernier, 2009).

In addition to a thorough grounding in systems theory, early CFP training should include education about the complexity and diversity of couples and families in today's world. As part of their clinical/counseling/school psychology education, graduate students will develop some degree of multicultural competence that can be applied to couples and families. Areas of diversity commonly addressed in the three accredited specialties are culture, gender, age, race, class, poverty, sexuality, spirituality/religion and disability. In many ways, systemic approaches are well-suited to conceptualizing and working with people with diverse cultural backgrounds and experiences (Harway, Kadin, Gottlieb, Nutt, & Celano, 2012; Harway, 2015). As an example, traditional and contemporary evolving notions of gender in the dominant culture construct beliefs about family structure and family relationships. An understanding of gender politics and heterocentrism avoids assumptions regarding gender identity, reinforcing unequal power relations between traditionally male and female family roles, mother-blaming, considering fathers peripheral to family life, and prejudice against single mothers and LGBTQ+ families.

For the CFP specialty, training also extends to diversity in other areas, such as family form/structure (e.g., intact, single-parent, blended/step, multigenerational), developmental stage in the family life cycle, and normative and non-normative transitions and stressors (e.g., death, domestic violence, physical/mental illness of family member). The aim of early CFP instruction is to promote (a) a systemic awareness of ecological context and environmental factors and their potential impact on individual, social, and group behavior (Robbins, Mayorga, & Szapocznik, 2003; Stanton, 1999; Sexton & Stanton, 2016), and (b) a clear understanding that views of couple/family normality, health, and dysfunction must be adapted to reflect societal changes and likely depend on functionality within a family's specific environmental context (Walsh, 2012).

Similarly, APA-accredited graduate programs require coursework in ethical standards and legal regulations and procedures. However, couple and family psychologists must reexamine legal and ethical issues as applied specifically to work with couples and families (Knauss & Knauss, 2012). This includes clear identification of the client when multiple individuals are involved in treatment; limits of confidentiality when working with couples, families and groups; therapeutic contract in couple or family treatment; and legal constraints in working with families. Regarding family law, topics might also include child custody, consent to treatment, parental competence, visitation, child maltreatment, termination of parents' rights and family forensic consulting.

Probably the most common CFP class available to graduate students is an introductory survey course that reviews the history of couple and/or family therapy, and provides an overview of the prevailing couple/family theory and intervention approaches. In addition to the content described above (i.e., systems theory, diversity, legal/ethical, family life cycle), at this stage of CFP development, students should become familiar with first generation family therapies (e.g., structural, strategic, experiential, intergenerational, behavioral), as well as post-modern theories (e.g., solution-focused, narrative) and evidence-based couple and family treatment models (e.g., Functional Family Therapy, Emotionally Focused Couples Therapy).

## **2. Experience**

A CFT "Experience" requires 2 didactic courses in the specialty plus a .5 or one semester practicum experience. Thus, in addition to the coursework covering the professional competencies of Professional Values and Attitudes, Reflective Practice, Individual and Cultural diversity, and Ethical/Legal Standards needed at the "Exposure" level, graduate programs offering a CFP Experience take a step further to address the foundational competency of Relationships and the functional competencies of Evidence-Based Practice and Intervention by providing the opportunity for students to engage in at least one semester of practicum (or the equivalent) that includes CFP clinical practice under the supervision of licensed psychologist who meets the minimum recommended requirements for CFP supervision competency (see Part I, p. 9).

CFP clinical practice encompasses work with individuals, couples, families, and broader environmental systems, such as schools, medical clinics, and business organizations, which requires effective communication and interpersonal skills. However, CFP is not defined by a particular population served, but instead by the relational systems framework that guides the consideration of problems, developmental issues and treatment planning (Stanton, Sexton, & McDaniel, 2016; Family Psychology Specialty Council, 2009). In cases when an individual is the identified patient, a CFP practitioner continues to conceptualize assessment and intervention from an interpersonal, systems perspective, often involving family members and other important people directly or indirectly through systemic questioning, hypothesizing and specific interventions (CFPSC, 2017/2018). Thus, although the early practicum experience is expected to provide training opportunities in direct therapeutic services to couples and/or families, practicum students may also have individual clients on their caseload. This applies broadly but



is particularly true when the identified patient is a minor child or an adult who is under legal guardianship or otherwise dependent on other family members for basic resources (e.g., chronic medical or psychiatric condition). In these situations, periodic psychoeducation and consultations with parents/guardians are minimal expectations and may expand to full or partial family sessions when appropriate, depending on the systemic case conceptualization and treatment goals.

At this stage of CFP development, students should be practicing basic couple and family intervention skills and strategies, including circular questioning, establishing a systemic therapeutic alliance, enactments, reframing, therapeutic directives, and other techniques specific to the identified CFP approach being implemented. In addition to self-report instruments, basic CFP assessment strategies, such as the genogram or ecomap, might also be part of this initial practicum training.

### **3. Emphasis**

A doctoral training Emphasis in CFP is one of the ways that psychologists can meet the minimum eligibility requirements for board certification as a couple and family psychologist. A CFP “emphasis” area in doctoral training includes three didactic courses in the specialty and one practicum experience, typically over the course of one academic year. This level of training aims to intentionally promote and strengthen the development of professional values and identity as a couple and family psychologist. Coverage of the following CFP competencies in this training sequence is essential: Professional Identity as a Couple and Family Psychologist (who has a broad orientation to psychology that makes use of a systemic epistemology), Ethical and Legal Standards and Policy, Individual and Cultural Diversity, Intervention and Assessment. Required coursework for the CFP specialty Emphasis might include a basic introduction to family psychology, a survey course in couple and/or family therapy, a class focused on a specific CFP therapeutic approach, and other topics relevant to CFP practice such as sexual dysfunction and sex therapy; legal and ethical practice with children, couples, and/or families; couple/family assessment; child/adolescent psychopathology; systemic treatment of children and adolescents, etc.

Doctoral students in a CFP Emphasis program are introduced to couple and family assessment, which goes beyond individual measures and test batteries. Psychological assessment of family functioning requires the ability to assess relationship patterns in both the current system and in prior generations. In particular, couple and family psychologists must attend to how a family manages emotional closeness, distance, and conflict. In addition to standard evaluation procedures for individual members (e.g., behavioral/emotional functioning), assessment of families or groups from a systems perspective may include clinical interviews; dyadic or family-oriented self-report instruments (e.g., Family Environment Scale, Family Adaptation and Cohesion Evaluation Scales); projective techniques such as Kinetic Family Drawing (KFD) and Family Apperception Test (FAT); observational coding procedures (e.g., Dyadic Parent-Child Interaction Coding System, Lewis Couple & Family Evaluation Scales); as well as graphic tools such as family genograms, structural maps, social network grids, and ecomaps.

As part of the CFP Emphasis training, students also complete at least one year (i.e., two semesters or the equivalent) of practicum that include CFP clinical practice as described above. The second semester of practicum might expand skills training to CFP assessment and intervention techniques, and possibly systems consultation. Celano, Smith, and Kaslow (2010) focused on the intervention competency domain and provided an overview of eight essential components of couple and family therapy that are helpful to consider as students progress through their clinical training: developing a systemic formulation, creating a systemic therapeutic alliance, understanding family-of-origin issues, reframing, managing negative interactions, building cohesion/intimacy/communication, restructuring/parenting, and understanding and applying evidence-based couple and family therapy models. In addition, although not required for this level training, it is recommended that students focus their thesis and/or dissertation research on a topic that falls within the broad scope of CFP (see below for further detail).

#### **4. Major Area of Study**

Doctoral programs with a Major Area of Study in CFP are rare because this level of training requires a full-scale adoption of a systemic orientation whereby CFP principles are infused throughout the program curriculum, including at least 3 didactic courses that focus on topics specific to CFP practice (see examples in Emphasis). The goal of a CFP Major Area of Study is to provide graduate students with comprehensive training in theory, research, and clinical practice of couple and family psychology. CFP Major programs conceptualize human development and behavior through the lens of natural systems theory in psychological work with individuals, couples, families, groups and/or contexts such as schools, healthcare, justice system and family businesses. Opportunities to learn and apply systems theory are offered throughout coursework, clinical field training, research projects in the area of CFP, as well as CFP mentorship with the aim of producing graduates who ascribe to the professional identity of a couple and family psychologist.

In the CRSSPP taxonomy (APA, 2012), a Major Area of Study includes at least 2 years of full-time didactic coursework, supervised practicum experiences and a dissertation or formal research project in the specialty. The Couple and Family Psychology Specialty Council (2018) recommended that the following competencies should be part of a major course of study in CFP: Professional identity as a Couple and Family Psychologist; CFP Ethical and Legal Competency; CFP Diversity Competency; CFP Conceptualization and Intervention; CFP Assessment; CFP Evaluation and Research. In addition, students must have at least one academic year of CFP clinical practicum under the supervision of licensed psychologist with CFP competence (see p. 9).

Furthermore, it is expected that students in a CFP Major Area of Study complete a formal research project (e.g., thesis, dissertation, research capstone) on a topic that falls within the broad scope of CFP (e.g., marital, parent-child, sibling relationships; juvenile offenders; couple or family therapy; child maltreatment, domestic violence; post-trauma family functioning;

family risk/protective factors, etc.). Students will be exposed to a variety of research methodologies and techniques including quantitative, qualitative and meta-analytic approaches that are suitable for the types of system-based questions posed by family researchers (Stanton & Harway, 2019). Research paradigms that analyze family and/or group interactions and allow an understanding of complex interpersonal processes typical of CFP cases are essential elements of research training in a CFP Major Area of Study. For example, coursework might incorporate training in behavioral coding for couple and family behaviors, as well as statistical techniques that can account for the interdependence of dyadic or family data, such as multilevel modeling or structural equation modeling. In addition, students should become knowledgeable about systems-based process and outcome research.

Note: For CFP education and training resources, see <https://www.apadivisions.org/division-43/education-research/education>

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## **Couple and Family Psychology Education and Training Guidelines**

### **Part III: Internship and Postdoctoral Training in Couple and Family Psychology**

The majority of applied doctoral psychology programs are accredited as counseling, school, or clinical psychology through the American Psychological Association's (APA) Council on Accreditation (COA). The broad and general training of these program distinctions is essential as students prepare to take on the varied roles held by psychologists. It is also important to consider that after the completion of their doctoral education, many students seek to provide services within a defined specialty (e.g., forensic psychology, neuropsychology, couple & family psychology, etc.). Training and practice within such specialties typically requires additional education and training at the doctoral, internship, postdoctoral and/or post-licensure education stage, including further coursework, practical experience, supervision and continuing education for clinicians to be able to demonstrate specialized competence.

Specialty-specific knowledge and training in Couple and Family Psychology (CFP) has become increasingly important based on research which has identified that approximately three-fourths of practicing psychologists provide couples therapy, and more than a quarter of licensed psychologists provide family therapy services (Norcross & Rogan, 2013). The recognition of family psychology as a specialty by the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSSPP) in 2002 (Stanton & Welsh, 2011) has been a vital step to help define competence within this specialty. Additional publications have detailed specifications and core competencies of CFP (CFPSC, 2017/2018; Celano, 2019; Kaslow, Celano, & Stanton, 2005; Stanton & Welsh, 2011). The information in these documents will not be duplicated here but are important references for programs and professionals who seek to comprehensively understand training in CFP and build adequate didactic programming to prepare learners for mastery of the specialty.

Perhaps most salient to understand is that while presenting concerns treated by general practitioners and those who identify themselves as a Couples and/or Family Psychologists may be similar and overlap greatly, it is the ability to conceptualize and intervene systemically that is most essential to CFP. Additionally, the Society for Couple and Family Psychology identified ten specific knowledge areas for CFP that included understanding of the following: (1) Natural Systems Theory; (2) Family Strengths; (3) Family Evaluation/Research; (4) Marital/Couples Therapy and Parenting Issues; (5) Family Therapy; (6) Sex Therapy; (7) Family Diversity; (8) Family Law; (9) Outcome & Process Research; and (10) Family Violence (See Table 4, p.19-20).

In contrast to doctoral education that is focused on both coursework and practicum experience with couples and families, CFP specialization training at the internship and postdoctoral level primarily focuses on supervised service delivery in CFP. Couple and family psychology training in each of the core competencies at the internship and postdoctoral level training is described elsewhere (Celano & Pollard, 2019; Kaslow et al., 2005; Stanton & Welsh, 2011). Part III of these guidelines aims to support program faculty and supervisors in psychology internship and postdoctoral training programs by providing guidance on how to classify their program according to the CRSSPP taxonomy levels. This section also provides considerations for

maximizing trainees' development in CFP competencies at both developmental stages of training.

### **Internship vs Post-doctoral Training**

While the CRSSPP taxonomy provided a general framework for distinguishing levels of training intensity (Exposure, Experience, Emphasis and Major Area of Study) at the internship and post-doctoral stages, there is quite a bit of ambiguity with which this may be interpreted. As previously discussed, CFP is not defined by *whom* services are delivered to (individual versus couples and families) but rather by the systemic conceptual understanding and approach to intervening with clients. If a trainee has received in-depth supervision from a CFP supervisor throughout the training year, the program may qualify as having a Major Area of Study in CFP even if in 50% of the cases the identified client is an individual rather than a family system or a subsystem of the family (e.g. couple, parent-child dyad). For postdoctoral training, in particular, there are generally fewer supervisors than on internship, and so more weight may be placed on the primary supervisor's specialty training. Indeed, if the supervisor is a CFP Specialist (i.e., with board certification), then by definition all of the postdoctoral training counts as CFP for the purposes of credentialing by the American Board of Professional Psychology - Couple and Family Psychology (ABPP-CFP). This doesn't mean the training doesn't count as CFP if the supervisor doesn't have ABPP certification in CFP, but the supervisor's specialty training is even more important at this level given the mentoring implied, the focus on professional development, and the career-launching aspect of postdoctoral training.

Also, it may be difficult to classify a program as entirely at one level of training given that it will likely accept trainees who have attained varying degrees of CFP competencies during their prior training, and classification will also depend on how the trainees choose to focus the elective components of their training. Lastly, while CFP training on internship commonly takes the form of a focused rotation with didactic seminars and/or reading groups, CFP training at the post-doctoral level often occurs alongside and overlaps with other specialty training. Furthermore, according to the APA Council of Specialties (CoS) in their taxonomy guidelines, postdoctoral education and training, by definition, is a Major Area of Study in a specialty recognized by the Commission for the Recognition of Specialties and Subspecialties in Professional Psychology (CRSSPP) and requires that 80% or more of time be spent in the specialty area. Thus, it is not possible to classify a post-doctoral training program as "Experience" or "Emphasis". Post-doctoral programs wanting to recognize and advertise a CFP Major Area of Study in addition to, for example a Major Area of Study in Clinical Psychology, may wish to explore the possibility of seeking designation as a multiple practice program. Multiple Practice Post-doctoral Programs combine two or more major areas of training (e.g., Clinical Psychology + CFP) and/or specialty practice programs (e.g., CFP + Child and Adolescent Psychology) within the same training agency.

### **Assessment of Previous Knowledge**

Due to the limited number of doctoral programs, internships and post-doctoral training programs that require CFP coursework, a large portion of doctoral interns may not have received introductory exposure in CFP competencies during graduate school. Similarly, students who seek specialized postdoctoral training in CFP may have limited formal training in systems theories and few opportunities to work with couples and families.

Therefore, at both the internship and postdoctoral training levels, supervision (and possibly candidate selection) should begin with an in-depth assessment of the trainee's existing knowledge of CFP competencies and practical experience applying related theories and interventions. Such an assessment can be done formally with a written form that gathers information about a trainee's experience in CFP both theoretically and in their actual work with clients, or informally via conversations in supervision. It will also be important to assess whether trainees have had CFP supervision from a specialty-trained professional. Whether gathered formally or informally, the assessment should yield information about the trainee's prior knowledge as classified by the CRSSPP Taxonomy of Specialty Training: Exposure, Experience, Emphasis or Major Area of Study.

### **Training Considerations**

Given the varied but typically minimal exposure to CFP at the doctoral stage, it is likely that for many trainees, supervisors will need to develop a plan to ensure adequate introduction to the conceptual underpinnings and fundamental epistemology of systemic thinking and mastery of the basic knowledge base (including diverse family forms, the family life cycle, and normative and non-normative transitions and stressors such as illness, death, and maltreatment), including familiarity with at least one evidence-based CFP approach to therapy, prior to the application of CFP techniques in trainees' direct work with clients. Basic CFP knowledge and skills can be acquired via multiple pathways not limited to coursework, and can include other documentable didactic methods. It would be beneficial for training programs and/or CFP rotation supervisors to identify required readings for trainees that could be sent prior to the start of the training program and also reviewed during the orientation period prior to starting clinical hours. As described in the Introduction, Celano et al. (2010) focused on the intervention competency domain and provided an overview of eight essential components of couple and family therapy that are helpful to consider as students progress through their clinical training: developing a systemic formulation, creating a systemic therapeutic alliance, understanding family-of-origin issues, reframing, managing negative interactions, building cohesion/intimacy/communication, restructuring/parenting, and understanding and applying evidence-based couple and family therapy models. Priority should be given to the systemic formulation and therapeutic alliance skills, and then to managing negative interactions and reframing, as these may be most crucial for family engagement and also lay the groundwork for successful application of the additional components and more specific treatment models.



As the literature will evolve more rapidly than this document will be updated, an exhaustive or permanent list of required readings is not provided here, but could include seminal works by CFP thought leaders such as Salvador Minuchin, Murray Bowen, Harlene Anderson, and other contemporary CFP leaders cited throughout this document (e.g., Marianne Celano, Sue Johnson, Nadine Kaslow, Jay Lebow, Tom Sexton, Mark Stanton, Froma Walsh, etc). It is not realistic to cover in a meaningful way all the models recommended in the doctoral training section. In addition, trainers in internship and post-doctoral programs often struggle with how to balance the depth and breadth of what is covered during the training year given multiple factors, including trainer preferences and/or competence, and trainee goals and needs. Trainers are encouraged to provide at a minimum a reference list and/or summary table of first generation, postmodern, and contemporary empirically supported treatments, and to discuss an evidence-based approach to practice (e.g., common factors) while providing in-depth training in a few specific therapeutic models, such as Emotionally Focused Couples Therapy, Functional Family Therapy, or Attachment-Based Family Therapy.

Regardless of the chosen approach, it is important that there is an emphasis on utilizing a systemic conceptualization with clients, even when only one individual is present for the therapy session. The ability for clinicians to apply a systemic framework is the most salient differentiating factor between clinicians who identify as couple and/or family psychologists and those whose work focuses on individual problems and change theories. Additionally, trainers are encouraged to consider the evidence base for interventions, as the research support for specific models is constantly evolving. It is important for programs to help trainees think critically about the strengths and limitations of manualized treatments with the primary objective of finding the best fit for the client according to the research evidence, the systemic case conceptualization, and the client-centered treatment goals. If the clinically indicated or only feasible intervention for the client is individual therapy, then that modality can be offered within a systemic perspective. Trainers may wish to review the reference list provided on the Division 43 website for ideas and guidance when choosing educational materials (<https://www.apadivisions.org/division-43/education-research/education>). Additionally, it will be important to cultivate in learners an appreciation of the need for ongoing training post-licensure and orient trainees to sources of post-licensure continuing education.

Particularly, the sections of these Guidelines on doctoral training and continuing education post-licensure may be good references to identify seminar topics that cover essential fundamentals of CFP. Readings should include coverage of interaction patterns, normative family development, and the core theoretical orientation(s) underlying the therapeutic approach(es) taught by the supervisor(s). As many trainees may have moved from out of state, ethical and legal issues in CFP pertinent to the geographic location of the program, particularly around confidentiality within CFP work, should also be reviewed during orientation. It would also be essential to integrate the eight essential components of couple and family therapy identified by Celano et al. (2010) within provided training materials (see above). Group-based discussion and/or didactic seminars of these concepts, the systemic paradigm shift, and their

application to complex case studies early in the training year may be particularly helpful to maximize readiness for competent client care.

While the content of these resources overlap with what is described in the previous chapter about doctoral education, the delivery format in most advanced training programs will be in the form of didactic workshops or seminars, journal clubs, case presentations or discussions, and individual and group supervision, and will likely reflect a condensed review of the information. While it is expected that more advanced trainees will have more depth and richness of clinical experiences from which to draw for discussion, these learning formats can easily allow participation of students with minimal CFP exposure. Certain topics deemed most essential to the population being served and supervisor preference may be best front loaded before cases begin, whereas review of other literature and content can be spread throughout the training year. Application of knowledge gained from readings and didactic trainings is essential. Relevant case vignettes, role-plays and family/couple therapy exercises or formative evaluations based on the Objective Structured Clinical Examination (OSCE; Le Roux, Podgorski, Rosenberg, Watison, & McDaniel, 2011; Miller, 2010) are possible options prior to and in conjunction with the application of CFP theories and interventions in direct work with clients.

The degree to which CFP-specific competencies are taught in aspects of internship and postdoctoral programs such as group supervision and didactics may depend on the degree to which the entire program versus a rotation or a subset of positions within the broader cohort focus on CFP versus another specialty. It is the responsibility of the trainee's primary supervisor to assess the trainee's mastery of core CFP knowledge and application to clinical cases. The less experience the trainee comes with, the heavier the didactic portion and the more "hands-on" the supervision may need to be at the start of the training year. Consideration of the combination of the level of experience the trainee arrives with and degree of exposure on internship and/or postdoc (e.g., full- or part-time, full year or 4- or 6-month rotation in CFP) will likely yield the best way to describe the level of training a psychologist has attained at the time of licensure, with Major Area of Study representing experiences that are full-time, full-year.

Of note, postdoctoral fellowships are often less structured than internships (e.g., many do not have didactics and group supervision, or if they do, these may be embedded within an internship program or a multidisciplinary postdoctoral program). As a result, program directors and supervisors may want to devote considerable forethought about how these suggestions will be formally integrated at this training level. In many cases, the format at the postdoctoral stage may be independent study and discussion in supervision sessions between the trainee and CFP supervisor. Given the higher level of independence expected of fellows, postdoctoral programs with CFP training opportunities may wish to weight selection criteria in favor of applicants who have already completed an APA- or CPA-accredited doctoral program with training at the CRSSPP (APA, 2012, 2020) taxonomic level of "Experience" or higher, and/or an internship at the "Exposure" or "Experience" level in the specialty prior to the postdoctoral training experience.

Supervisors and didactics should model the Foundational and Functional Competencies (Celano, 2019; Stanton & Welsh, 2011), and the supervisory environment must provide a safe space to help students increase awareness of potential aspects of the work that could lead to countertransference or pose barriers to the systemic therapeutic alliance and potentially contribute to ethical dilemmas. Regardless of the level of training, if not previously part of the trainee's study and development of CFP competencies, certain training experiences may be helpful or necessary. A self-reflective paper early in training to explore individual and cultural diversity (ICD) and family of origin factors (e.g., genogram) may be helpful for trainees, assuming that the interpersonal context between the faculty and trainees feels supportive and safe for honest exploration of these themes. Trainees should maintain control over aspects of self-disclosure to their peers or supervisors and be assured of confidentiality by the instructor/supervisor (Tavernier, 2009), who might be core faculty or alternatively a qualified adjunct assigned to direct the family of origin exploration. Appropriate supervisor self-disclosure of their own developmental process and modeling of self-awareness may be particularly helpful for engagement in this self-reflective analysis and discussion. Creating a genogram and applying of concepts such as boundaries, triangles, and intergenerational patterns to one's own family or another known family (e.g., from a movie or show) – if not done during previous levels of training – can be requested or required of trainees at the beginning of their internship or postdoctoral year (CFPSC, 2017/2018).

The reader is referred to Celano and Pollard's (2019) chapter on CFP training at the internship and post-doctoral levels for detailed discussion of evaluation methods. Live supervision or review of videotaped clinical interactions are strongly recommended, and written evaluative feedback from peers/coworkers and/or clients would be highly valuable. Evaluations should consider the intern's or fellow's ability to shift from an intrapsychic and individual conceptualization to a systemic conceptualization of the family and to communicate this appropriately with the family as needed to shift the family's definition of the problem.

Once trainees' knowledge has been assessed and programs have identified a structure to help trainees gain or expand their understanding of CFP theories and interventions, the provision of direct service from a CFP framework will vary based on the patient population served, as well as the program's integration of the CFP specialty based on the CRSSPP Taxonomy of Specialty Training: Exposure, Experience, Emphasis or Major Area of Study.

**Table 7: CRSSPP Taxonomy in CFP at the Internship/Post-Doctoral Training Stage**

	INTERNSHIP	POST-DOCTORAL
<b>Exposure</b>	At least 5% to not more than 20% of supervised experience in CFP	≥10% - ≥20% supervised experience in CFP
<b>Experience</b>	At least 20% and up to 29% of supervised experience in CFP	N/A

<b>Emphasis</b>	At least 30% and up to 49% of supervised experience in CFP	N/A
<b>Major</b>	At least 50% of supervised experience in CFP	≥80% - 100% supervised experience in CFP

## 1. Exposure

The Exposure level of internship training might best represent programs that provide CFP-focused didactics, group supervision discussions, and assigned readings relevant to CFP. As a minimum, programs offering exposure should encourage self-reflection on family of origin and individual and cultural diversity factors, build trainee's competence in systemic conceptualization and knowledge of diverse families across the lifespan and in varied macro-contexts, and teach the essential components of couple and family therapy (e.g., Celano et al., 2010) with some exploration of at least one CFP model of intervention, assessment, and/or consultation relevant to the practice setting.

Additionally, the availability of opportunities for interns to provide services to a few couples or families with appropriate supervision, is a requirement of this level. For internship training, the 2012 APA CRSSPP taxonomy defined "Exposure" as at least 5% but not more than 20% of supervised service in the specialty. Based on the Association of Psychology Postdoctoral and Internship Centers' requirement that trainees at the internship and postdoctoral levels of training spend at least 25% of their time in direct service to clients, it is estimated that CFP exposure at the internship stage would include at least 1-2 CFP cases over the course of the training year. Alternatively, an intern's CFP exposure could be structured as a full-time rotation lasting at least three months, a part-time experience for one rotation of at least 4 months duration, or potentially more feasibly a part-time rotation or subset of cases/caseload overseen by one or two supervisors for 6 months or more, to allow enough time to complete a CFP case or cases following appropriate assessment and solidification of the CFP knowledge base accomplished by didactic presentations and/or assigned reading as described above.

For post-doctoral programs, the trainee's primary supervisor must ensure that fellows already have or are given opportunities to develop basic competencies in systemic conceptualization and the essential components of couple and family intervention. In addition, post-doctoral exposure training should include 10-19% of supervised experience in CFP. A competency-based approach to CFP supervision suggests that the type, duration, and frequency of supervision should be guided by the trainee's needs and that training should prioritize multi-source, formative evaluations over single-source, summative evaluations (Celano & Pollard, 2019).

At the internship and post-doctoral stages, more advanced educational techniques such as a Reflecting Team could also be used to further support trainees' ability to apply CFP under the

provision of supervision (Anderson, 1986; Brownlee, Vis & McKenna, 2009; Losey & Norman, 2016). Reflecting Teams were developed in the 1980s by Tom Anderson as part of a training tool for family therapists (Pare', 1999). The team is typically comprised of 4-7 therapists who participate in the treatment as either the clinician(s) in the room with client(s), or as part of the team that delivers reflections. Through this model, trainees with more knowledge and experience in CFP may be more suited to be the clinician in the room either independently or with a licensed supervisor. Trainees new to or less experienced with CFP may be better suited to be part of the reflection team as this role can allow the application of summary statements and reflections guided by a CFP conceptualization. As training cohorts are often smaller at the postdoctoral level, approaches to training such as the reflecting team may be more challenging to implement, depending on the size of the cohort and training faculty in CFP at the site, and whether there is also a CFP internship program at the same site.

At the exposure level of CFP development, interns and post-doctoral fellows at the end of the training period should be able to communicate a solid understanding of how to systemically conceptualize a variety of presenting concerns and identify relevant theories to guide their work. Clinical practice should build upon the basic couple and family intervention skills and strategies identified as areas of focus for the Experience level at the doctoral training in Part II of these Guidelines. Competence should reflect advanced understanding of complex family structures (e.g., blended families), varied needs of family members (e.g., mental health, substance use) and macrolevel factors (e.g., accessibility of community resources, structural inequities).

## **2. Experience**

For an internship program to be classified at the Experience level, it is assumed that the program would meet the recommendations set forth for Exposure level of training. At this level, doctoral interns also would have the opportunity for supervised experience with individuals, couples, or families using a systemic approach to conceptualization and treatment. A CFP internship experience includes 20-29% of supervised service delivery in CFP, which could be the equivalent of 1 full day or two half days per week of clinical experience (including assessment, therapy, consultation and provision of supervision), supervised from a systemic lens by a qualified CFP supervisor (see Part I, pp. 7-9). Trainees at both educational stages should be encouraged to present at least one case conceptualization from a systemic theory to their supervisor and/or peers and colleagues.

As mentioned previously, post-doctoral programs can only be classified as having CFP Exposure or a CFP Major Area of Study.

## **3. Emphasis**

Similar to Emphasis training at the doctoral stage, training at this level in programs intentionally promotes the development of CFP professional values and a primary or secondary identity as a couple and family psychologist. At the Emphasis level of internship training, much of the

didactics and group supervision or journal club topics may come from a systemic lens even as they cover content also considered core to another specialty such as child clinical psychology (e.g., child psychopathology or school service advocacy). For example, service delivery to children and adolescents can be conceptualized and taught from a competency-based CFP perspective (Celano, 2018). For an internship program to be classified as having an emphasis in the specialty, 30-49% of supervised service delivery must be in CFP. Ideally, the trainee should have a secondary or full-time rotation for at least 4 months of the year with a CFP supervisor, and optimally 6 months to facilitate completion of cases. A systemic approach should be applied to assessment as well as therapy cases, and interns should be competent in CFP assessment practices, such as genograms/ecomaps, observational coding and description of interaction patterns.

At the Emphasis and Major Area of Study training levels, an integrative mid-year and capstone case presentation is recommended for interns. This presentation would include conceptualizing a CFP case from systemic lens (i.e., relational context of the disorders and the reciprocity between disorders and interpersonal contexts) and applying/comparing or integrating 2-3 more specific theoretical models and 1-3 CFP research articles relevant to the case, demonstrating awareness of ICD and macrosystemic factors, as well as articulating ethical considerations. Didactics and ongoing group or individual supervision should cover CFP specific ethical issues and diversity issues. For sites with assessment rotations, an assessment presentation is also recommended that places DSM diagnoses in relational context and uses two or more measures of relational functioning (genogram/ecomap, attachment, parenting stress, marital satisfaction, observational coding system for dyadic or family level interactions, projective measures, systemically-oriented clinical interview) and at least one collateral report (e.g., child behavior checklist).

A research project or consultation role beyond the training site may be optional but not required at this level of training, and may be most feasible to develop when trainees spend both their internship and postdoctoral year at the same site. As interns are often finalizing dissertations, a presentation of their dissertation with discussion around systemic factors, or possibly a proposal for a more systemic follow-up study that adds another layer of complexity may be useful.

As mentioned previously, post-doctoral programs can only be classified as having CFP Exposure or a CFP Major Area of Study.

#### **4. Major Area of Study**

For an internship program to be classified at the Major Area of Study level, at least 50% of supervised service delivery must be in CFP. The trainee should have a supervision experience by a CFP supervisor for a full-time 6-month experience, a half-time experience for a full year, or the full year experience with the majority of service delivery in CFP. It must be noted that licensure requirements vary across states and increasingly do not require a post-doctoral year

of supervised experience, such that this year cannot be relied upon to provide specialized training. Hence, comprehensive, year-long, full-time training at the internship level would be especially valuable in those states not requiring a supervised post-doctoral training experience.

For a postdoctoral program to be at the Major Area level, 80-100% of the supervised experience of fellows will be in CFP. At this level, the year-long primary supervisor should be a couple/family psychologist, preferably a CFP Specialist with ABPP certification or a licensed psychologist who meets other aspirational criteria for CFP supervision (see Part I, pp. 7-9). A full-time postdoctoral residency (one or two years) or a part-time postdoctoral externship (two to four years) in CFP is recommended to consolidate mastery of the specialty, and the nature and duration of the postdoctoral experience may depend on the level of prior training and experience in CFP. The postdoctoral training experience should prepare fellows or residents for independent practice and produce an advanced level of competence in the specialty. During the postdoctoral year, it is particularly important for supervisors to help trainees solidify their commitment to systemic principles in their psychological practice and develop a secondary or primary professional identity as a couple and family psychologist in addition to their broader education and identity in an accredited specialty (e.g., clinical, counseling, school).

At this most rigorous level of specialization, the Major Area of Study, trainers are encouraged to consult the latest specialty specific requirements of the American Board of Professional Psychology for CFP (see <https://abpp.org/Applicant-Information/Specialty-Boards/Couple-and-Family-Psychology/Application,-Specialty-Specific-Fees.aspx> ). Currently, to be eligible, applicants must demonstrate excellence in 10 competencies (i.e., professionalism, ethical/legal standards, individual/cultural diversity, relationships, scientific knowledge and methods, evidence-based practice, reflective self practice/self assessment/self care, interdisciplinary systems, assessment, and intervention), as well as at least one of the following four competencies: supervision, consultation, research/evaluation, management-administration, advocacy, or teaching. An ideal training program at the internship or post-doctoral level will also educate the trainee about issues related to working within modern healthcare systems, including appropriate use of CPT codes and medical necessity to optimize insurance reimbursement as appropriate, and the limits of what aspects of couple and family service delivery may be reimbursed by third party payors.

In addition, a research or Quality Improvement (QI) project from a systemic perspective (e.g., data analysis using data from more than one family member, program evaluation of family-level intervention on family-level variables, consultation project with a community partner) could be required. Keeping in mind that internships and postdoctoral fellowships are typically limited to one year, trainees who complete both educational stages at the same site could more easily design, implement, and disseminate research during their tenure, whereas this may present a significant challenge to trainees spending only one year at a site, so programs may consider requiring trainees to propose a systems-based study or produce a poster/paper based on a study begun or completed prior to their arrival (e.g., using archival or preliminary data).

## Conclusion

In this section, we have outlined the components of internship and postdoctoral programs at the Exposure, Experience, Emphasis, and Major Area of Study levels of training in Couple and Family Psychology, according to the CRSSP taxonomy of education and training (APA, 2012, 2020). We have further described potential considerations, recommendations, and challenges relevant to training in the specialty at this level. These guidelines are intended to be aspirational and flexibly applied in consideration of the trainees prior experiences and knowledge/skill base as well as the trainees' goals, with the understanding that ongoing consultation and continuing education beyond licensure, particularly relevant to less familiar client presentations, characterizes best practice to expand and maintain skills, and could complement most professionals' pre-licensure study and experience toward mastery of the competency.

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## **Couple and Family Psychology Education and Training Guidelines**

### **Part IV: Model for Post Licensure Training in Couple and Family Psychology**

Couple and Family Psychology (CFP) was recognized as a specialty by the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSSPP) in 2002. Soon thereafter, leaders in the field began to identify key educational components needed to develop CFP competencies at the doctoral, internship, and postdoctoral levels (Kaslow, Celano, & Stanton, 2005; Kaslow, Gottlieb, Grossman, & Turner, 2003; Stanton & Harway, 2003, 2007). In 2011, Stanton and Welsh published a detailed book that serves as a guide to best practices and specialty competencies in professional CFP practice. More recently, Celano (2019) described CFP foundational and functional competencies in the context of Health Service Psychology (HSPEC, 2013; See Tables 2 and 3 in Part I of these guidelines). These two publications are essential readings for educators and trainers of licensed professional psychologists seeking additional training in couple and family practice, because both clearly identify CFP competencies that can be targeted in curriculum development for continuing education workshops and certificate programs.

At all stages of formal psychology education, few programs focus exclusively on couple and family therapy training (Kaslow, Celano, & Stanton, 2005), but there is demand for increased training in the area of CFP generally (Logsdon-Conradsen et al., 2001; Norcross & Rogan, 2013). Many practicing psychologists find that despite their training in individual intervention, their practice is often comprised of couples and families, so they must ethically pursue post-licensure training in this specialty independently through varied means, including continuing education and post-licensure certification programs. Given the often piecemeal approach to accumulating CE credits and the diverse formats and foci of certification programs, it is difficult to provide a structured framework for post-licensure specialization in CFP. Instead, the aim of this section is to describe the skills and knowledge needed for CFP specialty practice in order to form a shared understanding of CFP competencies and inform curriculum development for CE presenters and post-licensure certification programs.

The CRSSPP *Education and Training Guidelines: A Taxonomy for Education and Training in Professional Psychology Health Service Specialties* (APA, 2012, 2020) outlines education and training recommendations across areas of specialization in psychology and define terms used to describe four training levels that reflect depth of CFP training across educational stages from doctoral, internship, post-doctoral, and post-licensure training. Following previous adaptations for a CFP taxonomy by the Couple and Family Specialty Council, the Society for Couple and Family Psychology Committee on Education and Training further delineated educational requirements for CFP training levels and stages in the taxonomy (See Table 1, Part I). Like post-doctoral programs, the CFP taxonomy only delineates the Exposure and Major Area of Study levels at the post-licensure stage of education.

While the CRSSPP taxonomy and the CFP Education & Training Guidelines are intended to provide guidance to trainers and educational programs, this part of the guidelines will also address ABPP criteria. By doing so, we hope that this section can also assist individual

practitioners in a self-assessment of their CFP competencies to identify potential deficits and inform selection of further CFP training. ABPP eligibility for boarding includes excellence in the following competencies:

1. Professionalism
2. Ethical legal standards and policy
3. Individual and cultural diversity
4. Relationships
5. Scientific knowledge and methods
6. Evidence-based practice
7. Reflective practice/self-assessment/self-care
8. Interdisciplinary systems
9. Assessment
10. Intervention
11. Consultation
12. Supervision
13. Teaching
14. Research/evaluation
15. Management-administration
16. Advocacy

All candidates are expected to demonstrate excellence in the first ten competencies as they relate to the field of CFP. Candidates also are expected to demonstrate excellence in one or more of the remaining six competencies in CFP (consultation, supervision, teaching, research/evaluation, management-administration, or advocacy). According to the American Board of Couple and Family Psychology, the necessary specialty specific education and training can be demonstrated through a combination of some of the following experiences:

- An internship with a CFP track or rotation
- One or more graduate courses and/or practica in CFP
- 25 hours of didactic CFP (CE's) training post-graduation
- 25 hours or more of supervision by a board-certified CFP
- 25 hours or more of supervision by an experienced couple and family clinician (with details provided to ABPP)
- Teaching CFP courses at the undergraduate, graduate, or postdoctoral levels
- Research and publication of CFP theory and application
- 40 or more hours of supervision of CFP graduate and postdoctoral students
- Highly favorable letters of recommendation from two supervisors or colleagues
- A post-doctoral residency or one year of postdoctoral practice with 30% to 50% of service delivery in CFP, supervised by a licensed psychologist or Board-certified CFP.

### **Assumptions**

The recommendations for post-licensure training in couple and family psychology outlined below are based on an assumption that trainees are professional psychologists who have

successfully completed foundational training experiences. These requirements are as follows: (a) the completion of a doctoral degree from an APA or CPA accredited graduate program or designation by the ASPBB/National Register, (b) a completed doctoral internship accredited by APA/CPA or contained in the APPIC listing, (c) completion of a postdoctoral psychology fellowship or satisfaction of state licensing requirements, (d) a state psychology license. Approved Continuing Education providers are those that meet state licensure board standards, and might include psychological associations (national, regional, state, or local), government agencies, programs offered through higher education or counseling centers, or formally recognized organizations providing continuing education opportunities. These events may be targeting psychology specialties other than CFP, or related to other mental health professions, such as social work, marriage and family therapy, counseling, or psychiatry.

### **Prerequisites**

Foundational requirements are informed by American Psychological Association Education and Training Guidelines (APA, 2012), APA Division 43-Division of Family and Couple Psychology, and the American Board of Couple and Family Psychology competency requirements (ABCFP, 2016). A post-licensure candidate would be able to pursue specialization in couple and family therapy after they have attained the following foundational knowledge and skills of general psychology: professional attitudes and behavior, individual/cultural diversity, ethical/legal issues, self-care, communication and interpersonal skills, and scientific knowledge and methods (See Table 2, p. 14). In addition, knowledge of lifespan development and biopsychosocial theory would be extremely helpful.

### **Continuing Education and Certification Considerations for Trainers**

When creating a continuing education workshop or certification program, it is important for trainers to take the following considerations into account:

#### ***Consideration # 1***

The most important consideration in working as a CFP is maintaining a systemic lens in the clinical work regardless of who is present in the room. In a structured graduate, doctoral internship, and postdoctoral fellowship training program, it is often an intentional process weaving in systemic theories in coursework.

#### ***What does this entail?***

It would be best practice for continuing education trainers and certification programs to clearly articulate their systemic lens in their promotional and educational materials, and to clarify which CFP competencies are addressed by specific workshop or course objectives. In a CE course, this might mean explaining the importance of taking context into account when considering couples therapy or discussing the differences in informed consent processes for different members of the family system.

#### ***Consideration #2***

Since psychologists attending post-licensure training have diverse training backgrounds, it is important for trainers to assess knowledge of and, if needed, explain key concepts before beginning training on more advanced skills. It is challenging for CE trainers to plan their curriculum when they do not have knowledge of preceding coursework for individual students. Under these circumstances, it is highly valuable to know/assess the audience's training and incorporate relevant foundational CFP knowledge, skills, and attitudes across all training efforts. Different understandings of common terms in CFP can create confusion as more advanced topics are layered on to foundational topics in CEs.

#### *What does this entail?*

Trainers and trainees alike may find it helpful when CE courses and certification programs are labeled as introductory, intermediate, or advanced, and clearly articulate the trainers' expectations for previous formal training. Trainees with an emphasis level of training at the doctoral or internship level will not need introductory training in systems theory and basic CFP skills, and instead would benefit most from more advanced training for their continuing education or specialized CFP certification programs. Likewise, trainees with no background in CFP need a basic introduction to the material that will form the building blocks for more advanced trainings. In order to level set in CEs, trainers are encouraged to define key concepts raised as part of the training for beginners. One example for CE providers is to take time to define self-monitoring when it is recommended in developing cultural competence in family therapy.

Post-licensure CFP certification programs are also encouraged to assess prior formal education and knowledge of trainees and recognize previous CFP accomplishments through transfer credit, course waivers, or other means.

#### ***Consideration #3***

Our world is consistently evolving, and the cultural landscape families and couples must navigate is becoming more and more complex. It is imperative that trainers include a multicultural lens when discussing the topics being presented. In order to train professionals to conduct ethical, competent practice, professionals need to be given the knowledge, skills, and space for self-reflection towards multicultural competence with family and couples therapy.

#### *What does this entail?*

When creating CEs and certification courses about couple and family topics with a systemic lens, trainers must consider culture and context. This can be presented within discussions on case conceptualizations, case examples, family and couples therapy interventions, and the limitations of specific formal assessment tools or the foundational research on which some treatment models are based. It is critical for trainers to hold this lens and bring this information into the discussion consistently, in the context of the designated focus of the training.

#### ***Consideration #4***

Many state licensing boards require ethics CEs for license renewal. Professionals often meet these ethics requirements through seminars or workshops covering the basics of the ethics

code or a review of state laws. These requirements often miss the nuances of ethics within various specializations and specific practice settings. It is recommended that CE trainers weave in ethics and discussion of ethical pitfalls of systemic clinical services to ensure that professionals are better prepared for their CFP practice.

#### *What does this entail?*

As a trainer focused on one workshop or course topic, it is easy to assume that ethics are covered elsewhere. However, it is likely that many professionals have not learned about many potential ethical dilemmas or pitfalls within CFP practice. Family and couples therapy have significant ethical and legal implications due to the nature of working within and across systems. Working within one's scope of practice, knowledge of relevant state laws, tailoring informed consent across family members, confidentiality for the family and family dyads, identification of the client, and record keeping are all examples of ethical and legal discussions that may be relevant across CFP topics and important to consider when developing CE training or a certificate curriculum in CFP.

#### **Consideration #5**

In the short time frame typically given to provide continuing education training, it is often easy to forget to balance theory and application in the training. However, by ignoring either theory or practice in trainings with post-licensure professionals, the training becomes less effective.

By the same token, the curriculum for CFP certification programs will consist of coursework that reflects a balance between theory and practice, with theory more prominent at the start of training. Training in intervention and assessment approaches, as well as supervised CFP experiences, will increase over the course of the program.

#### *What does this entail?*

There are many ways to balance coverage of theory and practice. How these two components are balanced depends on the training model and understanding of the training level/expectations of the participants. The format should be driven by the training goals. For CE courses, theoretical conversations could include: the historical background and zeitgeist of the content, the evolution of the theory, and limitations of the theory. Additionally, the practical components should include practice-based examples or demonstrations, such as: role plays, video examples, case examples, case consultation, or reflective activities.

In developing or modifying post-licensure certification programs, it is highly desirable to offer the opportunity for coursework and supervised CFP experiences that can be used toward CFP Board Certification. To ensure adequate coverage of key CFP knowledge and skills that lead to ABPP-CFP eligibility, post-licensure certification programs may wish to consult the list of CFP competencies provided at the end of this chapter, which are presented in order from introductory through advanced training levels.

#### **Table 7: Taxonomy in CFP at the Post-Licensure Training Stage**

Level of Training	Requirements*
<b>Exposure</b>	At least 3 hours of CFP CE
<b>Experience</b>	N/A
<b>Emphasis</b>	N/A
<b>Major</b>	At least 500 hours of supervised experience in CFP At least 25 hours of CFP CE

### **1. Exposure**

In order to have Exposure in the CFP specialty post-licensure, psychologists must have at least 3 hours of CFP CEs that emphasize systems theory and application. However, we encourage psychologists interested in accruing CFP hours to begin seeking supervised experiences with couples, child-parent dyads, or entire families. This experience can help to develop clinical skills required to manage more than one individual at a time and pushes for increased systemic conceptualization.

### **2. Experience**

Not Applicable

### **3. Emphasis**

Not Applicable

### **4. Major Area of Study**

In order to have a Major Area level of training in the CFP specialty post-licensure, psychologists must have at least 25 hours of continuing education credits in CFP and 500 hours of supervised experience in CFP. Like CE training, CFP certification programs often provide more or exclusively didactic coursework rather than supervised experiences, which leaves practitioners responsible for obtaining qualified supervision if they intend to become a Board Certified CFP Specialist. Supervision at this level is with a licensed psychologist who is qualified to supervise the clinical service provided from a systemic framework. See Part I - Introduction for specific recommendations and best practices for CFP supervision.

The accumulation of continuing education hours or certification program curriculum for a post-licensure Major Area in the specialty should include the required CFP competencies or core knowledge areas as described below. An example of a postgraduate certificate program in integrative couple and family therapy is included in Appendix 1. This description outlines St. John's University postgraduate CFP program, which provides training that meets many eligibility

requirements for ABPP diplomate status. Other excellent postgraduate certification programs are available, such as the Gottman Method, Emotion Focused Couples Therapy, and Functional Family Therapy; however, these programs generally focus on one specific therapeutic approach and do not necessarily cover all the competencies needed for Major Area of Study. Additionally, APA Division 43 - Couple and Family Psychology is developing a continuing education program with credits in order to support post-licensure psychologists in pursuit of ABPP-CFP – look for more information on the division’s website!

## **CFP Competencies and Core Knowledge**

### ☐ Systems Theory and the value of a systemic lens

CFP professional values include an understanding of natural systems theory and family therapy theories. In natural systems theory, understanding the systemic orientation within the family is important. A foundational skill in CFP is using a systemic lens, which acknowledges that families function as systems where there are roles, expectations, rules (implicit and explicit), and interactional patterns. Members of a family system have cognitive, emotional and behavioral influence on each other whether they are in connection or disconnection. A systemic lens takes into account the various relationships within and outside of a system and how these interact and influence each other. Systemic models help us understand how dysfunctional family patterns affect the individual, as well as how changes in one part of the system generate behavioral, affective, and interactional changes at the individual level.

In systems training, the following should be considered: theoretical foundation and origins, theoretical understanding of psychopathology/identity development, specific therapy goals aligned with the theoretical understanding, and what allows for change from that perspective, how to know change occurred (formally and informally), and an overview of therapeutic practice related to this perspective.

### ☐ Individual and cultural diversity in couples and families

When training on culture and diversity in couples and families, there are a number of topics that could be addressed. In particular, trainers must consider multiple diverse identities and how these identities intersect, including race and ethnicity, sex, SES, gender, religion and spirituality, and sexual orientation (APA, 2017). Other culture and diversity topics for consideration are: discussing differences and similarities of the therapist and clients in therapy work, integrating culture and diversity into clinical conceptualization, the pitfalls of pathologizing cultural or diversity-based phenomenon, and the diversity of within group perspectives and experiences. In addition, CE training in diversity might address advocacy efforts for marginalized or disadvantaged populations, such as immigrant families, LGBTQ+ youth and families, etc.

### ☐ Ethics and legal issues in couple and family therapy



Couple and family therapy has many specialty-specific legal and ethical issues. There are ethical and legal guidelines that can support therapists in providing effective, quality work within complex systems comprising multiple individuals. Training in this area should include content about: working with divorcing or divorced couples, appropriate informed consents across family systems, state versus federal laws, when ethics and legal worlds collide and how to make sense of potential conflicts, best practices in record keeping, when to gather and how to interpret custody documents, how to manage confidentiality across family therapy and couples therapy, and the ethical and legal issues of navigating secrets in therapy with families and couples.

❑ Couple and/or family assessment and evaluation

Family assessment and evaluation should include certain evaluation components. A live observation period is ideal to facilitate an understanding of the couple's or family's interactional patterns that lead to positive and negative outcomes. It would be helpful to include as many diverse perspectives as possible in the evaluation to obtain a full understanding of the system. Family members can be included in assessment procedures in person, via phone call, or in writing. Additionally, the family members' perspectives can be collected through different techniques, such as formal objective and projective assessments, drawings, sand tray work, formal and informal interviews. CEs addressing family assessment and evaluation must include training on the logistics of managing the assessment process in a family system, standardized administration of testing materials, while remaining flexible to family circumstances and cultural impact, and selecting a testing battery based on the family referral questions and context. Developing professionals' knowledge of how to evaluate specific mental health disorders and interactional patterns from a relational, systemic perspective is also an important portion of the training. Finally, it is critical for the training to include a multicultural lens, including how to take language into account, understanding the cultural impact on the test scores and interpretation, and conceptualizing family patterns with culture and context in mind.

❑ One or more CFP intervention models

○ Couple and/or Family therapy interventions

Intervention discussions must be guided by family therapy theories and/or research. Although professionals attending trainings may be more interested in acquiring therapeutic strategies, connecting the strategies with theory ensures that the professionals understand the purpose of the intervention and can be flexible in the implementation of the treatment when warranted. The practical application of the intervention and ways to set and assess goals for couples and/or family therapy are critical to include. An understanding of themes that are often present in couples or family work (e.g., infidelity, trust, commitment, parenting, family conflict, normative and non-normative transitions in the family life cycle) will be helpful to trainees with little experience in CFP. It is vital to show how the interventions may vary based on diverse experiences and backgrounds of the family. CFP trainees are encouraged to practice self-monitoring regarding their values and beliefs about relationships by inviting self-

reflection. No matter what theory is identified, a strength-based lens is encouraged when addressing interventions and case examples for the best treatment outcomes and consistency with CFP values.

- Evidenced-based CFP models

There are many evidenced-based CFP models available for specialized training and it is important for CFP practitioners to be well-grounded in at least one model of practice, assuming it exists for the CFP practitioners' treatment population. Examples include: Gottman Method, Functional Family Therapy, Emotion-Focused Couple Therapy, Integrated Behavioral Couple Therapy, Brief Strategic Family Therapy, Attachment-Based Family Therapy, Multi-Dimensional Family Therapy, Multisystemic Therapy, and Systemic Couples Therapy.

- Parenting/Caregiver issues

Trainings on caregiver issues will include discussions about child and life span development and the interactions between these stages of development. Additionally, it is imperative to consider the diversity with regard to caregiver identity and ensure that intervention examples and discussions are supportive of different family structure and caregiver identities. The type and format of these interventions may be important training topics (e.g., caregiver coaching or modeling, psychoeducation, process-based caregiver sessions, or caregiver groups/classes). The clinical and legal understanding of who should be included in caregiver interventions is also important. Caregiver issues can also comprise a wide range of other topics, including specific caregiver strategies or interventions, co-parenting, ethics and legal issues of working with caregivers, custody, and divorce, and intergenerational transmission of trauma and family patterns.

- Sex therapy: theories and interventions

Like other CFP interventions, it is important to discuss the theories that drive therapeutic work for sex therapy. Trainers are encouraged to include discussions of sexual health, which is a state of physical, emotional, mental and social wellbeing in relation to sex and requires a positive and respectful approach to sexuality (World Health Organization, 2006, p. 5). Sex therapy is a specialized topic that is often not addressed in-depth in graduate, internship or postdoctoral level training so post-licensure training most likely will be necessary. Psychologists are encouraged to seek training in the use of empirically validated sexual inventories and sexual dysfunction questionnaires, as well as the delicate art of interviewing patients about sexual matters. Additionally, it is critical to consider the diverse experiences and context of the couple or individual participating in the treatment and encourage trainees to engage in self-reflection and monitoring of their own biases and beliefs around sex.

- Interdisciplinary systems and consultation in integrated primary care

With the current emphasis on integrating health care, it is important for those working in this sector or interested in pursuing additional knowledge about how a CFP works in an integrated primary care setting. The training should include specific knowledge, skills,

and interventions necessary to practice in an integrated primary care setting, and might also cover professional leadership skills for this setting. Additionally, there are specific ethical considerations that should be addressed, such as confidentiality and cross-disciplinary consultation.

☐ Families and trauma, including domestic violence and abuse

Training for this knowledge area should include psychoeducation about trauma and the brain and how trauma may present in family work. When discussing families and trauma work, trainers should consider topics about: domestic violence, abuse, ethical and legal considerations (including mandated reporting), intergenerational impact of trauma in families, evidenced-based trauma interventions and theories. In particular, some CFP interventions have incorporated modifications specifically designed to address trauma-related concerns, e.g., Emotionally Focused Couple Therapy with Trauma Survivors (Johnson, 2002), and EMDR with couples (Shapiro, 2005). Additionally, continuing education trainers may consider topics about how to decide who should be included in the room when working with families experiencing trauma and assessing readiness to engage trauma work.

☐ Supervision in CFP

Due to the complexity of the clinical work in CFP, it is beneficial to have specific supervision training. Supervision training should include information on professional values, attitudes, and behavior, professional identity, and effective communication and interpersonal skills. Additionally, it will be important to refer to the Supervision guidelines for Health Service Psychology (APA, 2014) and more specific guidelines for CFP (Stanton & Welsh, 2011).

☐ Custody evaluations

There is a high threshold for individuals to be an expert in family forensic psychology and this is considered a sub-specialty. Continuing education in custody evaluations should comprise information on family forensic knowledge, communication with stakeholders in the legal system, and holding a forensic lens (Stanton & Welsh, 2011). Stanton and Welsh (2011) identify specific competencies for family forensic psychology that provide further information and guidance.

☐ Conducting/Understanding outcome and process research in couple and family therapy.

Topics to consider when creating a training on outcome and process research in family therapy are: 1) informal and formal assessment, 2) summative versus formative assessment, 3) developed questionnaires versus choosing valid and reliable questionnaires, 4) integrating research/outcomes measures into the work, and 5) challenges and solutions to research in couple/family systems. It is essential for trainers to include information on the legal and ethical considerations of conducting research with families, particularly those from vulnerable populations. One consideration to discuss in continuing education is what population the specified measures are normed

on, the cultural implications of using research in therapy, and ensuring a multiculturally competent lens when interpreting the results, including asking for client input as much as possible.

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## **Appendix 1**

### **Integrative Couple and Family Postgraduate Therapy Program (2018-2019)**

#### **St. John's University, Queens, New York**

Director: Patricia Pitta Ph.D., ABPP

This program is housed within the Department of Professional Development within the Department of Psychology under the direction of Rafael Javier Ph.D., ABPP and with Dr. Patricia Pitta as Director of the Integrative Couple and Family Postgraduate Program. The reason this program was created was to meet the needs of contemporary couples and families. Psychologists and other licensed therapists are called to help modern families with their many changing contexts and challenges.

The field of integration had its beginnings in the late 1970's with the work of Watchtel (1977) bringing world-wide attention to the field of integration with his seminal book entitled, *Psychoanalysis and behavior therapy: Toward an integration*. From that point forward an international society of integration was formed called the Society for the Exploration of Psychotherapy Integration (SEPI) that is an ever-growing society.

In the early nineties, Mikesell, Lusterman & Mc Daniels (1995) edited the first book in the field of psychotherapy integration and family and couple therapy. In 2001, a casebook of family therapy integration was published (McDaniel, Lusterman & Philpot). As the field of couple and family therapy matured integration was looked at as a means to promote an effective treatment that could meet the needs of the contemporary families and couples. Functional Family Therapy (Sexton, 2011); Emotionally Focused Couple Therapy (Johnson, 2004); Integrative Problems-Centered Therapy (Pinsoff, 1995); Assimilative Family Therapy Model (Pitta, (2014) and Integrative Systemic Therapy (Pinsof, Breunlin, Russell, Lebow, Rampage & Chambers, 2018) are the most notable integrative theories and or models in the field of Couple and Family Therapy.

The St. John's Integrative Couple and Family Therapy Postgraduate Program was based on the model proposed by Pitta (2014) Assimilative Family Therapy Model. The goal was to offer candidates training in many modalities, some of which are integrative and others that are more faithful to one orientation. The goal is that the candidates can learn the theoretical orientations and then create their own assimilative family therapy models from choosing a home theory that is systemic and then integrate concepts and interventions from other theories to provide a treatment that can meet the needs and challenges of the modern day couple and family as well as meet the goals of the home theory.

In creating the Postgraduate Integrative Couple and Family Therapy Program at St. John's University the Theoretical, Foundational and Functional Competencies (Stanton & Walsh, 2014) were considered when determining content. Also there is a supervisory element to the program where candidates have one third of the teaching time allocated to supervision of their

cases. This program meets many of the requirements for psychologists who would consider sitting for the Diplomate Exam as well as meeting the requirements for entry to this process. In the following pages, you will find the curriculum for the upcoming year 2018-2019.

Johnson, S. (2004). *The practice of emotionally focused couple therapy: Creating Connection (Basic principles into practice series)*. New York: Brunner-Routledge.

Mc Daniel, S., Lusterman, D., Philpot, C. (2001). *Casebook for integrating family therapy*. Washington, DC: American Psychological Association.

Mikesell, R., Lusterman, D., & Mc Daniel, S. (1995). *Integrating family therapy: Handbook of family psychology and systems theory*. Washington, DC: American Psychological Association.

Pinsof, W. (1995). *Integrative problem-centered therapy*. New York: Basic Books.

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Pitta, P. (2014). *Solving modern family dilemmas: An assimilative therapy model*. New York: Routledge.

Sexton, T. L. (2011). *Functional Family therapy in clinical practice: An evidence-based treatment model for working with troubled adolescents*. New York, NY: Routledge.

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## **2018-2019 SCHEDULE**

The certificate requires completion of 60 hours in the program, including Modules 1 and 9. Please choose the modules below for which you wish to register:

### **FALL SEMESTER 2018**

Module 1: Expanding Your Marital and Family Therapy Skills in Modern Families: Through Assimilative Family Integration, Patricia Pitta, Ph.D., ABPP  
Five-Three hour Sessions: 9/14/18, 9/21/18, 9/28/18, 10/5/18, 10/12/18  
(Required for certificate)  
PCFT 900:

Module 2: Emotional-Focused Therapy: Generating Emotional Safety in Couples, Katherine Stavrianopoulos, MHC,Ph.D.  
Five Three hour Sessions: 10/19/18, 10/26/18, 11/2/18, 11/9/18, 11/16/18  
PCFT 901:

Module 3: An Object Relations Approach to Child, Couple and Family Therapy Treatment  
Carl Bagnini, LCSW, BCD.  
Three Three hour Sessions: 11/30/18, 12/7/18, 12/14/18

Module 4: Practical Application (Part I): On Formulating and Conceptualizing Owen Assimilative Family Model, Patricia Pita, Ph.D., ABPP  
One Three hour Session: 12/21/18

### SPRING SEMESTER 2019

Module 5: Families, Children, and Teens at Risk, Neil Grossman, Ph.D., ABPP  
Two Sessions: 1/4/19, 1/11/19

Module 6: Healing the Tsunami in the Wake of Infidelity, Jim Walkup, D.Min., LMFT  
Two Three hour Sessions: 1/18/19, 1/25/19

Module 7: Opening Up to Profound Moments in Your Therapy, Jim Walkup, D.Min., LMFT  
Two Three hour Sessions: 2/1/19, 2/8/19

Module 8: Integrative Couple and Family Therapy with Diverse Populations,  
Peter Fraenkel, Ph.D.  
Four-Three hour Sessions: 3/1/19, 3/8/19, 3/15/19, 3/29/19

Module 9: Sex Therapy: Mastering the Basics and Beyond, Joel Block, Ph.D., ABPP  
Three-Four Hour Sessions: 4/5/19, 4/12/19, 4/26/19

Module 10: Psychodrama and Trauma: An Integrative Family Therapy Model, Evelyn Rappoport, Psy.D.  
Two-Three hour Sessions: 5/3/19

Module 11: Emerging Technologies and Families: Beyond Control and Embracing Curiosity,  
Art Nielsen, M.D.  
One- Three hour Session: 5/17/19

Module 12: Ethics, Terrence Patterson, Ed.D., ABPP  
One-Three hour Session: 6/7/19 (Required for certificate)

Module 13: Practical Application (Part II): Further Opportunity for Formulating and Conceptualizing Owen Assimilative Family Model, Patricia Pita, Ph.D., ABPP  
One-Three hour Session: 6/14/19

## **Appendix H: Board of Couple and Family Psychology Eligibility Criteria**

CFP-specific eligibility criteria for board certification may be found at: <https://abpp.org/application-information/learn-about-specialty-boards/couple-family/specialty-specific/>.



## **Appendix I: Doctoral Programs that Provide Training in Couple and Family Psychology**

A .pdf copy is attached to preserve formatting.

Search for Accredited Programs

Content ©: Updated November 18, 2024

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Search Results					
<div><div>Program Level: Doctoral</div><div>State/Province: All States</div><div>Substantive Area: All Substantive Areas</div><div>Degree: All Program Degrees</div><div>Keyword: Couple and Family</div></div>				420 results found	
State	Institution Name	City	Program/Department Name	Accreditation Status	Compare
AK	University of Alaska Anchorage	Anchorage	Department of Psychology	Accredited	<input type="checkbox"/>
AL	University of Alabama at Tuscaloosa	Tuscaloosa	Department of Psychology, Ph.D. Program	Accredited	<input type="checkbox"/>
AL	Auburn University	Auburn	Department of Psychological Sciences	Accredited	<input type="checkbox"/>
AL	Auburn University	Auburn	Department of Special Education, Rehabilitation, & Counseling	Accredited	<input type="checkbox"/>
AL	University of Alabama at Birmingham	Birmingham	Medical/Clinical Psychology Program, Ph.D. Program	Accredited	<input type="checkbox"/>
AL	University of South Alabama	Mobile	Department of Psychology and Department of Professional Studies	Accredited	<input type="checkbox"/>
AR	University of Central Arkansas	Conway	Psychology and Counseling	Accredited	<input type="checkbox"/>
AR	University of Arkansas	Fayetteville	Department of Psychological Science	Accredited	<input type="checkbox"/>
AZ	Northern Arizona University	Phoenix	Frederick Wechsler	Accredited, on contingency	<input type="checkbox"/>
AZ	Arizona State University	Tempe	Counseling and Counseling Psychology	Accredited	<input type="checkbox"/>
AZ	Arizona State University	Tempe	Department of Psychology	Accredited	<input type="checkbox"/>
AZ	University of Arizona	Tucson	Department of Disability and Psychoeducational Studies	Accredited	<input type="checkbox"/>
AZ	University of Arizona	Tucson	Department of Psychology, Ph.D. Program	Accredited	<input type="checkbox"/>
AZ	Midwestern University	Glendale	Clinical Psychology	Accredited	<input type="checkbox"/>
AZ	Northern Arizona University	Flagstaff	Educational Psychology	Accredited	<input type="checkbox"/>
CA	Biola University	La Mirada	Rosemead School of Psychology	Accredited	<input type="checkbox"/>
CA	California Northstate University	Rancho Cordova	College of Psychology Psy.D. in Clinical Psychology	Accredited, on contingency	<input type="checkbox"/>
CA	Alliant International University, Los Angeles	Alhambra	Clinical PsyD Program	Accredited	<input type="checkbox"/>
CA	University of California, Santa Barbara	Santa Barbara	Department of Counseling, Clinical, & School Psychology	Accredited	<input type="checkbox"/>

State	Institution Name	City	Program/Department Name	Accreditation Status	
CA	Alliant International University, Fresno	Fresno	CSPP Psy.D. Program	Accredited	<input type="checkbox"/>
CA	Alliant International University, San Diego	San Diego	Clinical PsyD Program	Accredited	<input type="checkbox"/>
CA	Alliant International University, San Francisco Bay	Emeryville	Clinical PsyD. program	Accredited	<input type="checkbox"/>
CA	Palo Alto University	Palo Alto	PGSP-Stanford Psy.D. Consortium	Accredited	<input type="checkbox"/>
CA	The Chicago School, Anaheim	Anaheim	Psy.D. in Clinical Psychology	Accredited	<input type="checkbox"/>
CA	Azusa Pacific University	Azusa	Department of Graduate Psychology	Accredited	<input type="checkbox"/>
CA	Loma Linda University	Loma Linda	Clinical Psychology Psy.D. Program, Department of Psychology	Accredited	<input type="checkbox"/>
CA	Alliant International University, Sacramento	Sacramento	California School of Professional Psychology	Accredited	<input type="checkbox"/>
CA	The Wright Institute	Berkeley	Psy.D. Program	Accredited	<input type="checkbox"/>
CA	Fielding Graduate University	Santa Barbara	Clinical Psychology Doctoral Program	Accredited	<input type="checkbox"/>
CA	Pepperdine University	Los Angeles	Psychology Division	Accredited	<input type="checkbox"/>
CA	San Diego State University - UC San Diego	San Diego	Joint Doctoral Program in Clinical Psychology	Accredited	<input type="checkbox"/>
CA	University of La Verne	La Verne	Department of Psychology	Accredited	<input type="checkbox"/>
CA	University of California, Riverside	Riverside	Graduate School of Education	Accredited	<input type="checkbox"/>
CA	University of San Francisco	San Francisco	PsyD Program/Department of Integrated Healthcare	Accredited	<input type="checkbox"/>
CA	Alliant International University, San Francisco Bay	Emeryville	Clinical PhD Program	Accredited	<input type="checkbox"/>
CA	Alliant International University, Fresno	Fresno	CSPP Ph.D. Program	Accredited	<input type="checkbox"/>
CA	Alliant International University, Los Angeles	Alhambra	Clinical PhD Program	Accredited	<input type="checkbox"/>
CA	Alliant International University, San Diego	San Diego	Clinical Psychology PhD Program	Accredited	<input type="checkbox"/>
CA	University of California, Berkeley	Berkeley	School Psychology/Graduate School of Education	Accredited	<input type="checkbox"/>
CA	University of California, Los Angeles	Los Angeles	Clinical Psychology Program/Department of Psychology	Accredited	<input type="checkbox"/>
CA	Fuller Theological Seminary	Pasadena	Graduate School of Psychology	Accredited	<input type="checkbox"/>
CA	Biola University	La Mirada	Rosemead School of Psychology	Accredited	<input type="checkbox"/>
CA	University of Southern California	Los Angeles	Department of Psychology	Accredited	<input type="checkbox"/>
CA	Palo Alto University	Palo Alto	PhD program in clinical psychology/Psychology Department	Accredited	<input type="checkbox"/>
CA	Loma Linda University	Loma Linda	Clinical Psychology Ph.D. Program, Department of Psychology	Accredited	<input type="checkbox"/>
CA	California Baptist University	Riverside	College of Behavioral and Social Sciences	Accredited, on contingency	<input type="checkbox"/>
CA	Fuller Theological Seminary	Pasadena	Clinical Psychology	Accredited	<input type="checkbox"/>
CA	National University	Pleasant Hill	JFK School of Psychology - PsyD Program	Accredited	<input type="checkbox"/>
CA	Mount Saint Mary's University	Los Angeles	PsyD in Clinical Psychology	Accredited, on contingency	<input type="checkbox"/>
CA	California Lutheran University	Oxnard	PsyD Program in Clinical Psychology	Accredited	<input type="checkbox"/>
CA	The Chicago School, Los Angeles	Los Angeles	Clinical Psychology	Accredited	<input type="checkbox"/>

State	Institution Name	City	Program/Department Name	Accreditation Status	
CA	National University, Pleasant Hill, CA/John F. Kennedy University Teach-Out	Pleasant Hill	JFK School of Psychology	Accredited - Inactive	<input type="checkbox"/>
CO	Colorado State University	Fort Collins	Department of Psychology	Accredited	<input type="checkbox"/>
CO	University of Colorado Boulder	Boulder	Clinical Psychology PhD program - Department of Psychology and Neuroscience	Accredited	<input type="checkbox"/>
CO	University of Denver	Denver	Department of Psychology, Ph.D. Program	Accredited	<input type="checkbox"/>
CO	University of Denver	Denver	Department of Counseling Psychology	Accredited	<input type="checkbox"/>
CO	University of Denver	Denver	Graduate School of Professional Psychology, Psy.D. Program	Accredited	<input type="checkbox"/>
CO	University of Northern Colorado	Greeley	Department of School Psychology	Accredited	<input type="checkbox"/>
CO	University of Denver	Denver	School Psychology/Teaching and Learning Sciences	Accredited	<input type="checkbox"/>
CO	University of Colorado Denver	Denver	School Psychology	Accredited	<input type="checkbox"/>
CO	University of Colorado at Colorado Springs	Colorado Springs	Department of Psychology	Accredited	<input type="checkbox"/>
CO	University of Northern Colorado	Greeley	Department of Applied Psychology and Counselor Education	Accredited	<input type="checkbox"/>
CO	University of Colorado Denver	Denver	Department of Psychology	Accredited	<input type="checkbox"/>
CT	University of Connecticut	Storrs	Department of Educational Psychology	Accredited	<input type="checkbox"/>
CT	University of Connecticut	Storrs	Department of Psychological Sciences, U-1020	Accredited	<input type="checkbox"/>
CT	Yale University	New Haven	Department of Psychology	Accredited	<input type="checkbox"/>
CT	University of Hartford	West Hartford	Graduate Institute of Professional Psychology/Department of Psychology	Accredited	<input type="checkbox"/>
DC	Howard University	Washington	Department of Psychology	Accredited	<input type="checkbox"/>
DC	Gallaudet University	Washington	Ph.D. Clinical Psychology Program/Department of Psychology	Accredited	<input type="checkbox"/>
DC	American University	Washington	Department of Psychology, Ph.D. Program	Accredited	<input type="checkbox"/>
DC	Catholic University of America	Washington	Department of Psychology	Accredited	<input type="checkbox"/>
DC	George Washington University	Washington	Department of Psychological and Brain Sciences, Ph.D. Program	Accredited	<input type="checkbox"/>
DC	George Washington University	Washington	Professional Psychology Program	Accredited	<input type="checkbox"/>
DC	Howard University	Washington	School of Education	Accredited	<input type="checkbox"/>
DC	The Chicago School - Washington, D.C. Campus	Washington	Clinical Psychology Psy.D. Program	Accredited	<input type="checkbox"/>
DE	University of Delaware	Newark	Department of Psychology, Ph.D. Program	Accredited	<input type="checkbox"/>
FL	Florida School of Professional Psychology at National Louis University, Tampa	Tampa	Florida School of Professional Psychology at National Louis University	Accredited	<input type="checkbox"/>
FL	University of Florida	Gainesville	College of Education, Department of Special Education, School Psychology & Early Childhood Studies	Accredited	<input type="checkbox"/>
FL	Florida Institute of Technology	Melbourne	School of Psychology	Accredited	<input type="checkbox"/>
FL	Florida State University	Tallahassee	Department of Psychology	Accredited	<input type="checkbox"/>
FL	University of Florida	Gainesville	Department of Clinical and Health Psychology	Accredited	<input type="checkbox"/>
FL	University of Florida	Gainesville	Department of Psychology	Accredited	<input type="checkbox"/>
FL	University of Miami	Coral Gables	Department of Educational and Psychological Studies	Accredited	<input type="checkbox"/>

State	Institution Name	City	Program/Department Name	Accreditation Status	
FL	University of Miami	Coral Gables	Department of Psychology, Ph.D. Program	Accredited	<input type="checkbox"/>
FL	Nova Southeastern University	Fort Lauderdale	College of Psychology, Department of Clinical and School Psychology	Accredited	<input type="checkbox"/>
FL	University of South Florida	Tampa	Clinical Psychology Program/ Department of Psychology	Accredited	<input type="checkbox"/>
FL	Florida State University	Tallahassee	Dept. of Educational Psychology and Learning Systems	Accredited	<input type="checkbox"/>
FL	University of South Florida	Tampa	Department of Educational and Psychological Studies	Accredited	<input type="checkbox"/>
FL	Nova Southeastern University	Fort Lauderdale	College of Psychology	Accredited	<input type="checkbox"/>
FL	University of Central Florida	Orlando	Department of Psychology	Accredited	<input type="checkbox"/>
FL	Nova Southeastern University	Ft. Lauderdale	College of Psychology/Department of Clinical and School Psychology	Accredited	<input type="checkbox"/>
FL	Carlos Albizu University, Miami Campus	Miami	Psy.D. Program	Accredited	<input type="checkbox"/>
FL	Florida International University	Miami	Clinical Science Program in Child and Adolescent Psychology	Accredited	<input type="checkbox"/>
GA	Georgia Southern University	Statesboro	Department of Psychology	Accredited	<input type="checkbox"/>
GA	University of Georgia	Athens	Department of Educational Psychology	Accredited	<input type="checkbox"/>
GA	Mercer University	Atlanta	Clinical Psychology	Accredited	<input type="checkbox"/>
GA	Emory University	Atlanta	Department of Psychology	Accredited	<input type="checkbox"/>
GA	Georgia State University	Atlanta	Department of Psychology	Accredited	<input type="checkbox"/>
GA	Georgia State University	Atlanta	Department of Counseling and Psychological Services	Accredited	<input type="checkbox"/>
GA	Georgia State University	Atlanta	Department of Counseling and Psychological Services	Accredited	<input type="checkbox"/>
GA	University of Georgia	Athens	Department of Counseling & Human Development Services	Accredited	<input type="checkbox"/>
GA	University of Georgia	Athens	Department of Psychology	Accredited	<input type="checkbox"/>
HI	University of Hawaii at Manoa	Honolulu	Department of Psychology	Accredited	<input type="checkbox"/>
HI	Hawaii School of Professional Psychology (HSPP) at Chaminade University of Honolulu	Honolulu	Hawaii School of Professional Psychology (HSPP)	Accredited	<input type="checkbox"/>
IA	Iowa State University	Ames	Department of Psychology	Accredited	<input type="checkbox"/>
IA	University of Iowa	Iowa City	Department of Psychological and Brain Sciences	Accredited	<input type="checkbox"/>
IA	University of Iowa	Iowa City	Division of Psychological and Quantitative Foundations	Accredited	<input type="checkbox"/>
ID	Idaho State University	Pocatello	Department of Psychology	Accredited	<input type="checkbox"/>
IL	Loyola University Chicago	Chicago	School Psychology/School of Education	Accredited	<input type="checkbox"/>
IL	Northern Illinois University	DeKalb	Department of Psychology	Accredited	<input type="checkbox"/>
IL	Illinois State University	Normal	Department of Psychology	Accredited	<input type="checkbox"/>
IL	Wheaton College	Wheaton	Psychology Department	Accredited	<input type="checkbox"/>
IL	The Chicago School	Chicago	Psy.D. in School Psychology	Accredited	<input type="checkbox"/>
IL	Roosevelt University	Chicago	Department of Psychology	Accredited	<input type="checkbox"/>
IL	Adler University - Chicago	Chicago	Department of Psychology, Psy.D. Program	Accredited	<input type="checkbox"/>
IL	National Louis University	Chicago	Illinois School of Professional Psychology	Accredited	<input type="checkbox"/>

State	Institution Name	City	Program/Department Name	Accreditation Status	
IL	DePaul University	Chicago	Department of Psychology	Accredited	<input type="checkbox"/>
IL	Rosalind Franklin University of Medicine and Science	North Chicago	Department of Psychology, Ph.D. Program	Accredited	<input type="checkbox"/>
IL	University of Illinois at Chicago	Chicago	Department of Psychology	Accredited	<input type="checkbox"/>
IL	Illinois Institute of Technology	Chicago	Clinical Psychology PhD Program/ Department of Psychology	Accredited	<input type="checkbox"/>
IL	University of Illinois at Urbana-Champaign	Champaign	Department of Psychology	Accredited	<input type="checkbox"/>
IL	University of Illinois at Urbana-Champaign	Champaign	Department of Educational Psychology/Division of Counseling Psychology	Accredited	<input type="checkbox"/>
IL	Loyola University Chicago	Chicago	Department of Psychology	Accredited	<input type="checkbox"/>
IL	Loyola University Chicago	Chicago	School of Education	Accredited	<input type="checkbox"/>
IL	Northern Illinois University	DeKalb	Department of Psychology	Accredited	<input type="checkbox"/>
IL	Northwestern University Feinberg School of Medicine	Chicago	Department of Psychiatry and Behavioral Sciences	Accredited	<input type="checkbox"/>
IL	Southern Illinois University Carbondale	Carbondale	Department of Psychology, Ph.D. Program	Accredited	<input type="checkbox"/>
IL	Midwestern University	Downers Grove	College of Health Sciences	Accredited	<input type="checkbox"/>
IL	Northwestern University	Evanston	Department of Psychology	Accredited	<input type="checkbox"/>
IL	The Chicago School, Chicago Campus	Chicago	Clinical Psychology (Clinical PsyD)	Accredited	<input type="checkbox"/>
IN	Purdue University	West Lafayette	Educational Studies	Accredited	<input type="checkbox"/>
IN	Ball State University	Muncie	Department of Counseling Psychology, Social Psychology and Counseling	Accredited	<input type="checkbox"/>
IN	Ball State University	Muncie	Department of Educational Psychology	Accredited	<input type="checkbox"/>
IN	Indiana University - Bloomington	Bloomington	Department of Counseling and Educational Psychology	Accredited	<input type="checkbox"/>
IN	Indiana University - Bloomington	Bloomington	School Psychology/Counseling & Educational Psychology	Accredited	<input type="checkbox"/>
IN	Indiana University - Bloomington	Bloomington	Department of Psychological & Brain Sciences	Accredited	<input type="checkbox"/>
IN	Purdue University	West Lafayette	Department of Psychological Sciences	Accredited	<input type="checkbox"/>
IN	Indiana State University	Terre Haute	College of Education	Accredited	<input type="checkbox"/>
IN	Indiana State University	Terre Haute	Department of Psychology, Psy.D. Program	Accredited	<input type="checkbox"/>
IN	Indiana University - Indianapolis	Indianapolis	Department of Psychology	Accredited	<input type="checkbox"/>
IN	University of Indianapolis	Indianapolis	Doctor of Psychology in Clinical Psychology/Graduate Department of Clinical Psychology	Accredited	<input type="checkbox"/>
IN	University of Notre Dame	Notre Dame	Psychology	Accredited	<input type="checkbox"/>
KS	University of Kansas	Lawrence	Clinical Child Psychology Program/ Departments of Applied Behavioral Science and Psychology	Accredited	<input type="checkbox"/>
KS	Wichita State University	Wichita	Psychology Department	Accredited	<input type="checkbox"/>
KS	University of Kansas	Lawrence	Department of Educational Psychology	Accredited	<input type="checkbox"/>
KS	University of Kansas	Lawrence	Department of Psychology, Ph.D. Program	Accredited	<input type="checkbox"/>
KS	University of Kansas	Lawrence	Department of Educational Psychology	Accredited	<input type="checkbox"/>

State	Institution Name	City	Program/Department Name	Accreditation Status	
KY	University of Kentucky	Lexington	Department of Educational, School and Counseling Psychology	Accredited	<input type="checkbox"/>
KY	Eastern Kentucky University	Richmond	Psychology	Accredited	<input type="checkbox"/>
KY	Spalding University	Louisville	College of Health and Natural Sciences	Accredited	<input type="checkbox"/>
KY	University of Louisville	Louisville	Department of Counseling and Human Development	Accredited	<input type="checkbox"/>
KY	University of Kentucky	Lexington	Dept. of Educational, School & Counseling Psychology	Accredited	<input type="checkbox"/>
KY	University of Kentucky	Lexington	Department of Psychology, Ph.D. Program	Accredited	<input type="checkbox"/>
KY	University of Louisville	Louisville	Department of Psychological and Brain Sciences	Accredited	<input type="checkbox"/>
LA	Louisiana State University	Baton Rouge	Department of Psychology, Ph.D. Program	Accredited	<input type="checkbox"/>
LA	The Chicago School	New Orleans	TCSP Clinical PsyD @ Xavier University	Accredited - Inactive	<input type="checkbox"/>
LA	Louisiana Tech University	Ruston	Department of Psychology and Behavioral Sciences	Accredited	<input type="checkbox"/>
LA	Tulane University	New Orleans	Department of Psychology	Accredited	<input type="checkbox"/>
LA	Louisiana State University	Baton Rouge	Department of Psychology	Accredited	<input type="checkbox"/>
MA	Suffolk University	Boston	Department of Psychology, Ph.D. Program	Accredited	<input type="checkbox"/>
MA	Harvard University	Cambridge	Department of Psychology	Accredited	<input type="checkbox"/>
MA	Northeastern University	Boston	Department of Applied Psychology	Accredited	<input type="checkbox"/>
MA	University of Massachusetts Amherst	Amherst	Student Development	Accredited	<input type="checkbox"/>
MA	University of Massachusetts, Boston	Boston	Department of Psychology, Clinical Psychology Doctoral Program	Accredited	<input type="checkbox"/>
MA	Northeastern University	Boston	School Psychology Ph.D. Program	Accredited	<input type="checkbox"/>
MA	Boston University	Boston	Counseling Psychology and Applied Human Development	Accredited	<input type="checkbox"/>
MA	William James College	Newton	Department of Psychology	Accredited	<input type="checkbox"/>
MA	Boston College	Chestnut Hill	Department of Counseling, Developmental & Educational Psychology	Accredited	<input type="checkbox"/>
MA	Boston University	Boston	Department of Psychology, Clinical Ph.D. Program	Accredited	<input type="checkbox"/>
MA	Clark University	Worcester	Frances L. Hiatt School of Psychology	Accredited	<input type="checkbox"/>
MA	University of Massachusetts Amherst	Amherst	Department of Psychology, Ph.D. Program	Accredited	<input type="checkbox"/>
MA	Springfield College	Springfield	Counseling Psychology Psy.D. Program	Accredited	<input type="checkbox"/>
MA	University of Massachusetts, Boston	Boston	Department of Counseling and School Psychology	Accredited	<input type="checkbox"/>
MA	University of Massachusetts, Boston	Boston	Department of Counseling and School Psychology	Accredited	<input type="checkbox"/>
MD	Loyola University Maryland	Baltimore	Department of Psychology	Accredited	<input type="checkbox"/>
MD	University of Maryland, Baltimore County	Baltimore	Department of Psychology	Accredited	<input type="checkbox"/>
MD	Uniformed Services University of the Health Sciences	Bethesda	F. Edward Hebert School of Medicine	Accredited	<input type="checkbox"/>
MD	University of Maryland-College Park	College Park	Counseling, Higher Education, and Special Education	Accredited	<input type="checkbox"/>
MD	University of Maryland-College Park	College Park	Department of Psychology, Ph.D. Program	Accredited	<input type="checkbox"/>
MD	University of Maryland-College Park	College Park	Department of Psychology	Accredited	<input type="checkbox"/>
ME	University of Maine	Orono	Department of Psychology	Accredited	<input type="checkbox"/>

State	Institution Name	City	Program/Department Name	Accreditation Status	
MI	University of Detroit Mercy	Detroit	Department of Psychology	Accredited	<input type="checkbox"/>
MI	Central Michigan University	Mount Pleasant	Department of Psychology	Accredited - Inactive	<input type="checkbox"/>
MI	University of Michigan	Ann Arbor	Department of Psychology, Ph.D. Program	Accredited	<input type="checkbox"/>
MI	Wayne State University	Detroit	Department of Psychology	Accredited	<input type="checkbox"/>
MI	Eastern Michigan University	Ypsilanti	Department of Psychology	Accredited	<input type="checkbox"/>
MI	Wayne State University	Detroit	Counseling Psychology/Theoretical and Behavioral Foundations	Accredited, on contingency	<input type="checkbox"/>
MI	Western Michigan University	Kalamazoo	Department of Counselor Education and Counseling Psychology	Accredited	<input type="checkbox"/>
MI	Western Michigan University	Kalamazoo	Department of Psychology, Ph.D. Program	Accredited	<input type="checkbox"/>
MI	Michigan State University	East Lansing	Department of Psychology, Ph.D. Program	Accredited	<input type="checkbox"/>
MI	Michigan State University	East Lansing	Department of Counseling, Educational Psychology, and Special Education	Accredited	<input type="checkbox"/>
MI	Andrews University	Berrien Springs	Graduate Psychology & Counseling	Accredited	<input type="checkbox"/>
MI	Michigan School of Psychology	Farmington Hills	Clinical Psychology	Accredited	<input type="checkbox"/>
MI	Central Michigan University	Mount Pleasant	Department of Psychology	Accredited - Inactive	<input type="checkbox"/>
MN	Saint Mary's University of Minnesota	Minneapolis	Psy.D. in Counseling Psychology	Accredited	<input type="checkbox"/>
MN	University of St. Thomas	Minneapolis	Graduate School of Professional Psychology	Accredited	<input type="checkbox"/>
MN	Augsburg University	Minneapolis	Clinical Psychology	Accredited, on contingency	<input type="checkbox"/>
MN	University of Minnesota	Minneapolis	Departments of Psychology (Clinical Science and Psychopathology Research) & Institute for Child Development (Developmental Psychopathology & Clinical Science)	Accredited	<input type="checkbox"/>
MN	University of Minnesota	Minneapolis	Department of Psychology	Accredited	<input type="checkbox"/>
MN	University of Minnesota	Minneapolis	College of Education and Human Development	Accredited	<input type="checkbox"/>
MO	University of Missouri Kansas City	Kansas City	Department of Psychology and Counseling	Accredited	<input type="checkbox"/>
MO	University of Missouri Kansas City	Kansas City	Division of Counseling and Counseling Psychology	Accredited - Inactive	<input type="checkbox"/>
MO	University of Missouri, St. Louis	St. Louis	Department of Psychological Sciences	Accredited	<input type="checkbox"/>
MO	Washington University in St. Louis	St. Louis	Department of Psychological & Brain Sciences	Accredited	<input type="checkbox"/>
MO	University of Missouri, Columbia	Columbia	Department of Educational & Counseling Psychology	Accredited	<input type="checkbox"/>
MO	University of Missouri, Columbia	Columbia	Department of Psychological Sciences	Accredited	<input type="checkbox"/>
MO	University of Missouri, Columbia	Columbia	Educational, School, and Counseling Psychology	Accredited	<input type="checkbox"/>
MO	Saint Louis University	St. Louis	Department of Psychology, Ph.D. Program	Accredited	<input type="checkbox"/>
MO	Kansas City University	Kansas City	Health Service Psychology Program	Accredited, on contingency	<input type="checkbox"/>
MS	University of Southern Mississippi	Hattiesburg	Department of Psychology, Ph.D. Program	Accredited	<input type="checkbox"/>
MS	University of Mississippi	University	Department of Psychology, Ph.D. Program	Accredited	<input type="checkbox"/>
MS	University of Southern Mississippi	Hattiesburg	Department of Psychology	Accredited	<input type="checkbox"/>



State	Institution Name	City	Program/Department Name	Accreditation Status	
MS	Mississippi State University	Mississippi State	Department of Counseling, Educational Psychology, and Foundations	Accredited	<input type="checkbox"/>
MS	Jackson State University	Jackson	Clinical Psychology Doctoral Program / Department of Psychology	Accredited	<input type="checkbox"/>
MS	University of Southern Mississippi	Hattiesburg	Doctoral Program in School Psycyhology/Department of Psychology	Accredited	<input type="checkbox"/>
MS	Mississippi State University	Mississippi State	Clinical Psychology	Accredited	<input type="checkbox"/>
MT	The University of Montana	Missoula	School Psychology Graduate Training Program	Accredited	<input type="checkbox"/>
MT	The University of Montana	Missoula	Department of Psychology, Ph.D. Program	Accredited	<input type="checkbox"/>
NC	Appalachian State University	Boone	Clinical Psychology PsyD Program/Psychology	Accredited, on contingency	<input type="checkbox"/>
NC	Western Carolina University	Cullowhee	Department of Psychology	Accredited, on contingency	<input type="checkbox"/>
NC	East Carolina University	Greenville	Clinical Psychology / Psychology Department	Accredited	<input type="checkbox"/>
NC	University of North Carolina at Charlotte	Charlotte	Health Psychology, Clinical Track	Accredited	<input type="checkbox"/>
NC	North Carolina State University	Raleigh	Department of Psychology	Accredited	<input type="checkbox"/>
NC	Duke University	Durham	Department of Psychology and Neuroscience	Accredited	<input type="checkbox"/>
NC	University of North Carolina, Chapel Hill	Chapel Hill	School Psychology Program / School of Education	Accredited	<input type="checkbox"/>
NC	University of North Carolina Wilmington	Wilmington	PhD General Clinical Psychology	Accredited, on contingency	<input type="checkbox"/>
NC	University of North Carolina, Greensboro	Greensboro	Department of Psychology	Accredited	<input type="checkbox"/>
NC	University of North Carolina, Chapel Hill	Chapel Hill	Clinical Psychology Program/Department of Psychology and Neuroscience	Accredited	<input type="checkbox"/>
NC	East Carolina University	Greenville	Psychology Department	Accredited	<input type="checkbox"/>
ND	University of North Dakota	Grand Forks	Department of Psychology	Accredited	<input type="checkbox"/>
ND	University of North Dakota	Grand Forks	Department of Counseling Psychology and Community Services	Accredited	<input type="checkbox"/>
NE	University of Nebraska, Lincoln	Lincoln	Department of Psychology	Accredited	<input type="checkbox"/>
NE	University of Nebraska, Lincoln	Lincoln	Department of Educational Psychology	Accredited	<input type="checkbox"/>
NE	University of Nebraska, Lincoln	Lincoln	Department of Educational Psychology	Accredited	<input type="checkbox"/>
NH	Antioch University New England	Keene	Department of Clinical Psychology, Psy.D. Program	Accredited	<input type="checkbox"/>
NH	Rivier University	Nashua	Combined Program in Counseling and School Psychology	Accredited	<input type="checkbox"/>
NJ	Rowan University	Glassboro	Clinical Psychology/Dept of Psychology	Accredited	<input type="checkbox"/>
NJ	Kean University	Union	Psy.D. Program in Combined School and Clinical Psychology	Accredited	<input type="checkbox"/>
NJ	Saint Elizabeth University	Morristown	Psychology	Accredited	<input type="checkbox"/>
NJ	Fairleigh Dickinson University	Teaneck	School of Psychology, Ph.D. Program	Accredited	<input type="checkbox"/>
NJ	Montclair State University	Montclair	Psychology Department	Accredited	<input type="checkbox"/>
NJ	Rutgers-The State University of New Jersey	Piscataway	Department of Psychology	Accredited	<input type="checkbox"/>

State	Institution Name	City	Program/Department Name	Accreditation Status	
NJ	Rutgers-The State University of New Jersey	Piscataway	Department of Clinical Psychology	Accredited	<input type="checkbox"/>
NJ	Rutgers-The State University of New Jersey	Piscataway	Graduate School of Applied & Professional Psychology	Accredited	<input type="checkbox"/>
NJ	William Paterson University	Wayne	Psychology Department, Graduate Program in Clinical Psychology	Accredited	<input type="checkbox"/>
NJ	Seton Hall University	South Orange	Department of Professional Psych and Family Therapy	Accredited	<input type="checkbox"/>
NJ	Felician University	Lodi	Counseling Psychology Psy.D.	Accredited, on contingency	<input type="checkbox"/>
NM	University of New Mexico	Albuquerque	Department of Psychology	Accredited	<input type="checkbox"/>
NM	New Mexico State University	Las Cruces	College of Health, Education and Social Transformation (HEST)	Accredited	<input type="checkbox"/>
NV	University of Nevada Las Vegas	Las Vegas	Department of Psychology	Accredited	<input type="checkbox"/>
NV	University of Nevada, Reno	Reno	Department of Psychology	Accredited	<input type="checkbox"/>
NV	University of Nevada, Las Vegas	Las Vegas	Educational Psychology and Higher Education	Accredited, on contingency	<input type="checkbox"/>
NY	Roberts Wesleyan University	Rochester	Psy.D. in Clinical/School Psychology	Accredited	<input type="checkbox"/>
NY	City University of New York	New York	Health Psychology and Clinical Science	Accredited	<input type="checkbox"/>
NY	Hofstra University	Hempstead	Department of Psychology, Psy.D. Program in School-Community Psychology	Accredited	<input type="checkbox"/>
NY	John Jay College of Criminal Justice & The Graduate Center, CUNY	New York	Clinical Psychology at John Jay College/Psychology Department	Accredited	<input type="checkbox"/>
NY	D'Youville University/Medaille University Teach-out	Buffalo	Clinical Psychology	Accredited - Inactive	<input type="checkbox"/>
NY	St. John's University	Queens	School Psychology/Department of Psychology	Accredited	<input type="checkbox"/>
NY	Alfred University	Alfred	Division of Counseling and School Psychology (School-PsyD)	Accredited	<input type="checkbox"/>
NY	Queens College and The Graduate Center, City University of New York	Queens	PhD in Clinical Psychology at Queens College/Psychology Department	Accredited	<input type="checkbox"/>
NY	Yeshiva University	Bronx	Department of School-Clinical Psychology, Psy.D. Program	Accredited	<input type="checkbox"/>
NY	Long Island University, C.W. Post Campus	Brookville	Graduate Psychology	Accredited	<input type="checkbox"/>
NY	University at Albany	Albany	Department of Educational and Counseling Psychology	Accredited	<input type="checkbox"/>
NY	Yeshiva University	Bronx	Ferkauf Graduate School of Psychology	Accredited	<input type="checkbox"/>
NY	Fordham University	New York	Division of Psychological and Educational Services	Accredited	<input type="checkbox"/>
NY	Adelphi University	Garden City	Gordon F. Derner School of Psychology	Accredited	<input type="checkbox"/>
NY	The City College of New York, The Graduate Center, CUNY	New York	Doctoral Program in Clinical Psychology	Accredited	<input type="checkbox"/>
NY	Fordham University	Bronx	Department of Psychology, Ph.D. Program	Accredited	<input type="checkbox"/>
NY	Fordham University	New York	Division of Psychological and Educational Services	Accredited	<input type="checkbox"/>
NY	Hofstra University	Hempstead	Department of Psychology, Hauser Hall	Accredited	<input type="checkbox"/>
NY	Long Island University	Brooklyn	Ph.D. Program in Clinical Psychology	Accredited	<input type="checkbox"/>
NY	The New School	New York	Department of Psychology, Ph.D. Program	Accredited	<input type="checkbox"/>
NY	University at Albany	Albany	Department of Psychology, Ph.D. Program	Accredited	<input type="checkbox"/>

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NY	University at Albany	Albany	Department of Educational and Counseling Psychology	Accredited	<input type="checkbox"/>
NY	Binghamton University, State University of New York	Binghamton	Department of Psychology, Ph.D. Program	Accredited	<input type="checkbox"/>
NY	University at Buffalo, State University of New York	Buffalo	Psychology Department	Accredited	<input type="checkbox"/>
NY	University at Buffalo, State University of New York	Buffalo	Department of Counseling, School, & Educational Psychology	Accredited	<input type="checkbox"/>
NY	Stony Brook University, State University of New York	Stony Brook	Department of Psychology, Ph.D. Program	Accredited - Inactive	<input type="checkbox"/>
NY	New York University	New York	Department of Applied Psychology	Accredited	<input type="checkbox"/>
NY	University of Rochester	Rochester	Department of Psychology	Accredited	<input type="checkbox"/>
NY	Syracuse University	Syracuse	Department of Psychology, Ph.D. Program	Accredited	<input type="checkbox"/>
NY	Syracuse University	Syracuse	Department of Psychology	Accredited	<input type="checkbox"/>
NY	Teachers College, Columbia University	New York	Department of Clinical Psychology	Accredited	<input type="checkbox"/>
NY	Teachers College, Columbia University	New York	Department of Counseling and Clinical Psychology	Accredited	<input type="checkbox"/>
NY	Teachers College, Columbia University	New York	Department of Health and Behavior Studies	Accredited	<input type="checkbox"/>
NY	Yeshiva University	Bronx	Ferkauf Graduate School of Psychology	Accredited	<input type="checkbox"/>
NY	St. John's University	Queens	Ph.D. Program in Clinical Psychology	Accredited	<input type="checkbox"/>
NY	Pace University	New York	Department of Psychology	Accredited	<input type="checkbox"/>
OH	Bowling Green State University	Bowling Green	Department of Psychology, Ph.D. Program	Accredited	<input type="checkbox"/>
OH	Case Western Reserve University	Cleveland	Department of Psychological Sciences, Clinical Psychology Ph.D. Program	Accredited	<input type="checkbox"/>
OH	Kent State University	Kent	Department Psychological Sciences, Clinical Psychology Program	Accredited	<input type="checkbox"/>
OH	Kent State University	Kent	School of Lifespan Development and Educational Sciences	Accredited	<input type="checkbox"/>
OH	Miami University	Oxford	Department of Psychology, Ph.D. Program	Accredited	<input type="checkbox"/>
OH	The Ohio State University	Columbus	Department of Psychology, Ph.D. Program	Accredited	<input type="checkbox"/>
OH	Ohio University	Athens	Department of Psychology, Ph.D. Program	Accredited	<input type="checkbox"/>
OH	University of Toledo	Toledo	Department of Psychology	Accredited	<input type="checkbox"/>
OH	Wright State University	Dayton	Wright State University School of Professional Psychology	Accredited	<input type="checkbox"/>
OH	The Ohio State University	Columbus	Department of Educational Studies	Accredited	<input type="checkbox"/>
OH	University of Cincinnati	Cincinnati	Department of Psychology	Accredited	<input type="checkbox"/>
OH	The University of Akron	Akron	Department of Psychology	Accredited	<input type="checkbox"/>
OH	Xavier University	Cincinnati	School of Psychology	Accredited	<input type="checkbox"/>
OH	University of Cincinnati	Cincinnati	College of Education, Criminal Justice, and Human Services; School of Human Services	Accredited	<input type="checkbox"/>
OH	Cleveland State University	Cleveland	Urban Education Ph.D. Program: Counseling Psychology	Accredited	<input type="checkbox"/>
OK	Oklahoma State University	Stillwater	Department of Psychology	Accredited	<input type="checkbox"/>

State	Institution Name	City	Program/Department Name	Accreditation Status	
OK	Oklahoma City University	Oklahoma City	Psy D in Clinical Psychology/Psychology	Accredited, on contingency	<input type="checkbox"/>
OK	University of Tulsa	Tulsa	Department of Psychology	Accredited	<input type="checkbox"/>
OK	Oklahoma State University	Stillwater	School of Community Health Sciences, Counseling and Counseling Psychology	Accredited	<input type="checkbox"/>
OK	Oklahoma State University	Stillwater	School of Teaching, Learning and Educational Sciences	Accredited	<input type="checkbox"/>
OR	University of Oregon	Eugene	Department of Special Education and Clinical Sciences	Accredited	<input type="checkbox"/>
OR	Pacific University	Forest Grove	School of Graduate Psychology	Accredited	<input type="checkbox"/>
OR	George Fox University	Newberg	Graduate Department of Clinical Psychology	Accredited	<input type="checkbox"/>
OR	Pacific University, Oregon	Hillsboro	School of Graduate Psychology	Accredited	<input type="checkbox"/>
OR	University of Oregon	Eugene	Department of Psychology	Accredited	<input type="checkbox"/>
OR	University of Oregon	Eugene	Counseling Psychology	Accredited	<input type="checkbox"/>
OR	Oregon Health & Science University (OHSU)	Portland	Clinical Psychology Ph.D. Program	Accredited, on contingency	<input type="checkbox"/>
PA	Indiana University of Pennsylvania	Indiana	Department of Psychology, Clinical Psychology Doctoral Studies	Accredited	<input type="checkbox"/>
PA	Carlow University	Pittsburgh	Department of Psychology, Counseling, & Criminology	Accredited	<input type="checkbox"/>
PA	Holy Family University	Newtown	Doctorate of Psychology in Counseling Psychology	Accredited, on contingency	<input type="checkbox"/>
PA	West Chester University of Pennsylvania	West Chester	Clinical Psychology Psy.D. Program	Accredited	<input type="checkbox"/>
PA	Duquesne University	Pittsburgh	Department of Psychology	Accredited	<input type="checkbox"/>
PA	Widener University	Chester	Institute for Graduate Clinical Psychology/College of Health & Human Services	Accredited	<input type="checkbox"/>
PA	Pennsylvania State University	University Park	Department of Psychology, Ph.D. Program	Accredited	<input type="checkbox"/>
PA	Pennsylvania State University	University Park	Department of Educational Psychology, Counseling, and Special Education	Accredited - Inactive	<input type="checkbox"/>
PA	University of Pennsylvania	Philadelphia	Department of Psychology	Accredited	<input type="checkbox"/>
PA	University of Pittsburgh	Pittsburgh	Department of Psychology	Accredited	<input type="checkbox"/>
PA	Temple University	Philadelphia	Department of Psychology	Accredited	<input type="checkbox"/>
PA	Temple University	Philadelphia	Psychological Studies in Education	Accredited	<input type="checkbox"/>
PA	Philadelphia College of Osteopathic Medicine	Philadelphia	Department of School Psychology	Accredited	<input type="checkbox"/>
PA	Lehigh University	Bethlehem	Department of Education and Human Services	Accredited	<input type="checkbox"/>
PA	La Salle University	Philadelphia	Department of Psychology	Accredited	<input type="checkbox"/>
PA	Chatham University	Pittsburgh	Graduate Psychology	Accredited	<input type="checkbox"/>
PA	Chestnut Hill College	Philadelphia	Department of Professional Psychology	Accredited	<input type="checkbox"/>
PA	Drexel University	Philadelphia	Department of Psychology	Accredited	<input type="checkbox"/>
PA	Immaculata University	Immaculata	Department of Psychology and Counseling	Accredited	<input type="checkbox"/>
PA	Lehigh University	Bethlehem	Department of Education & Human Services	Accredited	<input type="checkbox"/>
PA	Duquesne University	Pittsburgh	Counselor Education and School Psychology	Accredited	<input type="checkbox"/>

State	Institution Name	City	Program/Department Name	Accreditation Status	
PA	Point Park University	Pittsburgh	PsyD in Clinical-Community Psychology/Psychology Department	Accredited	<input type="checkbox"/>
PA	Marywood University	Scranton	Department of Psychology and Counseling	Accredited	<input type="checkbox"/>
PA	Duquesne University	Pittsburgh	Counselor Education and School Psychology	Accredited	<input type="checkbox"/>
PA	Philadelphia College of Osteopathic Medicine	Philadelphia	Psychology Department	Accredited	<input type="checkbox"/>
PR	University of Puerto Rico	San Juan	Ph.D. in Psychology in the Area of Emphasis in Clinical Psychology/ Department of Psychology	Accredited	<input type="checkbox"/>
PR	Universidad Ana G. Mendez, Gurabo Campus	Gurabo	School of Social Sciences	Accredited	<input type="checkbox"/>
PR	Carlos Albizu University, San Juan Campus	San Juan	San Juan Campus	Accredited	<input type="checkbox"/>
PR	Carlos Albizu University, San Juan Campus	San Juan	Psy.D. Program, San Juan Campus	Accredited	<input type="checkbox"/>
PR	Ponce Health Sciences University	Ponce	Clinical Psychology Doctoral Program	Accredited	<input type="checkbox"/>
PR	Ponce Health Sciences University	Ponce	Clinical Psychology Doctoral Program	Accredited	<input type="checkbox"/>
PR	Carlos Albizu University	Mayaguez	Clinical Psychology	Accredited, on contingency	<input type="checkbox"/>
RI	University of Rhode Island	Kingston	Department of Psychology, Ph.D. Program	Accredited	<input type="checkbox"/>
SC	University of South Carolina	Columbia	Department of Psychology	Accredited	<input type="checkbox"/>
SC	University of South Carolina	Columbia	Department of Psychology	Accredited	<input type="checkbox"/>
SD	The University of South Dakota	Vermillion	Clinical Psychology Program/ Department of Psychology	Accredited	<input type="checkbox"/>
TN	Tennessee State University	Nashville	Department of Psychology	Accredited	<input type="checkbox"/>
TN	The University of Memphis	Memphis	Department of Psychology, Ph.D. Program	Accredited	<input type="checkbox"/>
TN	The University of Memphis	Memphis	Department of Psychology, School Psychology Ph.D. Program	Accredited	<input type="checkbox"/>
TN	East Tennessee State University	Johnson City	Department of Psychology	Accredited	<input type="checkbox"/>
TN	University of Tennessee - Knoxville	Knoxville	Department of Psychology, Ph.D. Program	Accredited	<input type="checkbox"/>
TN	University of Tennessee - Knoxville	Knoxville	Educational Psychology & Counseling	Accredited	<input type="checkbox"/>
TN	University of Tennessee - Knoxville	Knoxville	Department of Psychology	Accredited	<input type="checkbox"/>
TN	The University of Memphis	Memphis	Department of Counseling, Educational Psychology and Research	Accredited	<input type="checkbox"/>
TN	Vanderbilt University	Nashville	Dept. of Psychology & Human Development and Dept. of Psychology	Accredited	<input type="checkbox"/>
TX	Texas Tech University	Lubbock	Department of Psychological Sciences	Accredited	<input type="checkbox"/>
TX	University of Houston	Houston	Department of Psychological Health and Learning Sciences	Accredited	<input type="checkbox"/>
TX	Southern Methodist University	Dallas	Psychology Department	Accredited	<input type="checkbox"/>
TX	Baylor University	Waco	Department of Psychology	Accredited	<input type="checkbox"/>
TX	University of Houston	Houston	Department of Psychology, Ph.D. Program	Accredited	<input type="checkbox"/>
TX	University of Houston	Houston	Department of Psychological, Health, and Learning Sciences	Accredited	<input type="checkbox"/>
TX	University of North Texas	Denton	Department of Psychology	Accredited	<input type="checkbox"/>
TX	Texas A&M University	College Station	Department of Educational Psychology	Accredited	<input type="checkbox"/>

State	Institution Name	City	Program/Department Name	Accreditation Status	
TX	Texas A&M University	College Station	Department of Educational Psychology	Accredited	<input type="checkbox"/>
TX	Texas A&M University	College Station	Department of Psychological and Brain Sciences, Ph.D. Program	Accredited	<input type="checkbox"/>
TX	University of Texas at Austin	Austin	Department of Educational Psychology	Accredited	<input type="checkbox"/>
TX	University of Texas at Austin	Austin	Department of Educational Psychology	Accredited	<input type="checkbox"/>
TX	University of Texas at Austin	Austin	Department of Psychology, Ph.D. Program	Accredited	<input type="checkbox"/>
TX	Texas Tech University	Lubbock	Department of Psychological Sciences	Accredited	<input type="checkbox"/>
TX	Baylor University	Waco	Baylor University School Psychology Ph.D. Program	Accredited, on contingency	<input type="checkbox"/>
TX	The University of Texas at Tyler	Tyler	Department of Psychology and Counseling-Clinical Psychology Ph.D. Program	Accredited, on contingency	<input type="checkbox"/>
TX	University of Texas Rio Grande valley	Edinburg	Department of Psychological Science	Accredited, on contingency	<input type="checkbox"/>
TX	University of Houston- Clear Lake	Houston	Health Services Psychology	Accredited	<input type="checkbox"/>
TX	Texas Woman's University	Denton	Doctoral Program in School Psychology	Accredited	<input type="checkbox"/>
TX	University of Texas Southwestern Medical Center	Dallas	Department of Psychiatry/Division of Psychology	Accredited	<input type="checkbox"/>
TX	Our Lady of the Lake University	San Antonio	PsyD in Counseling Psychology / Department of Psychology /School of Professional Studies	Accredited	<input type="checkbox"/>
TX	University of North Texas	Denton	Department of Psychology	Accredited	<input type="checkbox"/>
TX	Texas Woman's University	Denton	CPSY Program	Accredited	<input type="checkbox"/>
TX	Sam Houston State University	Huntsville	Department of Psychology and Philosophy	Accredited	<input type="checkbox"/>
UT	Utah State University	Logan	School Psychology Program / Department of Psychology	Accredited, on contingency	<input type="checkbox"/>
UT	Brigham Young University	Provo	Counseling Psychology and Special Education	Accredited	<input type="checkbox"/>
UT	Utah State University	Logan	Department of Psychology	Accredited	<input type="checkbox"/>
UT	Brigham Young University	Provo	Clinical Psychology / Department of Psychology	Accredited	<input type="checkbox"/>
UT	University of Utah	Salt Lake City	Department of Psychology	Accredited	<input type="checkbox"/>
UT	University of Utah	Salt Lake City	Counseling Psychology Program/ Department of Educational Psychology	Accredited	<input type="checkbox"/>
UT	University of Utah	Salt Lake City	Department of Educational Psychology	Accredited	<input type="checkbox"/>
VA	Regent University	Virginia Beach	School of Psychology and Counseling	Accredited	<input type="checkbox"/>
VA	Virginia Consortium Program in Clinical Psychology	Norfolk	Virigina Consortium Program	Accredited	<input type="checkbox"/>
VA	James Madison University	Harrisonburg	Department of Graduate Psychology	Accredited	<input type="checkbox"/>
VA	Virginia Commonwealth University	Richmond	Department of Psychology	Accredited	<input type="checkbox"/>
VA	Virginia Commonwealth University	Richmond	Department of Psychology	Accredited	<input type="checkbox"/>
VA	Virginia Polytechnic Institute and State University	Blacksburg	Clinical Science / Department of Psychology	Accredited	<input type="checkbox"/>
VA	University of Virginia	Charlottesville	Department of Psychology	Accredited	<input type="checkbox"/>
VA	University of Virginia	Charlottesville	Curry School of Education	Accredited	<input type="checkbox"/>

State	Institution Name	City	Program/Department Name	Accreditation Status	
VA	George Mason University	Fairfax	Department of Psychology	Accredited	<input type="checkbox"/>
VA	Divine Mercy University	Sterling	The Institute for the Psychological Sciences	Accredited	<input type="checkbox"/>
VT	University of Vermont	Burlington	Department of Psychology, Ph.D. Program	Accredited	<input type="checkbox"/>
WA	Washington State University	Pullman	Department of Psychology, Ph.D. Program	Accredited	<input type="checkbox"/>
WA	University of Washington	Seattle	Department of Psychology	Accredited	<input type="checkbox"/>
WA	Seattle Pacific University	Seattle	Clinical Psychology Department	Accredited	<input type="checkbox"/>
WA	University of Washington	Seattle	School Psychology	Accredited	<input type="checkbox"/>
WA	Northwest University	Kirkland	College of Social and Behavioral Sciences	Accredited	<input type="checkbox"/>
WA	Antioch University Seattle	Seattle	School of Applied Psychology, Counseling, and Family Therapy	Accredited	<input type="checkbox"/>
WI	Marquette University	Milwaukee	Department of Psychology	Accredited	<input type="checkbox"/>
WI	Marquette University	Milwaukee	Department of Counselor Education and Counseling Psychology	Accredited	<input type="checkbox"/>
WI	University of Wisconsin, Milwaukee	Milwaukee	Department of Educational Psychology	Accredited	<input type="checkbox"/>
WI	University of Wisconsin, Milwaukee	Milwaukee	School of Education, School Psychology Program	Accredited	<input type="checkbox"/>
WI	Wisconsin School of Professional Psychology	Milwaukee	Wisconsin School of Professional Psychology	Accredited	<input type="checkbox"/>
WI	University of Wisconsin, Madison	Madison	Department of Psychology	Accredited	<input type="checkbox"/>
WI	University of Wisconsin, Madison	Madison	Department of Educational Psychology	Accredited	<input type="checkbox"/>
WI	University of Wisconsin, Madison	Madison	Department of Counseling Psychology	Accredited	<input type="checkbox"/>
WI	University of Wisconsin, Milwaukee	Milwaukee	Department of Psychology, Ph.D. Program	Accredited	<input type="checkbox"/>
WV	Marshall University	Huntington	Department of Psychology	Accredited	<input type="checkbox"/>
WV	West Virginia University	Morgantown	Department of Psychology	Accredited	<input type="checkbox"/>
WY	University of Wyoming	Laramie	Clinical Doctoral Program/Department of Psychology	Accredited	<input type="checkbox"/>

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## **Appendix J: Internships that Provide Training in Couple and Family Psychology**

A .pdf copy is attached to preserve formatting.

# Search for Accredited Programs

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Search Results					
<div>Program Level: Internship</div> <div>State/Province: All States</div> <div>Setting Type: All Setting Types</div> <div>Keyword: Couple and Family</div>				654 results found	
State	Institution Name	City	Program/Department Name	Accreditation Status	Compare
AK	Alaska Psychology Internship Consortium	Anchorage	AKPIC/Providence Family Medicine	Accredited	<input type="checkbox"/>
AK	Alaska VA Healthcare System	Anchorage	Psychology Internship Program	Accredited	<input type="checkbox"/>
AL	Birmingham VAHCS	Birmingham	Birmingham VAHCS Clinical Psychology Internship	Accredited, on contingency	<input type="checkbox"/>
AL	University of Alabama at Birmingham	Birmingham	UAB Clinical Psychology Internship Program	Accredited, on contingency	<input type="checkbox"/>
AL	Auburn University	Auburn	Student Counseling and Psychological Services	Accredited	<input type="checkbox"/>
AR	University of Arkansas	Fayetteville	Counseling & Psychological Services	Accredited	<input type="checkbox"/>
AR	University of Arkansas for Medical Sciences	Little Rock	Department of Psychiatry	Accredited	<input type="checkbox"/>
AR	Arkansas Division of Aging, Adult, & Behavioral Health Services - Arkansas State Hospital	Little Rock	Psychology Department	Accredited	<input type="checkbox"/>
AR	Veterans Health Care System of the Ozarks	Fayetteville	Mental Health	Accredited	<input type="checkbox"/>
AR	Central Arkansas Veterans Healthcare System-Little Rock, AR	North Little Rock	Mental Health Service	Accredited	<input type="checkbox"/>
AZ	Copa Health	Mesa	Psychology Training Program	Accredited	<input type="checkbox"/>
AZ	Phoenix Children's Hospital	Phoenix	Department of Behavioral Medicine	Accredited	<input type="checkbox"/>
AZ	Phoenix VA Health Care System	Phoenix	Phoenix VA Health Care System Psychology Internship Program	Accredited	<input type="checkbox"/>
AZ	Southern Arizona VA Health Care System	Tucson	Psychology Pre-Doctoral Internship	Accredited	<input type="checkbox"/>
AZ	Southwest Behavioral & Health Services	Phoenix	Doctoral Internship Program	Accredited	<input type="checkbox"/>
AZ	FCC Tucson	Tucson	Psychology Services	Accredited, on contingency	<input type="checkbox"/>
AZ	Arizona State Hospital	Phoenix	Arizona State Hospital	Accredited	<input type="checkbox"/>

State	Institution Name	City	Program/Department Name	Accreditation Status	
AZ	Southern Arizona Psychology Internship Center	Tucson	La Frontera Center, Inc.	Accredited	<input type="checkbox"/>
AZ	Arizona State University	Tempe	Counseling Services	Accredited	<input type="checkbox"/>
AZ	Avondale Elementary School District	Avondale	Psychology Internship	Accredited	<input type="checkbox"/>
AZ	Northern Arizona University	Flagstaff	Counseling Services	Accredited	<input type="checkbox"/>
AZ	Northern Arizona VA Healthcare System	Prescott	Mental Health and Behavioral Sciences Service Line	Accredited	<input type="checkbox"/>
AZ	University of Arizona College of Medicine	Tucson	Department of Psychiatry	Accredited	<input type="checkbox"/>
CA	University of California, San Francisco	San Francisco	School of Medicine, Department of Psychiatry	Accredited	<input type="checkbox"/>
CA	California State University, Long Beach	Long Beach	Counseling and Psychological Services	Accredited	<input type="checkbox"/>
CA	University of California, Los Angeles	Los Angeles	Counseling and Psychological Services	Accredited	<input type="checkbox"/>
CA	California Psychology Internship Consortium, Fresno	Fresno	California Psychology Internship Consortium, Fresno	Accredited	<input type="checkbox"/>
CA	Sharp HealthCare	San Diego	Psychology Department	Accredited	<input type="checkbox"/>
CA	Asian Americans for Community Involvement	San Jose	Behavioral Health Internship & Training Program	Accredited	<input type="checkbox"/>
CA	Heritage Clinic, a division of The Center for Aging Resources	Pasadena	Internship in Professional Psychology	Accredited	<input type="checkbox"/>
CA	Children's Institute, Inc.	Los Angeles	Doctoral Clinical Psychology Internship	Accredited	<input type="checkbox"/>
CA	University of California, San Francisco	San Francisco	Zuckerberg San Francisco General Hospital/ UCSF Child and Adolescent Services	Accredited	<input type="checkbox"/>
CA	Stanford University	Stanford	Counseling and Psychological Services	Accredited	<input type="checkbox"/>
CA	University of San Francisco	San Francisco	Counseling and Psychological Services	Accredited	<input type="checkbox"/>
CA	University of California, Riverside	Riverside	Counseling and Psychological Services	Accredited	<input type="checkbox"/>
CA	Federal Bureau of Prisons - FCC Victorville	Victorville	Doctoral Psychology Internship	Accredited	<input type="checkbox"/>
CA	The Sacramento VA Medical Center	Mather	Sacramento VA Medical Center Psychology Internship Program	Accredited	<input type="checkbox"/>
CA	California State University, Monterey Bay	Seaside	California State University Monterey Bay Psychology Internship/Personal Growth and Counseling Center	Accredited	<input type="checkbox"/>
CA	Kaiser East Bay Medical Center	Oakland	Oakland Psychology Internship Program	Accredited	<input type="checkbox"/>
CA	Children's Hospital of Los Angeles	Los Angeles	Children's Hospital of Los Angeles	Accredited	<input type="checkbox"/>
CA	Monterey County Behavioral Health	Salinas	Children's Services	Accredited	<input type="checkbox"/>
CA	San Jose State University	San Jose	Counseling and Psychological Services	Accredited	<input type="checkbox"/>
CA	Tarzana Treatment Centers	Tarzana	Doctoral Internship in Professional Psychology	Accredited	<input type="checkbox"/>
CA	Marin County Health and Human Services	San Rafael	Division of Behavioral Health and Recovery Services	Accredited	<input type="checkbox"/>
CA	The Metropolitan Detention Center	Los Angeles	Metropolitan Detention Center	Accredited	<input type="checkbox"/>
CA	The Guidance Center - Long Beach, CA	Long Beach	Doctoral Psychology Internship Program	Accredited	<input type="checkbox"/>
CA	University of San Diego Counseling Center	San Diego	University of San Diego Counseling Center - Internship	Accredited	<input type="checkbox"/>

State	Institution Name	City	Program/Department Name	Accreditation Status	
CA	UC Davis Medical Center, Dept. of Psychiatry and Behavioral Sciences	Sacramento	UC Davis Medical Center, Child and Adolescent Psychiatric Services, Clinical Child Doctoral Internship Program	Accredited	<input type="checkbox"/>
CA	University of California, Davis-Children's Hospital	Sacramento	CAARE Diagnostic & Treatment Center, Department of Pediatrics	Accredited	<input type="checkbox"/>
CA	Patton State Hospital	Patton	Department of Psychology	Accredited	<input type="checkbox"/>
CA	Kaiser Permanente Napa-Solano Internship Program	Vallejo	Kaiser Permanente Napa-Solano Internship Program	Accredited, on contingency	<input type="checkbox"/>
CA	Santa Barbara Psychology Internship Consortium SB-PIC	Santa Barbara	Santa Barbara Psychology Internship Consortium SB-PIC	Accredited	<input type="checkbox"/>
CA	UC Davis MIND Institute	Sacramento	UC Davis MIND Institute Doctoral Internship	Accredited, on contingency	<input type="checkbox"/>
CA	Department of State Hospitals - Napa	Napa	Department of Psychology	Accredited	<input type="checkbox"/>
CA	Loma Linda University School of Medicine	Redlands	Department of Psychiatry	Accredited	<input type="checkbox"/>
CA	Biola University	La Mirada	Biola Counseling Center	Accredited	<input type="checkbox"/>
CA	Western Youth Services	Laguna Hills	Quality Review and Training Department	Accredited	<input type="checkbox"/>
CA	Kaiser Permanente Los Angeles Medical Center	Los Angeles	Kaiser Permanente Medical Care Program, Los Angeles	Accredited	<input type="checkbox"/>
CA	California Department of Corrections	San Diego	R. J. Donovan Correctional Facility	Accredited	<input type="checkbox"/>
CA	Kern Behavioral Health and Recovery Services	Bakersfield	Kern Behavioral Health and Recovery Services Psychology Internship	Accredited	<input type="checkbox"/>
CA	California Institution for Men/California Institution for Women	Corona	Southern California Department of Correction and Rehabilitation Consortium	Accredited	<input type="checkbox"/>
CA	Alameda Family Services	Alameda	Behavioral Health Care Services	Accredited	<input type="checkbox"/>
CA	Northern California Dept. of Corrections & Rehabilitation Consortium	Repres	Northern California Dept. of Corrections & Rehabilitation Consortium	Accredited	<input type="checkbox"/>
CA	Lucile Packard Children's Hospital Stanford	Palo Alto	Department of Psychiatry	Accredited	<input type="checkbox"/>
CA	Naval Medical Center, San Diego	San Diego	Department of Psychology	Accredited	<input type="checkbox"/>
CA	University of California, Santa Cruz	Santa Cruz	Counseling and Psychological Services	Accredited	<input type="checkbox"/>
CA	San Bernardino County Department of Behavioral Health	San Bernardino	Psychology Internship Program	Accredited	<input type="checkbox"/>
CA	Children's Hospital of Orange County	Orange	Department of Pediatric Psychology	Accredited	<input type="checkbox"/>
CA	The Help Group	Sherman Oaks	Psychology Internship Program	Accredited	<input type="checkbox"/>
CA	California State University, Fullerton	Fullerton	Counseling and Psychological Services	Accredited - Inactive	<input type="checkbox"/>
CA	Santa Clara University	Santa Clara	Counseling and Psychological Services	Accredited	<input type="checkbox"/>
CA	Kaiser Permanente Northern California	Walnut Creek	Walnut Creek Internship in Clinical Psychology	Accredited	<input type="checkbox"/>
CA	The Wright Institute	Berkeley	Integrated Health Psychology Internship Training Program	Accredited	<input type="checkbox"/>
CA	Pacific Clinics	Pasadena	Pacific Clinics/Psychology Internship Program	Accredited	<input type="checkbox"/>
CA	University of California, Santa Barbara	Santa Barbara	Internship in Health Service Psychology, Counseling and Psychological Services	Accredited	<input type="checkbox"/>
CA	Kaiser Permanente Medical Care Program, San Diego	San Diego	Department of Psychiatry and Addiction Medicine	Accredited	<input type="checkbox"/>

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CA	University of California, Berkeley	Berkeley	Counseling and Psychological Services, Tang Center	Accredited	<input type="checkbox"/>
CA	University of California, San Diego/V.A. San Diego Healthcare System	San Diego	UCSD/VA Psychology Internship Training Program (116B)	Accredited	<input type="checkbox"/>
CA	Through the Looking Glass	Berkeley	Through the Looking Glass- Doctoral Training Program	Accredited	<input type="checkbox"/>
CA	Metropolitan State Hospital	Norwalk	Department of Psychology	Accredited	<input type="checkbox"/>
CA	WestCoast Children's Clinic	Oakland	Psychology Internship Program	Accredited	<input type="checkbox"/>
CA	University of California, Irvine	Irvine	Counseling Center	Accredited	<input type="checkbox"/>
CA	UCLA Semel Institute for Neuroscience and Human Behavior	Los Angeles	Department of Psychiatry and Bio-behavioral Sciences	Accredited	<input type="checkbox"/>
CA	Didi Hirsch Mental Health Services	Inglewood	Psychology Internship Program	Accredited	<input type="checkbox"/>
CA	Kaiser Permanente Medical Center, Santa Rosa Health and Wellness, Internship	Santa Rosa	Kaiser Permanete Medical Center, Santa Rosa/Mental Health and Wellness	Accredited	<input type="checkbox"/>
CA	Access Institute for Psychological Services	San Francisco	Doctoral Internship in Clinical Psychology	Accredited	<input type="checkbox"/>
CA	Atascadero State Hospital	Atascadero	Psychology Internship Program	Accredited	<input type="checkbox"/>
CA	University of California, Berkeley	Berkeley	Berkeley Psychology Internship Consortium	Accredited	<input type="checkbox"/>
CA	University of Southern California	Los Angeles	Counseling and Mental Health	Accredited	<input type="checkbox"/>
CA	University of California, Davis	Davis	Student Health and Counseling Services	Accredited	<input type="checkbox"/>
CA	Loma Linda VAMC (Jerry L. Pettis Memorial Veterans Affairs Hospital)	Loma Linda	Psychology Service (116B)	Accredited	<input type="checkbox"/>
CA	West Los Angeles VA Healthcare System	Los Angeles	Psychology Department (116B)	Accredited	<input type="checkbox"/>
CA	RAMS, Inc.	San Francisco	National Asian American Psychology Training Center of RAMS, Inc.	Accredited	<input type="checkbox"/>
CA	Providence Saint John's Health Center	Santa Monica	Providence Saint John's Child and Family Development Center Predoctoral Psychology Internship Program	Accredited	<input type="checkbox"/>
CA	Child and Family Guidance Center, California	Northridge	Psychology Internship Program	Accredited	<input type="checkbox"/>
CA	University of the Pacific	Stockton	Counseling and Psychological Services	Accredited - Inactive	<input type="checkbox"/>
CA	VA Los Angeles Ambulatory Care Center	Los Angeles	Department of Psych. Service (116B)	Accredited	<input type="checkbox"/>
CA	VA Northern California Health Care System, Martinez - CA	Martinez	Martinez Outpatient Clinic/Mental Health 116/MTZ	Accredited	<input type="checkbox"/>
CA	Veterans Affairs Palo Alto Health Care System	Palo Alto	Psychology Internship Training Program	Accredited	<input type="checkbox"/>
CA	San Francisco VA Health Care System	San Francisco	Mental Health Service (116B)	Accredited	<input type="checkbox"/>
CA	VA Sepulveda Ambulatory Care Center and Nursing Home	Sepulveda	Psychology Service (116B)	Accredited	<input type="checkbox"/>
CA	Kaiser Permanente Medical Center Fresno	Fresno	Mental Health Department	Accredited	<input type="checkbox"/>
CA	Federal Correctional Institution, Terminal Island	Terminal Island	Psychology Services	Accredited	<input type="checkbox"/>
CA	Institute for Multicultural Counseling and Education Services	Los Angeles	Psychology Internship Program	Accredited	<input type="checkbox"/>

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CA	California State University, Northridge	Northridge	University Counseling Services (UCS)	Accredited	<input type="checkbox"/>
CA	California State University, San Marcos	San Marcos	Student Health and Counseling Services Psychology Internship Program	Accredited	<input type="checkbox"/>
CO	Rocky Mountain Regional VA Medical Center	Aurora	Mental Health Service (A4-116)	Accredited	<input type="checkbox"/>
CO	Denver Health Medical Center	Denver	Department of Psychiatry	Accredited	<input type="checkbox"/>
CO	University of Colorado School of Medicine	Aurora	U of CO, School of Medicine	Accredited	<input type="checkbox"/>
CO	Colorado State University	Fort Collins	CSU Health Network	Accredited	<input type="checkbox"/>
CO	University of Colorado Boulder	Boulder	Counseling and Psychiatric Services	Accredited	<input type="checkbox"/>
CO	Aurora Mental Health and Recovery	Aurora	Aurora Mental Health Center - Internship	Accredited	<input type="checkbox"/>
CO	Diversus Health (formerly AspenPointe Health Services)	Colorado Springs	Psychology Internship Program	Accredited	<input type="checkbox"/>
CO	Jefferson Center	Wheat Ridge	Jefferson Center	Accredited	<input type="checkbox"/>
CO	University Colorado Colorado Springs	Colorado Springs	Wellness Center Mental Health Services	Accredited	<input type="checkbox"/>
CO	FCI Englewood	Littleton	FCI Englewood	Accredited, on contingency	<input type="checkbox"/>
CO	University of Denver GSPP Internship Consortium	Denver	Graduate School of Professional Psychology	Accredited	<input type="checkbox"/>
CO	VA Western Colorado Health Care System	Grand Junction	Mental Health Department	Accredited	<input type="checkbox"/>
CO	High Plains Psychology Internship Consortium	Greeley	High Plains Psychology Internship Consortium	Accredited	<input type="checkbox"/>
CO	Colorado Psychology Internship Consortium (CO-PIC)	Avon	Internship Program	Accredited	<input type="checkbox"/>
CO	Children's Hospital Colorado	Aurora	Department of Psychiatry and Behavioral Sciences	Accredited	<input type="checkbox"/>
CT	Greater Hartford Clinical Psychology Internship Consortium	Newington	Psychology Service (116B)	Accredited	<input type="checkbox"/>
CT	Yale Child Study Center	New Haven	Psychology Internship Program	Accredited	<input type="checkbox"/>
CT	Yale University School of Medicine	New Haven	Department of Psychiatry	Accredited	<input type="checkbox"/>
CT	Middlesex Health	Middletown	Beit Paley Center for Mental Health Services	Accredited	<input type="checkbox"/>
CT	Child Guidance Center of Southern Connecticut	Stamford	Doctoral Internship Program	Accredited	<input type="checkbox"/>
CT	FCI Danbury	Danbury	Psychology Services	Accredited, on contingency	<input type="checkbox"/>
CT	University of Connecticut	Storrs	Student Health and Wellness Mental Health	Accredited	<input type="checkbox"/>
CT	Clifford Beers Clinic	New Haven	Outpatient Clinic	Accredited	<input type="checkbox"/>
CT	The Village for Families & Children, Inc.	Hartford	The Village for Families & Children, Inc. - Internship	Accredited	<input type="checkbox"/>
CT	Institute of Living/Hartford Hospital	Hartford	Institute of Living/Hartford Hospital	Accredited	<input type="checkbox"/>
CT	VA Connecticut Healthcare System, West Haven - CT	West Haven	Psychology Service (116B)	Accredited	<input type="checkbox"/>
DC	Veterans Affairs Medical Center, Washington D.C.	Washington	Washington VA Psychology Service (116B)	Accredited	<input type="checkbox"/>

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DC	Children's National Hospital	Washington	Department of Psychology and Behavioral Health	Accredited	<input type="checkbox"/>
DC	Mid Atlantic Internship Consortium	Washington	Mid Atlantic Internship Consortium	Accredited	<input type="checkbox"/>
DC	Saint Elizabeths Hospital	Washington	Department of Psychology	Accredited	<input type="checkbox"/>
DC	Howard University	Washington	Howard University Counseling Service	Accredited	<input type="checkbox"/>
DC	Superior Court of the District of Columbia - Child Guidance Clinic	Washington	Child Guidance Clinic/Court Social Services/Superior Court of the District of Columbia	Accredited	<input type="checkbox"/>
DC	American University	Washington	Center for Well-Being, Programs and Psychological Services	Accredited	<input type="checkbox"/>
DE	Nemours Children's Hospital, Delaware	Wilmington	Alfred I duPont Hospital for Children	Accredited	<input type="checkbox"/>
DE	Christiana Care	Newark	Behavioral Health/Psychology	Accredited	<input type="checkbox"/>
DE	University of Delaware	Newark	Center for Counseling and Student Development	Accredited	<input type="checkbox"/>
DE	Wilmington VA Medical Center	Wilmington	Behavioral Health	Accredited, on contingency	<input type="checkbox"/>
FL	Northeast Florida State Hospital	Macclenny	Department of Psychology	Accredited	<input type="checkbox"/>
FL	Florida State University	Tallahassee	The University Counseling Center	Accredited	<input type="checkbox"/>
FL	Bay Pines VA Healthcare System	Bay Pines	Psychology Section (116B)	Accredited	<input type="checkbox"/>
FL	North Florida-South Georgia Veterans Health System	Gainesville	Psychology Service (116B)	Accredited	<input type="checkbox"/>
FL	Miami VA Healthcare System, Bruce W. Carter VA Medical Center	Miami	Psychology Service (116B)	Accredited	<input type="checkbox"/>
FL	James A. Haley Veterans Hospital, Tampa - FL	Tampa	Mental Health and Behavioral Sciences/Psychology Service (116A)	Accredited	<input type="checkbox"/>
FL	University of Central Florida	Orlando	Counseling and Psychological Services	Accredited - Inactive	<input type="checkbox"/>
FL	University of Florida	Gainesville	Department of Clinical and Health Psychology	Accredited	<input type="checkbox"/>
FL	University of Florida	Gainesville	Counseling and Wellness Center	Accredited	<input type="checkbox"/>
FL	Florida Department of Corrections - Office of Health Services	Zephyrhills	Doctoral Internship Program in Clinical Psychology	Accredited	<input type="checkbox"/>
FL	Jackson Health System/University of Miami Miller School of Medicine	Miami	Department of Psychology	Accredited	<input type="checkbox"/>
FL	Nova Southeastern University	Ft. Lauderdale	Psychology Services Center/College of Psychology	Accredited	<input type="checkbox"/>
FL	Florida State Hospital	Chattahoochee	Psychology Internship	Accredited	<input type="checkbox"/>
FL	South Florida Consortium Internship Program	Fort Lauderdale	College of Psychology	Accredited	<input type="checkbox"/>
FL	Federal Correctional Institution, Tallahassee	Tallahassee	Department of Psychology	Accredited	<input type="checkbox"/>
FL	Citrus Health Network, Inc.	Hialeah	Psychology Department	Accredited	<input type="checkbox"/>
FL	Mental Health Center of Florida	Fort Lauderdale	Mental Health Center of Florida Internship Program	Accredited	<input type="checkbox"/>
FL	Florida Gulf Coast University	Fort Myers	Counseling and Psychological Services	Accredited	<input type="checkbox"/>
FL	Centerstone Consortium	Bradenton	Internship Consortium	Accredited	<input type="checkbox"/>
FL	Florida Atlantic University	Boca Raton	Florida Atlantic University Counseling and Psychological Services	Accredited	<input type="checkbox"/>

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FL	The Faulk Center for Counseling	Boca Raton	Doctoral Psychology Internship Program	Accredited	<input type="checkbox"/>
FL	Mailman Center for Child Development	Miami	Department of Pediatrics/Division of Clinical Psychology	Accredited	<input type="checkbox"/>
FL	Johns Hopkins All Children's Hospital	Saint Petersburg	Doctoral Internship in Professional Psychology	Accredited	<input type="checkbox"/>
FL	Albizu University	Miami	Goodman Psychological Services Center	Accredited	<input type="checkbox"/>
FL	University of North Florida Counseling Center	Jacksonville	Counseling Center	Accredited	<input type="checkbox"/>
FL	Florida International University	Miami	Counseling and Psychological Services	Accredited	<input type="checkbox"/>
FL	University of South Florida	Tampa	USF Health Doctoral Internship in Professional Psychology	Accredited	<input type="checkbox"/>
FL	Orlando VA Medical Center	Orlando	Mental Health	Accredited	<input type="checkbox"/>
FL	Wellpath Recovery Solutions/South Florida State Hospital	Pembroke Pines	Department of Psychology	Accredited	<input type="checkbox"/>
FL	Florida State University Multidisciplinary Evaluation & Consulting Center	Tallahassee	Florida State University	Accredited	<input type="checkbox"/>
FL	Nicklaus Children's Hospital, formerly Miami Children's Hospital	Miami	Division of Psychology	Accredited	<input type="checkbox"/>
FL	University of Miami	Coral Gables	University of Miami Counseling Center	Accredited	<input type="checkbox"/>
FL	Miami-Dade County Community Action and Human Services Department	Miami	Psychological Services Division	Accredited	<input type="checkbox"/>
FL	Palm Beach County	West Palm Beach	Youth Services Department	Accredited	<input type="checkbox"/>
FL	West Palm Beach Veterans Affairs Medical Center	West Palm Beach	Psychology Section, Mental Health and Behavioral Sciences Service	Accredited	<input type="checkbox"/>
GA	Georgia Southern University	Statesboro	Counseling Center Internship	Accredited	<input type="checkbox"/>
GA	Emory University	Atlanta	Emory University Counseling and Psychological Services	Accredited - Inactive	<input type="checkbox"/>
GA	Georgia State University	Atlanta	Counseling & Testing Center	Accredited	<input type="checkbox"/>
GA	Emory University/Emory University School of Medicine	Atlanta	Internship in Health Service Psychology/Department of Psychiatry and Behavioral Sciences and Department of Rehabilitation Medicine	Accredited	<input type="checkbox"/>
GA	Medical College of Georgia/Charlie Norwood VAMC Psychology Internship	Augusta	Mental Health and Behavioral Science Svc Line (26)	Accredited	<input type="checkbox"/>
GA	Emory University School of Medicine	Atlanta	Child, Adolescent, and Young Adult Programs, Clinical Psychology Internship	Accredited	<input type="checkbox"/>
GA	Kennesaw State University	Kennesaw	Counseling and Psychological Services	Accredited, on contingency	<input type="checkbox"/>
GA	The University of Georgia	Athens	Counseling and Psychiatric Services	Accredited, on contingency	<input type="checkbox"/>
GA	Atlanta VA Medical Center	Decatur	Atlanta VA Psychology Internship	Accredited	<input type="checkbox"/>
GA	Georgia Institute of Technology	Atlanta	Counseling Center	Accredited	<input type="checkbox"/>
GA	Children's Healthcare of Atlanta Doctoral Internship in Health Service Psychology	Atlanta	Division Autism and Related Disorders, Department of Pediatrics	Accredited	<input type="checkbox"/>
GA	Georgia Regional Hospital - Atlanta	Decatur	Psychology Department	Accredited	<input type="checkbox"/>
HI	Department of Veterans Affairs, Pacific Islands Health Care System (VA-PIHCS)	Honolulu	Psychology Internship Program, Pacific Islands Health Care System, Dept of Veterans Affairs	Accredited	<input type="checkbox"/>



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HI	Family Strengthening Center at Family Programs Hawaii	Honolulu	Family Strengthening Center	Accredited, on contingency	<input type="checkbox"/>
HI	Tripler Army Medical Center	Tripler AMC	TAMC Clinical Psychology Internship Program/Department of Behavioral Health	Accredited	<input type="checkbox"/>
HI	University of Hawaii at Manoa	Honolulu	Counseling and Student Development Center	Accredited	<input type="checkbox"/>
HI	I Ola Lahui	Honolulu	I Ola Lahui Rural Hawai'i Behavioral Health Program	Accredited	<input type="checkbox"/>
HI	Hawaii Psychology Internship Consortium	Waimea	Doctoral Internship Program	Accredited	<input type="checkbox"/>
HI	Waianae Coast Comprehensive Health Center	Waianae	Psychology Internship Program	Accredited	<input type="checkbox"/>
IA	University of Iowa	Iowa City	University Counseling Service	Accredited	<input type="checkbox"/>
IA	Iowa State University	Ames	Student Counseling Service	Accredited	<input type="checkbox"/>
IA	Iowa City VA Health Care System	Coralville	Psychology	Accredited	<input type="checkbox"/>
ID	Idaho Psychology Internship Consortium	Boise	Idaho Psychology Internship Consortium	Accredited	<input type="checkbox"/>
ID	University of Idaho	Moscow	Counseling & Testing Center	Accredited	<input type="checkbox"/>
ID	Boise VA Medical Center	Boise	Psychology Service	Accredited	<input type="checkbox"/>
IL	Advocate Childhood Trauma Treatment Program	Oak Lawn	Advocate Family Care Network	Accredited	<input type="checkbox"/>
IL	MiraCare Neuro Behavioral Health	Palos Heights	Psychology Internship	Accredited	<input type="checkbox"/>
IL	Will County Health Department	Joliet	Division of Behavioral Health	Accredited, on contingency	<input type="checkbox"/>
IL	JCFS Chicago	Northbrook	Elaine Kersten Children's Center	Accredited	<input type="checkbox"/>
IL	Captain James A. Lovell Federal Health Care Center	North Chicago	Psychology (116B)	Accredited	<input type="checkbox"/>
IL	Village of Hoffman Estates Department of Health and Human Services	Hoffman Estates	Health and Human Services	Accredited	<input type="checkbox"/>
IL	University of Illinois at Chicago	Chicago	Counseling Center	Accredited	<input type="checkbox"/>
IL	Adler University - Chicago	Chicago	Adler Community Health Services	Accredited	<input type="checkbox"/>
IL	University of Illinois at Urbana-Champaign	Champaign	Counseling Center	Accredited	<input type="checkbox"/>
IL	Trinity Services, Inc.	New Lenox	Behavioral Health	Accredited	<input type="checkbox"/>
IL	Northern Illinois University	DeKalb	Counseling & Consultation Services	Accredited - Inactive	<input type="checkbox"/>
IL	Shared Vision Psychological Services, Inc.	Oak Brook	Clinical Training Program	Accredited	<input type="checkbox"/>
IL	The University of Chicago Medicine	Chicago	Department of Psychiatry & Behavioral Neuroscience	Accredited	<input type="checkbox"/>
IL	University of Illinois at Chicago - Dept. of Psychiatry	Chicago	Internship in Clinical Psychology	Accredited	<input type="checkbox"/>
IL	Illinois State University	Normal	Student Counseling Services	Accredited	<input type="checkbox"/>
IL	Ann & Robert H. Lurie Children's Hospital of Chicago (Formerly Children's Memorial Hospital)	Chicago	Department of Child and Adolescent Psychiatry	Accredited	<input type="checkbox"/>
IL	Allendale Association	Lake Villa	Bradley Counseling Center	Accredited	<input type="checkbox"/>

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IL	Primary Care Psychology Associates, LLC	Chicago	Doctoral Internship Program	Accredited	<input type="checkbox"/>
IL	Connections Organization	Libertyville	Connections Internship Consortium	Accredited	<input type="checkbox"/>
IL	Linden Oaks Behavioral Health	Naperville	Linden Oaks Behavioral Health	Accredited	<input type="checkbox"/>
IL	Lake Forest College	Lake Forest	Health and Wellness Center- Counseling Services	Accredited	<input type="checkbox"/>
IL	Department of Psychiatry & Behavioral Sciences, Northwestern University	Chicago	Department of Psychiatry & Behavioral Sciences	Accredited	<input type="checkbox"/>
IL	Northwestern University	Evanston	Counseling and Psychological Services	Accredited	<input type="checkbox"/>
IL	Jesse Brown VA Medical Center	Chicago	Psychology Section, 116B	Accredited	<input type="checkbox"/>
IL	VA Illiana Health Care System	Danville	Mental Health Service #116	Accredited	<input type="checkbox"/>
IL	Hines VA Hospital	Hines	Psychology Service (116B)	Accredited	<input type="checkbox"/>
IL	Advocate Illinois Masonic Medical Center	Chicago	Behavioral Health Services	Accredited	<input type="checkbox"/>
IL	Rush University Medical Center	Chicago	Department of Psychiatry and Behavioral Sciences	Accredited	<input type="checkbox"/>
IL	Chicago Area Christian Training Consortium	Carol Stream	Chicago Area Christian Training Consortium	Accredited	<input type="checkbox"/>
IL	Southern Illinois University Carbondale	Carbondale	Counseling and Psychological Services	Accredited	<input type="checkbox"/>
IN	Butler University	Indianapolis	Counseling and Consultation Services	Accredited	<input type="checkbox"/>
IN	Regional Health Systems	Merrillville	Regional Health Systems	Accredited	<input type="checkbox"/>
IN	University of Notre Dame	Notre Dame	University Counseling Center	Accredited	<input type="checkbox"/>
IN	Indiana University School of Medicine	Indianapolis	Department of Psychiatry, Section of Psychology	Accredited	<input type="checkbox"/>
IN	National Psychology Training Consortium	Noblesville	Great Lakes Region	Accredited	<input type="checkbox"/>
IN	Ball State University	Muncie	Counseling and Health Services	Accredited	<input type="checkbox"/>
IN	Park Center, Inc.	Fort Wayne	Doctoral Internship in Clinical Psychology	Accredited	<input type="checkbox"/>
IN	Federal Correctional Complex - Terre Haute, Indiana	Terre Haute	Doctoral Internship Program	Accredited	<input type="checkbox"/>
IN	Richard L. Roudebush VAMC	Indianapolis	Psychiatry	Accredited	<input type="checkbox"/>
IN	Ball Memorial Hospital	Muncie	Family Medicine Residency Center	Accredited - Inactive	<input type="checkbox"/>
IN	Easterseals Rehabilitation Center	Evansville	Department of Psychology & Wellness	Accredited	<input type="checkbox"/>
IN	Purdue University	West Lafayette	Counseling and Psychological Services (CAPS)	Accredited	<input type="checkbox"/>
IN	Youth Opportunity Center	Muncie	Psychological Services Center	Accredited	<input type="checkbox"/>
IN	Indiana University	Bloomington	Indiana University - Counseling and Psychological Services	Accredited	<input type="checkbox"/>
IN	Indiana University-Purdue University Indianapolis (IUPUI)	Indianapolis	Counseling and Psychological Services (CAPS)	Accredited - Inactive	<input type="checkbox"/>
KS	Salina Regional Health Center (SRHC)	Salina	Clinical Psychology Doctoral Internship	Accredited	<input type="checkbox"/>
KS	Wichita Collaborative Psychology Internship Program	Wichita	Wichita Collaborative Psychology Internship Program - Internship	Accredited	<input type="checkbox"/>
KS	University of Kansas	Lawrence	Counseling and Psychological Services	Accredited	<input type="checkbox"/>

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KS	University of Kansas Medical Center	Kansas City	Clinical Psychology Internship Program/Department of Psychiatry and Behavioral Sciences	Accredited	<input type="checkbox"/>
KS	Family Service and Guidance Center	Topeka	Training and Education	Accredited	<input type="checkbox"/>
KS	VA Eastern Kansas Health Care System	Topeka	Psychology Service (116B)	Accredited	<input type="checkbox"/>
KS	Larned State Hospital	Larned	Larned State Hospital Psychology Internship Program (LSHPIP)	Accredited	<input type="checkbox"/>
KY	Federal Medical Center, Lexington	Lexington	Psychology Services Department	Accredited	<input type="checkbox"/>
KY	University of Louisville School of Medicine	Louisville	Department of Pediatrics	Accredited	<input type="checkbox"/>
KY	Western Kentucky Psychology Internship Consortium	Hopkinsville	Doctoral Internship Program	Accredited	<input type="checkbox"/>
KY	Robley Rex Louisville VAMC	Louisville	Predoctoral Psychology Internship	Accredited	<input type="checkbox"/>
KY	Jefferson County Internship Consortium	Louisville	Psychology Internship Program	Accredited	<input type="checkbox"/>
KY	Lexington VA Health Care System	Lexington	Lexington VA Health Care System Psychology Internship Program / Mental Health Service	Accredited	<input type="checkbox"/>
LA	Southeast Louisiana Veterans Health Care System	New Orleans	Psychology Service	Accredited	<input type="checkbox"/>
LA	Louisiana State University Health Sciences Center	New Orleans	Department of Psychiatry, Section of Psychology	Accredited	<input type="checkbox"/>
LA	Tulane University School of Medicine	New Orleans	Department of Psychiatry and Behavioral Sciences	Accredited	<input type="checkbox"/>
LA	Ochsner Health	New Orleans	Ochsner Psychology Doctoral Internship	Accredited	<input type="checkbox"/>
LA	Alexandria VA Health Care System	Pineville	Psychology Department	Accredited	<input type="checkbox"/>
MA	Aspire Health Alliance	Braintree	Predoctoral Internship in Psychology	Accredited	<input type="checkbox"/>
MA	Brigham and Women's Hospital / Harvard Medical School	Jamaica Plain	Brigham and Women's Hospital Clinical Psychology Internship Training Program	Accredited, on contingency	<input type="checkbox"/>
MA	University of Massachusetts Center for Counseling and Psychological Health	Amherst	Center for Counseling and Psychological Health	Accredited	<input type="checkbox"/>
MA	VA Boston Healthcare System (VABHCS)	Boston	VA Boston Healthcare System Psychology Internship Training Program	Accredited	<input type="checkbox"/>
MA	Devereux Advanced Behavioral Health - MA & RI	Rutland	Clinical Psychology	Accredited	<input type="checkbox"/>
MA	Behavioral Health Network	Springfield	Multicultural Internship Program of Massachusetts	Accredited	<input type="checkbox"/>
MA	Harvard Medical School / Baker Center for Children and Families	Boston	Psychology	Accredited	<input type="checkbox"/>
MA	The May Institute, Inc.	Randolph	The May Institute Internship Program in Clinical Psychology	Accredited	<input type="checkbox"/>
MA	Center for Multicultural Training in Psychology (CMTP)	Boston	Boston University School of Medicine / Boston Medical Center	Accredited	<input type="checkbox"/>
MA	Harvard Medical School, Boston Children's Hospital	Boston	Department of Psychiatry, Division of Psychology	Accredited	<input type="checkbox"/>
MA	Franciscan Children's	Brighton	Behavioral Health Services	Accredited	<input type="checkbox"/>
MA	Cambridge Health Alliance/Harvard Medical School	Cambridge	Department of Psychiatry Division of Psychology	Accredited	<input type="checkbox"/>
MA	Harvard Medical School, Massachusetts General Hospital	Boston	Department of Psychiatry	Accredited	<input type="checkbox"/>

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MA	University of Massachusetts Chan Medical School/Worcester Recovery Center and Hospital	Worcester	Department of Psychiatry	Accredited	<input type="checkbox"/>
MA	Beth Israel Deaconess Medical Center	Boston	Harvard Medical School / Massachusetts Mental Health Center	Accredited	<input type="checkbox"/>
MA	William James College	Newton	Internship Consortium in Applied Clinical Psychology	Accredited	<input type="checkbox"/>
MA	McLean Hospital, Harvard Medical School	Belmont	Department of Psychology	Accredited	<input type="checkbox"/>
MA	Community Services Institute, Inc.	Springfield	Psychology	Accredited	<input type="checkbox"/>
MA	Suffolk University	Boston	Suffolk University Counseling, Health, & Wellness	Accredited	<input type="checkbox"/>
MA	Edith Nourse Rogers Memorial Veterans Hospital	Bedford	Psychology Service (116B)	Accredited	<input type="checkbox"/>
MA	Tewksbury Hospital	Tewksbury	Medical Services Department	Accredited	<input type="checkbox"/>
MA	The Danielsen Institute at Boston University	Boston	The Danielsen Institute at Boston University	Accredited	<input type="checkbox"/>
MA	VA Central Western Massachusetts Healthcare System	Leeds	Mental Health Service Line (116)	Accredited	<input type="checkbox"/>
MA	Federal Medical Center-Devens, MA	Devens	Psychology Services	Accredited	<input type="checkbox"/>
MD	Kennedy Krieger Institute	Baltimore	Johns Hopkins Center for Child and Family Traumatic Stress/Center for Developmental and Behavioral Health Doctoral Internship	Accredited	<input type="checkbox"/>
MD	Johns Hopkins University	Baltimore	Johns Hopkins University Counseling Center - Internship	Accredited	<input type="checkbox"/>
MD	University of Maryland-College Park	College Park	University Counseling Center	Accredited	<input type="checkbox"/>
MD	Towson University Counseling Center	Towson	Towson University Counseling Center - Internship	Accredited	<input type="checkbox"/>
MD	VAMHCS/University of Maryland-Baltimore Psychology Internship Consortium	Baltimore	Mental Health Clinic Center (116)	Accredited	<input type="checkbox"/>
MD	Mt. Washington Pediatric Hospital	Baltimore	Division of Psychology and Neuropsychology	Accredited	<input type="checkbox"/>
MD	Malcolm Grow Medical Clinics and Surgery Center (US Air Force)	Joint Base Andrews	Mental Health Flight	Accredited	<input type="checkbox"/>
MD	The Kennedy Krieger Institute	Baltimore	Behavioral Psychology & Neuropsychology	Accredited	<input type="checkbox"/>
MD	John L. Gildner Regional Institute for Children and Adolescents	Rockville	Clinical Psychology Internship Program	Accredited	<input type="checkbox"/>
MD	Walter Reed National Military Medical Center	Bethesda	Walter Reed National Military Medical Center - Navy Clinical Psychology Internship Program	Accredited	<input type="checkbox"/>
MD	Spring Grove Hospital Center	Catonsville	Psychology Department	Accredited	<input type="checkbox"/>
MD	Springfield Hospital Center	Sykesville	Department of Psychological Services	Accredited	<input type="checkbox"/>
ME	Riverview Psychiatric Center	Augusta	Department of Psychology	Accredited	<input type="checkbox"/>
ME	VA Maine Healthcare System	Augusta	Psychology Section (116B)	Accredited	<input type="checkbox"/>
MI	John D. Dingell VA Medical Center	Detroit	Psychology Section 11MH-PS	Accredited	<input type="checkbox"/>
MI	VA Ann Arbor Healthcare System	Ann Arbor	Mental Health Service (116)	Accredited	<input type="checkbox"/>
MI	Grand Valley State University	Allendale	University Counseling Center	Accredited	<input type="checkbox"/>
MI	University of Michigan Mary A. Rackham Institute	Ann Arbor	Mary A. Rackham Institute - Internship Program	Accredited	<input type="checkbox"/>

State	Institution Name	City	Program/Department Name	Accreditation Status	
MI	Battle Creek VA Medical Center	Battle Creek	Psychology Service (116B)	Accredited	<input type="checkbox"/>
MI	Life Skills Psychological Services	Cadillac	LSPS Internship Training Program	Accredited	<input type="checkbox"/>
MI	Henry Ford Health Sciences Center	Detroit	Department of Psychiatry	Accredited	<input type="checkbox"/>
MI	Oscar G. Johnson VA Medical Center	Iron Mountain	Mental Health Services	Accredited	<input type="checkbox"/>
MI	University of Michigan	Ann Arbor	Counseling and Psychological Services	Accredited	<input type="checkbox"/>
MI	Pine Rest Christian Mental Health Services	Grand Rapids	Pre-Doctoral Psychology Internship	Accredited	<input type="checkbox"/>
MI	Wayne State University	Detroit	Wayne State University Counseling and Psychological Services	Accredited	<input type="checkbox"/>
MI	Children's Hospital of Michigan	Detroit	Child Psychiatry and Psychology Department	Accredited	<input type="checkbox"/>
MI	Walter Reuther Psychiatric Hospital Child and Adolescent Services	Northville Township	Walter Reuther Psychiatric Hospital Child and Adolescent Services	Accredited	<input type="checkbox"/>
MI	Michigan State University Counseling and Psychiatric Services	East Lansing	Michigan State University Counseling and Psychiatry Services	Accredited	<input type="checkbox"/>
MI	Mid-Michigan Psychology Internship Consortium	East Lansing	Mid-Michigan Psychology Internship Consortium	Accredited	<input type="checkbox"/>
MI	Aleda E Lutz VA Medical Center	Saginaw	Psychology Service	Accredited	<input type="checkbox"/>
MN	HealthEast Care System	St. Paul	Mental Health and Addiction Service	Accredited	<input type="checkbox"/>
MN	University of Minnesota	Minneapolis	Student Counseling Services	Accredited	<input type="checkbox"/>
MN	Hazelden Betty Ford Foundation	Center City	Hazelden's Mental Health Centers	Accredited	<input type="checkbox"/>
MN	Canvas Health	Oakdale	Psychological Services	Accredited	<input type="checkbox"/>
MN	Natalis Counseling & Psychology Solutions, P.A.	Woodbury	Natalis Psychology Training Program	Accredited	<input type="checkbox"/>
MN	University of Minnesota Medical School	Minneapolis	Psychology Internship, Department of Pediatrics	Accredited	<input type="checkbox"/>
MN	North Memorial Health-University of St. Thomas	Robbinsdale	North Memorial Health-University of St. Thomas Joint Doctoral Psychology Internship	Accredited	<input type="checkbox"/>
MN	Allina Health	Fridley	Allina Health Psychology Internship Program	Accredited	<input type="checkbox"/>
MN	Indian Health Board of Minneapolis	Minneapolis	Counseling and Support	Accredited	<input type="checkbox"/>
MN	St. Cloud VA Health Care System	St. Cloud	Psychology Internship Training Program	Accredited	<input type="checkbox"/>
MN	Nystrom & Associates, Ltd.	New Brighton	Doctoral Internship	Accredited	<input type="checkbox"/>
MN	Hennepin Healthcare	Minneapolis	Department of Psychiatry	Accredited	<input type="checkbox"/>
MN	Minnesota Department of Corrections	Shakopee	Psychology Internship Program	Accredited	<input type="checkbox"/>
MN	Minnesota Sex Offender Program	Moose Lake	Minnesota Sex Offender Program	Accredited	<input type="checkbox"/>
MN	Solutions Behavioral Healthcare Professionals	Moorhead	Psychology Department	Accredited	<input type="checkbox"/>
MN	Mental Health Systems, Inc.	Edina	Internship Program	Accredited	<input type="checkbox"/>
MN	Forensic Services	St. Peter	Doctoral Internship in Clinical Psychology	Accredited	<input type="checkbox"/>
MN	Federal Medical Center, Rochester	Rochester	Federal Medical Center, Rochester - Internship	Accredited	<input type="checkbox"/>
MN	University of St. Thomas	St. Paul	Counseling and Psychological Services Internship in Health Service Psychology	Accredited	<input type="checkbox"/>
MN	Minneapolis VA Health Care System	Minneapolis	Mental Health Service Line	Accredited	<input type="checkbox"/>

State	Institution Name	City	Program/Department Name	Accreditation Status	
<b>MN</b>	Fraser	Bloomington	Fraser Clinical Psychology Doctoral Internship	Accredited	<input type="checkbox"/>
<b>MO</b>	Fulton State Hospital	Fulton	Psychology Department	Accredited	<input type="checkbox"/>
<b>MO</b>	VA St. Louis Health Care System, St. Louis - MO, Internship	St. Louis	Mental Health Service	Accredited	<input type="checkbox"/>
<b>MO</b>	Children's Mercy Kansas City	Kansas City	Department of Pediatrics, Developmental & Behavioral Sciences Section	Accredited	<input type="checkbox"/>
<b>MO</b>	National Psychology Training Consortium	Springfield	Central Region	Accredited	<input type="checkbox"/>
<b>MO</b>	Center for Behavioral Medicine	Kansas City	Psychology	Accredited	<input type="checkbox"/>
<b>MO</b>	Kansas City VAMC	Kansas City	Psychology Internship Program	Accredited	<input type="checkbox"/>
<b>MO</b>	Kansas City School Psychology Internship Consortium	Kansas City	Pupil Services	Accredited	<input type="checkbox"/>
<b>MO</b>	Missouri Health Sciences Psychology Consortium	Columbia	Behavioral Health Service	Accredited	<input type="checkbox"/>
<b>MO</b>	Jordan Valley Community Health Center	Springfield	Jordan Valley Community Health Center	Accredited	<input type="checkbox"/>
<b>MO</b>	University of Missouri, Columbia	Columbia	Counseling Center	Accredited	<input type="checkbox"/>
<b>MO</b>	University of Missouri Kansas City	Kansas City	Counseling Services	Accredited	<input type="checkbox"/>
<b>MO</b>	U.S. Medical Center for Federal Prisoners	Springfield	Department of Psychology	Accredited	<input type="checkbox"/>
<b>MO</b>	St. Louis Psychology Internship Consortium	St. Louis	Department of Psychology	Accredited	<input type="checkbox"/>
<b>MS</b>	G.V. (Sonny) Montgomery VA Medical Center	Jackson	G.V. (Sonny) Montgomery VA Medical Center Internship in Health Service Psychology	Accredited	<input type="checkbox"/>
<b>MS</b>	University of Mississippi Medical Center	Jackson	UMMC Psychology Internship Training Program	Accredited	<input type="checkbox"/>
<b>MS</b>	Mississippi State Hospital	Whitfield	Doctoral Internship Program / Psychological Services	Accredited	<input type="checkbox"/>
<b>MS</b>	Gulf Coast Veterans Health Care System	Biloxi	Psychology Service (116)	Accredited	<input type="checkbox"/>
<b>MT</b>	Montana VA Health Care System	Fort Harrison	Fort Harrison Medical Center	Accredited	<input type="checkbox"/>
<b>MT</b>	Montana State University	Bozeman	Counseling and Psychological Services	Accredited	<input type="checkbox"/>
<b>NC</b>	University of North Carolina at Charlotte	Charlotte	Counseling Center	Accredited	<input type="checkbox"/>
<b>NC</b>	North Carolina Department of Adult Correction, Behavioral Health Services	Raleigh	Lewis Peiper	Accredited, on contingency	<input type="checkbox"/>
<b>NC</b>	Appalachian State University	Boone	Counseling & Psychological Services Center	Accredited	<input type="checkbox"/>
<b>NC</b>	Broughton Hospital	Morganton	Psychology Department	Accredited	<input type="checkbox"/>
<b>NC</b>	Duke University	Durham	Counseling and Psychological Services	Accredited	<input type="checkbox"/>
<b>NC</b>	Duke University Medical Center	Durham	Department of Psychiatry & Behavioral Sciences	Accredited	<input type="checkbox"/>
<b>NC</b>	University of North Carolina School of Medicine	Chapel Hill	UNC School of Medicine Clinical Psychology Internship/Department of Psychiatry	Accredited	<input type="checkbox"/>
<b>NC</b>	North Carolina State University	Raleigh	Counseling Center Psychology Internship	Accredited	<input type="checkbox"/>
<b>NC</b>	Western Carolina University	Cullowhee	Counseling & Psychological Services Internship	Accredited	<input type="checkbox"/>
<b>NC</b>	Veterans Affairs Medical Center, Durham - NC	Durham	Durham VAMC Psychology Internship	Accredited	<input type="checkbox"/>

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NC	Federal Correctional Complex, Butner	Butner	Federal Correctional Complex	Accredited	<input type="checkbox"/>
NC	Womack Army Medical Center	Fort Liberty	WAMC Clinical Psychology Internship Program	Accredited	<input type="checkbox"/>
NC	Central Regional Hospital	Butner	Department of Psychology	Accredited	<input type="checkbox"/>
NC	W.G. (Bill) Hefner Veterans Affairs Medical Center	Salisbury	Mental Health and Behavioral Sciences	Accredited	<input type="checkbox"/>
NC	Guilford County Schools Psychological Services	Pleasant Garden	Psychological Services	Accredited	<input type="checkbox"/>
NC	Greenville VA Health Care Center	Greenville	Psychology Internship Program	Accredited	<input type="checkbox"/>
NC	University of North Carolina-Chapel Hill, Counseling and Psychological Services	Chapel Hill	Campus Health Services	Accredited	<input type="checkbox"/>
NC	Charles George VA Medical Center	Asheville	Clinical Psychology Internship	Accredited	<input type="checkbox"/>
ND	Fargo VA Health Care System	Fargo	Psychology - Mental Health Service Line	Accredited	<input type="checkbox"/>
ND	Southeast Human Service Center (SEHSC)	Fargo	Psychology Services	Accredited	<input type="checkbox"/>
NE	VA Nebraska-Western Iowa Health Care System (VA NWI-HCS)	Omaha	Rural Psychology Internship/ Mental Health & Behavioral Science	Accredited	<input type="checkbox"/>
NE	Nebraska Internship Consortium in Professional Psychology	Lincoln	Department of Educational Psychology	Accredited	<input type="checkbox"/>
NE	Nebraska Mental Health Centers	Lincoln	Psychology Internship Program	Accredited	<input type="checkbox"/>
NH	University of New Hampshire	Durham	Psychological and Counseling Services (PACS)	Accredited	<input type="checkbox"/>
NH	Dartmouth-Hitchcock Medical Center	Lebanon	Department of Psychiatry	Accredited	<input type="checkbox"/>
NH	Harbor Care, aka Harbor Homes, Inc.	Nashua	Harbor Care Doctoral Internship, Harbor Care Health and Wellness Center	Accredited - Inactive	<input type="checkbox"/>
NH	Manchester VA Medical Center	Manchester	Manchester VA Medical Center	Accredited	<input type="checkbox"/>
NJ	Rutgers Biomedical and Health Sciences/ University Behavioral Health Care-Newark	Newark	Rutgers University Behavioral HealthCare-NJ Medical School	Accredited	<input type="checkbox"/>
NJ	Cooper University Hospital	Camden	Behavioral Medicine	Accredited	<input type="checkbox"/>
NJ	RWJBH Trinitas Regional Medical Center	Elizabeth	Department of Behavioral Health and Psychiatry	Accredited	<input type="checkbox"/>
NJ	Greystone Park Psychiatric Hospital	Morris Plains	Psychology Department	Accredited	<input type="checkbox"/>
NJ	Ancora Psychiatric Hospital	Ancora	Department of Psychological Services	Accredited	<input type="checkbox"/>
NJ	Veterans Affairs New Jersey Health Care System	Lyons	Mental Health & Behavioral Sciences	Accredited	<input type="checkbox"/>
NJ	Rutgers Student Health - CAPS	New Brunswick	Counseling, Alcohol and Other Drug Assistance Program and Psychiatric Services (RHS-CAPS)	Accredited	<input type="checkbox"/>
NJ	Youth Consultation Service Institute	East Orange	Institute for Infant & Preschool Mental Health	Accredited	<input type="checkbox"/>
NJ	Trenton Psychiatric Hospital	West Trenton	Department of Psychology	Accredited	<input type="checkbox"/>
NJ	Rutgers University Behavioral Health Care/Robert Wood Johnson Medical School	Piscataway	Doctoral Internship in Health Service Psychology	Accredited	<input type="checkbox"/>
NM	Southwest Consortium Doctoral Internship in Health Service Psychology	Albuquerque	New Mexico VA Healthcare System	Accredited	<input type="checkbox"/>

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NM	New Mexico Psychology Internship Consortium	Shiprock	Iina' Counseling Services	Accredited, on contingency	<input type="checkbox"/>
NM	University of New Mexico Health Sciences Center	Albuquerque	Department of Psychiatry and Behavioral Sciences	Accredited	<input type="checkbox"/>
NM	New Mexico State University	Las Cruces	Aggie Health & Wellness Center- Counseling Services	Accredited	<input type="checkbox"/>
NV	University of Nevada, Reno Counseling Services	Reno	Yani Dickens	Accredited	<input type="checkbox"/>
NV	Nevada Division of Public and Behavioral Health	Las Vegas	Nevada Psychology Internship Consortium	Accredited	<input type="checkbox"/>
NV	University of Nevada- Las Vegas	Las Vegas	Doctoral Internship in Health Service Psychology	Accredited	<input type="checkbox"/>
NV	VA Sierra Nevada Healthcare System	Reno	Mental Health Service (116)	Accredited	<input type="checkbox"/>
NV	VA Southern Nevada Healthcare System	N. Las Vegas	Behavioral Health	Accredited	<input type="checkbox"/>
NY	Jamaica Hospital Medical Center	Jamaica	Department of Psychiatry	Accredited	<input type="checkbox"/>
NY	University at Buffalo	Buffalo	Psychiatry	Accredited	<input type="checkbox"/>
NY	Buffalo Psychiatric Center	Buffalo	Psychology	Accredited	<input type="checkbox"/>
NY	Albany Psychology Internship Consortium	Albany	Department of Psychiatry	Accredited	<input type="checkbox"/>
NY	New York University, Bellevue Hospital Center	New York	NYU-Bellevue Clinical Psychology Internship Program	Accredited	<input type="checkbox"/>
NY	Mount Sinai Behavioral Health Center	New York	Doctoral Internship in Clinical Psychology	Accredited	<input type="checkbox"/>
NY	Albert Einstein College of Medicine/Montefiore Medical Center	Bronx	Department of Psychiatry	Accredited	<input type="checkbox"/>
NY	Elmhurst Hospital Center/ Mount Sinai Services	Elmhurst	Elmhurst Hospital Center/ Mt Sinai Services	Accredited	<input type="checkbox"/>
NY	AHRC New York City	New York	Department of Family and Clinical Services	Accredited	<input type="checkbox"/>
NY	Pace University	New York	Counseling Center	Accredited	<input type="checkbox"/>
NY	VA Hudson Valley Healthcare System- Montrose Campus	Montrose	Mental Health Care Line	Accredited	<input type="checkbox"/>
NY	New Alternatives for Children	New York	Mental Health	Accredited, on contingency	<input type="checkbox"/>
NY	Central New York Psychiatric Center	Marcy	Doctoral Internship in Health Service Psychology	Accredited	<input type="checkbox"/>
NY	Center for Anxiety	New York	Center for Anxiety	Accredited	<input type="checkbox"/>
NY	The School at Columbia University	New York	Doctoral Psychology Internship Training Program	Accredited	<input type="checkbox"/>
NY	Northwell Staten Island University Hospital	Staten Island	Department of Rehabilitation Medicine	Accredited	<input type="checkbox"/>
NY	Stony Brook University	Stony Brook	Stony Brook University Consortium Internship Program/Departments of Psychology and Psychiatry	Accredited	<input type="checkbox"/>
NY	Veterans Affairs Medical Center, Bronx - NY	Bronx	Mail Code 526/00 MH. Psychology Department	Accredited	<input type="checkbox"/>
NY	VA New York Harbor Health Care System - Brooklyn Campus	Brooklyn	Psychology Service (116B)	Accredited	<input type="checkbox"/>
NY	VA Western New York Healthcare System - Buffalo	Buffalo	Behavioral Health Care Line (116B)	Accredited	<input type="checkbox"/>



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NY	VA New York Harbor Health Care System - Manhattan Campus	New York	Psychology Service, 136A-OPC Room 2573	Accredited	<input type="checkbox"/>
NY	Veterans Affairs Medical Center, Northport - NY	Northport	Psychology Service (116B)	Accredited	<input type="checkbox"/>
NY	VA Medical Center, Syracuse	Syracuse	Behavioral Health (116B)	Accredited	<input type="checkbox"/>
NY	Andrus Children's Center	Yonkers	Psychology Department	Accredited	<input type="checkbox"/>
NY	Mount Sinai Medical Center	New York	Rehabilitation Medicine	Accredited	<input type="checkbox"/>
NY	University of Rochester	Rochester	University Counseling Center	Accredited	<input type="checkbox"/>
NY	Canandaigua VA Medical Center	Canandaigua	Psychology Doctoral Internship	Accredited	<input type="checkbox"/>
NY	University at Albany, State University of New York	Albany	Doctoral Psychology Internship	Accredited	<input type="checkbox"/>
NY	Hamilton-Madison House	New York	Internship	Accredited	<input type="checkbox"/>
NY	Lincoln Medical and Mental Health Center	Bronx	Department of Psychiatry	Accredited	<input type="checkbox"/>
NY	Icahn School of Medicine at Mount Sinai	New York	The Adult Internship in Clinical Psychology Program/Department of Psychiatry	Accredited	<input type="checkbox"/>
NY	Adelphi University	Garden City	Derner Internship Consortium	Accredited	<input type="checkbox"/>
NY	Pleasantville Union Free School District	Pleasantville	Pre-doctoral Psychology Internship	Accredited	<input type="checkbox"/>
NY	JCCA	Brooklyn	JCCA Psychology Internship Program	Accredited	<input type="checkbox"/>
NY	North Bronx Healthcare Network	Bronx	Jacobi Medical Center/North Central Bronx Hospital	Accredited	<input type="checkbox"/>
NY	Lenox Hill Hospital-Northwell Health	New York	Department of Psychiatry - 3 Black	Accredited	<input type="checkbox"/>
NY	Westchester Jewish Community Services, Inc.	Hartsdale	Psychology Department	Accredited	<input type="checkbox"/>
NY	New York Presbyterian Hospital/Weill-Cornell Medical Center	New York	Department of Psychiatry	Accredited	<input type="checkbox"/>
NY	New York University Langone Medical Center	New York	Rusk Institute of Rehabilitation Medicine	Accredited	<input type="checkbox"/>
NY	Nassau University Medical Center	East Meadow	Department of Psychiatry & Behavioral Sciences	Accredited	<input type="checkbox"/>
NY	Manhattan Psychiatric Center	New York	Department of Psychology	Accredited	<input type="checkbox"/>
NY	Westchester Institute for Human Development	Valhalla	Psychology Training Program	Accredited	<input type="checkbox"/>
NY	New York City Children's Center - Queens Campus	Bellerose	Psychology	Accredited	<input type="checkbox"/>
NY	Creedmoor Psychiatric Center	Queens Village	Lawrence Shapiro	Accredited, on contingency	<input type="checkbox"/>
NY	CARES	New York	Sharon Shkedi	Accredited	<input type="checkbox"/>
NY	Baruch College, City University of New York	New York	Baruch College Counseling Center	Accredited	<input type="checkbox"/>
NY	Stony Brook University	Stony Brook	Counseling and Psychological Services	Accredited	<input type="checkbox"/>
NY	Astor Services	Rhinebeck	Astor Services for Children & Families/Training Director	Accredited	<input type="checkbox"/>
NY	Columbia University Irving Medical Center	New York	Internship in Health Service Psychology	Accredited	<input type="checkbox"/>
NY	Hutchings Psychiatric Center	Syracuse	Psychology Department	Accredited	<input type="checkbox"/>

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NY	Woodhull Medical Center	Brooklyn	Psychological Services	Accredited	<input type="checkbox"/>
NY	Kings County Hospital	Brooklyn	Department of Psychology - A Building, Room 1116	Accredited	<input type="checkbox"/>
NY	Long Island Jewish Medical Center - The Zucker Hillside Hospital	Glen Oaks	Long Island Jewish Medical Center - The Zucker Hillside Hospital Internship	Accredited	<input type="checkbox"/>
NY	Maimonides Medical Center	Brooklyn	Department of Psychiatry	Accredited	<input type="checkbox"/>
NY	Rochester Institute of Technology, College of Health Science and Technology	Rochester	Rochester Psychology Internship Consortium	Accredited	<input type="checkbox"/>
NY	Pilgrim Psychiatric Center, NY	West Brentwood	Psychology	Accredited	<input type="checkbox"/>
NY	Sagamore Children's Psychiatric Center	Dix Hills	Shira Weiss	Accredited	<input type="checkbox"/>
NY	Mount Sinai St. Luke's and West Hospital Center	New York	Psychology Internship Program	Accredited	<input type="checkbox"/>
NY	University of Rochester Medical Center	Rochester	Department of Psychiatry	Accredited	<input type="checkbox"/>
NY	Mount Sinai Adolescent Health Center	New York	Adolescent Health Center	Accredited	<input type="checkbox"/>
NY	Hofstra University	Hempstead	Student Counseling Services	Accredited	<input type="checkbox"/>
NY	University at Buffalo, State University of New York	Buffalo	Counseling Services	Accredited	<input type="checkbox"/>
NY	SUNY Upstate Medical University	Syracuse	Department of Psychiatry and Behavioral Science	Accredited	<input type="checkbox"/>
OH	Cleveland Clinic Children's	Cleveland	Pediatric Behavioral Health	Accredited	<input type="checkbox"/>
OH	MetroHealth Medical Center	Cleveland	MetroHealth Psychology Residency Program	Accredited	<input type="checkbox"/>
OH	Child and Adolescent Behavioral Health	Canton	Psychology Internship Program	Accredited	<input type="checkbox"/>
OH	Mid-Ohio Psychological Services, Inc.	Columbus	Mid-Ohio Psychological Services Psychology Internship Program	Accredited	<input type="checkbox"/>
OH	The Ohio State University	Columbus	Counseling and Consultation Service	Accredited	<input type="checkbox"/>
OH	The Ohio State University Wexner Medical Center	Columbus	Internship in Clinical Health Psychology	Accredited	<input type="checkbox"/>
OH	Cincinnati Children's Hospital Medical Center	Cincinnati	Division of Behavioral Medicine & Clinical Psychology	Accredited	<input type="checkbox"/>
OH	Case Western Reserve University	Cleveland	University Health & Counseling Services	Accredited	<input type="checkbox"/>
OH	Nationwide Children's Hospital	Columbus	Department of Psychology	Accredited	<input type="checkbox"/>
OH	The University of Akron	Akron	Counseling and Testing Center	Accredited	<input type="checkbox"/>
OH	Ohio University	Athens	Counseling and Psychological Services	Accredited	<input type="checkbox"/>
OH	Cincinnati VA Medical Center	Cincinnati	Psychology Training Program (116B)	Accredited	<input type="checkbox"/>
OH	Louis Stokes Cleveland VA Medical Center	Cleveland	Psychology Service	Accredited	<input type="checkbox"/>
OH	Cleveland State University Counseling Center	Cleveland	Cleveland State University Counseling Center	Accredited - Inactive	<input type="checkbox"/>
OH	Chalmers P. Wylie Columbus VA Health Care Center	Columbus	Behavioral Health Service	Accredited	<input type="checkbox"/>
OH	Hopewell Health Centers	Gallipolis	Appalachian Psychology Internship	Accredited	<input type="checkbox"/>
OH	Veterans Affairs Medical Center, Dayton - OH	Dayton	Psychology Internship Program, Mental Health	Accredited	<input type="checkbox"/>

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OH	University of Cincinnati	Cincinnati	Counseling and Psychological Services	Accredited	<input type="checkbox"/>
OH	Bowling Green State University	Bowling Green	Bowling Green State University Counseling Center - Internship	Accredited	<input type="checkbox"/>
OH	Ohio Psychology Internship	Akron	Summit Psychological Associates, Inc.	Accredited	<input type="checkbox"/>
OH	Miami University	Oxford	Student Counseling Service	Accredited	<input type="checkbox"/>
OH	Applewood Centers, Inc.	Cleveland	Outpatient Clinical Services	Accredited	<input type="checkbox"/>
OH	Wright-Patterson USAF Medical Center	Wright-Patterson AFB	Department of Mental Health	Accredited	<input type="checkbox"/>
OK	Oklahoma Sport Psychology Consortium	Norman	Psychological Resources for OU Student-Athletes	Accredited	<input type="checkbox"/>
OK	Eastern Oklahoma VA Health Care System	Tulsa	Tulsa Behavioral Medicine	Accredited	<input type="checkbox"/>
OK	Northeastern Oklahoma Psychology Internship Program	Vinta	Tulsa Center for Child Psychology	Accredited	<input type="checkbox"/>
OK	University of Oklahoma Health Sciences Center	Oklahoma City	Clinical psychology Internship/Department of Psychiatry and Behavioral Sciences	Accredited	<input type="checkbox"/>
OK	Oklahoma Private Practice Internship Consortium	Yukon	Oklahoma Private Practice Internship Consortium	Accredited	<input type="checkbox"/>
OR	Providence Medical Group	Portland	Providence Medical Group	Accredited	<input type="checkbox"/>
OR	Child Development and Rehabilitation Center, Oregon Health & Science University	Portland	Institute on Development and Disability/Department of Pediatrics	Accredited	<input type="checkbox"/>
OR	Samaritan Health Services - Samaritan Family Medicine	Albany	Samaritan Health Services Psychology Internship	Accredited	<input type="checkbox"/>
OR	VA Southern Oregon Rehabilitation Center and Clinics	White City	Psychology Department	Accredited	<input type="checkbox"/>
OR	Pacific University, Oregon	Portland	Pacific Psychology and Comprehensive Health (PCH) Clinics	Accredited	<input type="checkbox"/>
OR	Oregon State Hospital	Salem	Psychology Internship Program (OSH-PIP)	Accredited	<input type="checkbox"/>
OR	Portland VA Medical Center	Portland	Psychology Internship (P3MHDC)	Accredited	<input type="checkbox"/>
OR	Oregon State University	Corvallis	Counseling and Psychological Services	Accredited	<input type="checkbox"/>
PA	Penn Medicine/Lancaster General Health	Lancaster	Lancaster General Health Physicians Neuropsychology	Accredited	<input type="checkbox"/>
PA	Lebanon VA Medical Center	Lebanon	Lebanon VAMC Psychology Pre-doctoral Internship Training Program	Accredited	<input type="checkbox"/>
PA	University of Pennsylvania, Department of Psychiatry	Philadelphia	Department of Psychiatry	Accredited	<input type="checkbox"/>
PA	VA Pittsburgh Healthcare System	Pittsburgh	Behavioral Health (116B)	Accredited	<input type="checkbox"/>
PA	Philadelphia College of Osteopathic Medicine	Philadelphia	Doctoral Internship Program	Accredited	<input type="checkbox"/>
PA	Veterans Affairs Medical Center, Coatesville - PA	Coatesville	Psychology Service (116B)	Accredited	<input type="checkbox"/>
PA	Milton Hershey School	Hershey	Department of Psychological Services	Accredited	<input type="checkbox"/>
PA	WellSpan Philhaven CBT	York	WellSpan Philhaven	Accredited	<input type="checkbox"/>
PA	Corporal Michael J. Crescenz VA Medical Center	Philadelphia	Psychology Internship Program	Accredited	<input type="checkbox"/>

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PA	Western Psychiatric Institute & Clinic	Pittsburgh	Department of Psychiatry	Accredited	<input type="checkbox"/>
PA	Federal Correctional Complex - Allenwood, PA	White Deer	Psychology	Accredited	<input type="checkbox"/>
PA	Drexel University	Philadelphia	Counseling Center	Accredited	<input type="checkbox"/>
PA	The Behavioral Wellness Center at Girard	Philadelphia	The Behavioral Wellness Center at Girard- Doctoral Internship in Clinical Psychology	Accredited	<input type="checkbox"/>
PA	Sarah A. Reed Children's Center	Erie	Sarah Reed Children's Center	Accredited	<input type="checkbox"/>
PA	Allegheny General Hospital	Pittsburgh	Psychiatry and Behavioral Health Institute	Accredited	<input type="checkbox"/>
PA	The Children's Hospital of Philadelphia	Philadelphia	Department of Child and Adolescent Psychiatry and Behavioral Sciences	Accredited	<input type="checkbox"/>
PA	University of Pennsylvania	Philadelphia	Counseling and Psychological Services	Accredited - Inactive	<input type="checkbox"/>
PA	Chestnut Hill College Internship Consortium	Philadelphia	Department of Professional Psychology	Accredited	<input type="checkbox"/>
PA	Penn State Milton S. Hershey Medical Center	Hershey	Department of Psychiatry and Behavioral Health	Accredited	<input type="checkbox"/>
PA	Carnegie Mellon University	Pittsburgh	Counseling and Psychological Services (CaPS)	Accredited	<input type="checkbox"/>
PA	WellSpan Philhaven	Mount Gretna	WellSpan Philhaven Hospital Psychology Internship Program	Accredited	<input type="checkbox"/>
PA	The Devereux Foundation	King of Prussia	Institute of Clinical & Professional Training and Research	Accredited	<input type="checkbox"/>
PA	University of Pittsburgh	Pittsburgh	Counseling Center	Accredited	<input type="checkbox"/>
PA	Immaculata University	Immaculata	Immaculata University Psychology Internship Consortium/Department of Psychology and Counseling	Accredited	<input type="checkbox"/>
PA	Widener University	Chester	Institute for Graduate Clinical Psychology	Accredited	<input type="checkbox"/>
PA	Geisinger Medical Center	Danville	Division of Psychiatry and Behavioral Health	Accredited	<input type="checkbox"/>
PA	Lehigh University	Bethlehem	Counseling and Psychological Services	Accredited	<input type="checkbox"/>
PA	Pennsylvania State University	University Park	Center for Counseling and Psychological Services- Internship	Accredited	<input type="checkbox"/>
PA	Holcomb Behavioral Health Systems	Exton	Holcomb Behavioral Health Systems	Accredited	<input type="checkbox"/>
PA	Pittsburgh Psychology Internship Consortium (P-PIC)	Pittsburgh	PPIC	Accredited	<input type="checkbox"/>
PA	Temple University	Philadelphia	Tuttleman Counseling Services	Accredited	<input type="checkbox"/>
PR	VA Caribbean Healthcare System	San Juan	Psychology Service (116B)	Accredited	<input type="checkbox"/>
PR	Albizu University	San Juan	Clinica de la Albizu Internship Program	Accredited	<input type="checkbox"/>
PR	Ponce Health Sciences University	Ponce	Psychology Internship Consortium	Accredited	<input type="checkbox"/>
PR	Universidad Ana G. Mendez, Gurabo Campus	Gurabo	Psychology Internship Program	Accredited	<input type="checkbox"/>
RI	Brown University	Providence	Clinical Psychology Internship Training Program at Brown: A Consortium of the Providence VA Medical Center, Lifespan, and Care New England	Accredited	<input type="checkbox"/>
SC	Charleston Consortium Psychology Internship Program	Charleston	Psychology Internship/Department of Psychiatry & Behavioral Sciences	Accredited	<input type="checkbox"/>
SC	Clemson University	Clemson	Counseling and Psychological Services	Accredited	<input type="checkbox"/>

State	Institution Name	City	Program/Department Name	Accreditation Status	
SC	Columbia VA Health Care System	Columbia	Mental Health Service Line	Accredited	<input type="checkbox"/>
SC	University of South Carolina	Columbia	Counseling and Psychiatry	Accredited	<input type="checkbox"/>
SD	Sioux Falls VA Health Care System	Sioux Falls	Mental Health Service Line	Accredited	<input type="checkbox"/>
SD	VA Black Hills Health Care System	Fort Meade	Mental Health & Behavioral Sciences	Accredited	<input type="checkbox"/>
TN	University of Tennessee - Knoxville	Knoxville	UT Student Counseling Center	Accredited	<input type="checkbox"/>
TN	The University of Memphis	Memphis	Student Health and Counseling Services	Accredited	<input type="checkbox"/>
TN	James H. Quillen Veterans Affairs Medical Center	Mountain Home	MH Dept./Psychology Service (11M)	Accredited	<input type="checkbox"/>
TN	Tennessee Internship Consortium in Psychology	Loudon	Tennessee Internship Consortium in Psychology/LTVEC	Accredited	<input type="checkbox"/>
TN	Lt., Col. Luke Weathers Jr., VAMC	Memphis	Memphis VAMC Psychology Internship Program	Accredited	<input type="checkbox"/>
TN	Cherokee Health Systems	Knoxville	Cherokee Health Systems - Internship	Accredited	<input type="checkbox"/>
TN	University of Tennessee Health Science Center	Memphis	University of Tennessee Professional Psychology Internship Consortium	Accredited	<input type="checkbox"/>
TN	Vanderbilt University Medical Center, Department of Psychiatry and Behavioral Sciences	Nashville	Vanderbilt University Medical Center Internship in Professional Psychology (VUMC-IPP)	Accredited	<input type="checkbox"/>
TN	VA Tennessee Valley Healthcare System	Nashville	Psychology Section	Accredited	<input type="checkbox"/>
TN	Vanderbilt University Counseling Center	Nashville	Internship in Health Service Psychology	Accredited	<input type="checkbox"/>
TX	Texas A&M University	College Station	University Health Services	Accredited	<input type="checkbox"/>
TX	University of Texas at Austin	Austin	Counseling and Mental Health Center	Accredited	<input type="checkbox"/>
TX	UT Health San Antonio	San Antonio	Department of Psychiatry and Behavioral Health	Accredited	<input type="checkbox"/>
TX	El Paso VA Healthcare System	El Paso	Behavioral Health Service	Accredited	<input type="checkbox"/>
TX	Travis County Psychology Internship Program (TC-PIP)	Austin	Travis County Juvenile Probation Department	Accredited	<input type="checkbox"/>
TX	VA Texas Valley Coastal Bend Health Care System	Harlingen	VA Texas Valley Coastal Bend Health Care System Psychology Internship	Accredited	<input type="checkbox"/>
TX	Texas Tech University	Lubbock	Student Counseling Center	Accredited	<input type="checkbox"/>
TX	Baylor College of Medicine/Texas Children's Hospital Psychology Internship	Houston	Department of Pediatrics	Accredited	<input type="checkbox"/>
TX	Stephen F. Austin State University	Nacogdoches	School Psychology/Human Services	Accredited	<input type="checkbox"/>
TX	Michael E. DeBakey VA Medical Center, Houston, TX	Houston	Michael E. DeBakey VA Medical Center, Houston, TX - Internship	Accredited	<input type="checkbox"/>
TX	South Texas Veterans Health Care System	San Antonio	Psychology Service (116B)	Accredited	<input type="checkbox"/>
TX	Central Texas Veterans Health Care System	Temple	Veterans Affairs Medical Center, Central Texas - Internship	Accredited	<input type="checkbox"/>
TX	University of Houston-Clear Lake	Houston	Doctoral Internship Program	Accredited	<input type="checkbox"/>
TX	University of Texas at Dallas	Richardson	Student Counseling Center, SSB 4.600	Accredited	<input type="checkbox"/>
TX	VA North Texas Health Care System	Dallas	Psychology Service (116B)	Accredited	<input type="checkbox"/>
TX	The University of Texas Health Science Center at Tyler	Tyler	The University of Texas Health Science Center at Tyler Psychology Internship Program	Accredited	<input type="checkbox"/>

State	Institution Name	City	Program/Department Name	Accreditation Status	
TX	Baylor University Counseling Center	Waco	Counseling Center	Accredited	<input type="checkbox"/>
TX	University of Texas Health Science Center at Houston, Medical School	Houston	UTHealth Doctoral Psychology Internship Program	Accredited	<input type="checkbox"/>
TX	Wilford Hall Ambulatory Surgical Center	Joint Base San Antonio-Lackland	Department of Behavioral Medicine	Accredited	<input type="checkbox"/>
TX	University of Houston	Houston	Counseling and Psychological Services	Accredited	<input type="checkbox"/>
TX	Harris County Juvenile Probation Department	Houston	Doctoral Internship Program	Accredited	<input type="checkbox"/>
TX	El Paso Psychology Internship Consortium	El Paso	Doctoral Internship Program	Accredited	<input type="checkbox"/>
TX	Dell Children's Medical Center/University of Texas at Austin Dell Medical School	Austin	Texas Child Study Center	Accredited	<input type="checkbox"/>
TX	Momentous Institute	Dallas	Therapeutic Services	Accredited	<input type="checkbox"/>
TX	Lewisville Independent School District	Lewisville	Psychological Services/Special Education Department	Accredited	<input type="checkbox"/>
TX	University of Texas Southwestern Medical Center	Dallas	Department of Psychiatry, Division of Psychology	Accredited	<input type="checkbox"/>
TX	Texas State University	San Marcos	Texas State Counseling Center	Accredited	<input type="checkbox"/>
TX	Dallas County Juvenile Department	Dallas	Psychology Department	Accredited, on contingency	<input type="checkbox"/>
TX	Baylor College of Medicine	Houston	Menninger Department of Psychiatry and Behavioral Sciences	Accredited	<input type="checkbox"/>
TX	San Antonio Uniformed Services Health Education Consortium	Fort Sam Houston	Department of Behavioral Medicine	Accredited	<input type="checkbox"/>
TX	Deep Eddy Psychotherapy, PLLC	Austin	Internship	Accredited, on contingency	<input type="checkbox"/>
TX	Dallas Children's Advocacy Center	Dallas	Doctoral Psychology Internship Program	Accredited	<input type="checkbox"/>
TX	Clarity Child Guidance Center	San Antonio	Internship in Clinical Psychology	Accredited, on contingency	<input type="checkbox"/>
TX	Federal Medical Center, Fort Worth	Fort Worth	Psychology Services	Accredited	<input type="checkbox"/>
TX	Cypress-Fairbanks Independent School District	Houston	Department of Psychological Services	Accredited	<input type="checkbox"/>
UT	Brigham Young University	Provo	Counseling and Psychological Services	Accredited	<input type="checkbox"/>
UT	The Children's Center	Salt Lake City	Psychology Internship Training Program	Accredited	<input type="checkbox"/>
UT	Jordan School District	West Jordan	Student Services - Guidance	Accredited	<input type="checkbox"/>
UT	VA Salt Lake City Health Care System	Salt Lake City	Psychology Service (116B)	Accredited	<input type="checkbox"/>
UT	Huntsman Mental Health Institute (HMHI, formerly UNI)	Salt Lake City	Huntsman Mental Health Institute (HMHI, formerly UNI)	Accredited	<input type="checkbox"/>
UT	Wasatch Behavioral Health	Provo	Health Service Psychology Internship Program	Accredited	<input type="checkbox"/>
UT	Southern Utah University	Cedar City	Counseling & Psychological Services	Accredited	<input type="checkbox"/>
UT	Utah Valley University	Orem	Student Health Services	Accredited	<input type="checkbox"/>
UT	Utah State University	Logan	Counseling and Psychological Services	Accredited	<input type="checkbox"/>
UT	Utah State Hospital	Provo	Department of Psychology	Accredited	<input type="checkbox"/>
UT	Utah Psychology Internship Consortium	American Fork	Utah Psychology Internship Consortium	Accredited	<input type="checkbox"/>

State	Institution Name	City	Program/Department Name	Accreditation Status	
UT	Primary Children's Hospital	Salt Lake City	Department of Psychiatry and Behavioral Health	Accredited	<input type="checkbox"/>
UT	University of Utah	Salt Lake City	University Counseling Center	Accredited	<input type="checkbox"/>
VA	Naval Medical Center, Portsmouth	Portsmouth	Psychology Department	Accredited	<input type="checkbox"/>
VA	Federal Correctional Complex - Petersburg, VA	Petersburg	Psychology	Accredited	<input type="checkbox"/>
VA	James Madison University	Harrisonburg	Counseling Center	Accredited	<input type="checkbox"/>
VA	University of Virginia/Elson Student Health Center	Charlottesville	Department of Student Health	Accredited	<input type="checkbox"/>
VA	Virginia Beach City Public Schools	Virginia Beach	Psychological Services	Accredited	<input type="checkbox"/>
VA	Virginia Polytechnic Institute and State University	Blacksburg	Thomas E. Cook Counseling Center	Accredited	<input type="checkbox"/>
VA	Veterans Affairs Medical Center, Salem - VA	Salem	Salem VAMC - Psychology Training Program (116C)	Accredited	<input type="checkbox"/>
VA	Virginia Commonwealth University	Richmond	University Counseling Services	Accredited	<input type="checkbox"/>
VA	Virginia Treatment Center for Children	Richmond	Virginia Commonwealth University, Department of Psychiatry	Accredited	<input type="checkbox"/>
VA	Loudoun County Public Schools	Ashburn	Department of Pupil Services	Accredited	<input type="checkbox"/>
VA	Central Virginia VA Healthcare System	Richmond	Psychology Division, MHSL	Accredited	<input type="checkbox"/>
VA	George Mason University	Fairfax	Counseling and Psychological Services	Accredited	<input type="checkbox"/>
VA	College of William and Mary	Williamsburg	Counseling Center	Accredited	<input type="checkbox"/>
VA	Veterans Affairs Medical Center, Hampton - VA	Hampton	Mental Health & Behavioral Sciences (116A)	Accredited	<input type="checkbox"/>
VT	Veterans Affairs Medical Center, White River Junction - VT	White River Junction	Mental Health & Behavioral Sciences	Accredited	<input type="checkbox"/>
VT	Brattleboro Retreat	Brattleboro	Psychology Internship Program	Accredited	<input type="checkbox"/>
VT	University of Vermont Medical Center	Burlington	Psychological Services Internship	Accredited	<input type="checkbox"/>
WA	Western Washington University	Bellingham	Counseling Center	Accredited	<input type="checkbox"/>
WA	University of Washington Counseling Center	Seattle	University of Washington Counseling Center	Accredited	<input type="checkbox"/>
WA	Columbia Valley Community Health	Wenatchee	Behavioral Medicine	Accredited	<input type="checkbox"/>
WA	University of Washington School of Medicine	Seattle	Department of Psychiatry & Behavioral Sciences	Accredited	<input type="checkbox"/>
WA	Veterans Affairs Puget Sound Health Care System - Seattle Division	Seattle	Mental Health (116 POC)	Accredited	<input type="checkbox"/>
WA	VA Puget Sound Health Care System, American Lake	Tacoma	Psychology Service (A-116-B)	Accredited	<input type="checkbox"/>
WA	Washington State Office of Forensic Mental Health Services (OFMHS)	Tacoma	Washington State Office of Forensic Mental Health Services (OFMHS)	Accredited	<input type="checkbox"/>
WA	National Psychology Training Consortium	Renton	Cascades Region	Accredited	<input type="checkbox"/>
WA	Central Washington University	Ellensburg	Student Medical and Counseling Clinic	Accredited - Inactive	<input type="checkbox"/>
WA	Madigan Army Medical Center	Tacoma	Madigan Clinical Psychology Internship Program / Department of Behavioral Health	Accredited	<input type="checkbox"/>

State	Institution Name	City	Program/Department Name	Accreditation Status	
WA	University of Puget Sound	Tacoma	Counseling, Health and Wellness Services	Accredited	<input type="checkbox"/>
WA	Washington State University	Pullman	Counseling and Psychological Services (CAPS)	Accredited	<input type="checkbox"/>
WA	Spokane VAMC Psychology Internship	Spokane	Doctoral Internship Program	Accredited	<input type="checkbox"/>
WI	William S. Middleton Memorial Veterans Hospital	Madison	Madison VA Hospital	Accredited	<input type="checkbox"/>
WI	Mendota Mental Health Institute	Madison	Psychology Department	Accredited	<input type="checkbox"/>
WI	Medical College of Wisconsin	Milwaukee	Froedtert and Medical College of Wisconsin Health Psychology Residency	Accredited	<input type="checkbox"/>
WI	State of Wisconsin Department of Corrections	Madison	Doctoral Internship in Health Service Psychology	Accredited	<input type="checkbox"/>
WI	Rogers Behavioral Health	Oconomowoc	Rogers Behavior Health	Accredited	<input type="checkbox"/>
WI	University of Wisconsin School of Medicine and Public Health Psychology Training Program	Madison	University of Wisconsin SMPH - Dept. of Psychiatry	Accredited	<input type="checkbox"/>
WI	Milwaukee VA Medical Center	Milwaukee	Mental Health Division	Accredited	<input type="checkbox"/>
WI	SSM Health	Fond du lac	Agnesian Healthcare Psychology Internship	Accredited	<input type="checkbox"/>
WI	University of Wisconsin, Madison	Madison	Mental Health Services at University Health Services	Accredited	<input type="checkbox"/>
WI	University of Wisconsin- Whitewater	Whitewater	University Health and Counseling Services	Accredited	<input type="checkbox"/>
WV	West Virginia University Medicine: University Healthcare	Martinsburg	WVU Medicine: University Healthcare / Department of Behavioral Medicine and Psychiatry	Accredited	<input type="checkbox"/>
WV	Hershel "Woody" Williams VAMC	Huntington	Mental Health Service	Accredited	<input type="checkbox"/>
WV	West Virginia University School of Medicine	Morgantown	Department of Behavioral Medicine & Psychiatry	Accredited	<input type="checkbox"/>
WV	Martinsburg VA Medical Center	Martinsburg	Martinsburg VAMC Psychology Internship Program	Accredited	<input type="checkbox"/>
WV	West Virginia University	Morgantown	Carruth Center for Psychological and Psychiatric Services	Accredited	<input type="checkbox"/>
WV	Valley Health Systems	Huntington	Doctoral Internship in Psychology, Valley Health Systems	Accredited, on contingency	<input type="checkbox"/>
WV	Charleston Area Medical Center/WVU	Charleston	Department of Behavioral Medicine & Psychiatry	Accredited	<input type="checkbox"/>
WY	Cheyenne VA Health Care System	Cheyenne	Mental Health Service Line	Accredited	<input type="checkbox"/>
WY	Sheridan VA Health Care System	Sheridan	Psychology Department, Mental Health Division	Accredited	<input type="checkbox"/>

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## **Appendix K: Postdoctoral Programs that Provide Training in Couple and Family Psychology**

A .pdf copy is attached to preserve formatting.

# Search for Accredited Programs

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Search Results

Program Level: Postdoctoral

State/Province: All States

Setting Type: All Setting Types

Practice Area: All Practice Areas

Keyword: Couple and Family

164 results found

State	Institution Name	City	Program/Department Name	Accreditation Status	Compare
AL	Birmingham VA Medical Center	Birmingham	Mental Health Service	Accredited, on contingency	<input type="checkbox"/>
AR	Central Arkansas Veterans Healthcare System-Little Rock, AR	North Little Rock	Mental Health Service	Accredited	<input type="checkbox"/>
AR	Central Arkansas Veterans Healthcare System	North Little Rock	Neuropsychology Service	Accredited, on contingency	<input type="checkbox"/>
AZ	Southern Arizona VA Health Care System	Tucson	Psychology Postdoctoral Fellowship	Accredited	<input type="checkbox"/>
AZ	Phoenix VA Health Care System	Phoenix	Psychology Postdoctoral Fellowship Program	Accredited	<input type="checkbox"/>
AZ	Phoenix VA Health Care System	Phoenix	Psychology Postdoctoral Fellowship Program	Accredited	<input type="checkbox"/>
AZ	Barrow Neurological Institute	Phoenix	Department of Neuropsychology	Accredited	<input type="checkbox"/>
CA	VA Los Angeles Ambulatory Care Center	Los Angeles	VA Los Angeles Ambulatory Care Center Postdoctoral Residency Program	Accredited	<input type="checkbox"/>
CA	VA San Diego Healthcare System	San Diego	VA San Diego Neuropsychology Postdoctoral Residency Program	Accredited	<input type="checkbox"/>
CA	Veterans Affairs Palo Alto Health Care System	Palo Alto	Sierra Pacific Mental Illness Research, Education & Clinical Center	Accredited	<input type="checkbox"/>
CA	VA Loma Linda Healthcare System (Jerry L. Pettis Memorial VAMC)	Loma Linda	Behavioral Medicine	Accredited	<input type="checkbox"/>
CA	Stanford University	Stanford	Department of Psychiatry	Accredited	<input type="checkbox"/>
CA	Loma Linda VAMC (Jerry L. Pettis Memorial Veterans Affairs Hospital)	Loma Linda	Behavioral Medicine	Accredited	<input type="checkbox"/>
CA	VA Northern California Health Care System, Martinez - CA	Martinez	Martinez Outpatient Clinic/Mental Health 116/MTZ	Accredited	<input type="checkbox"/>
CA	Veterans Affairs Palo Alto Health Care System	Menlo Park	VA-sponsored Advanced Fellowship in PTSD Research and Treatment	Accredited	<input type="checkbox"/>

State	Institution Name	City	Program/Department Name	Accreditation Status	
CA	Stanford University	Stanford	Department of Psychiatry- Clinical Child Psychology Postdoctoral Program	Accredited	<input type="checkbox"/>
CA	Harbor/UCLA Medical Center	Torrance	Department of Psychiatry	Accredited	<input type="checkbox"/>
CA	Veterans Affairs Palo Alto Health Care System	Palo Alto	Rehabilitation Psychology Postdoctoral Fellowship	Accredited	<input type="checkbox"/>
CA	Veterans Affairs Palo Alto Health Care System	Palo Alto	Clinical Neuropsychology Postdoctoral Fellowship	Accredited	<input type="checkbox"/>
CA	Sepulveda Ambulatory Care Center	Sepulveda	Postdoctoral Fellowship in Clinical Psychology	Accredited	<input type="checkbox"/>
CA	Children's Hospital Los Angeles	Los Angeles	CHLA Clinical-Child Psychology Postdoctoral Fellowship	Accredited	<input type="checkbox"/>
CA	Institute for Multicultural Counseling & Education Services	Los Angeles	Postdoctoral Residency	Accredited	<input type="checkbox"/>
CA	Kaiser Permanente Northern California, East Bay Consortium	Walnut Creek	Department of Mental Health & Addiction Medicine	Accredited	<input type="checkbox"/>
CA	Kaiser Permanente North Bay Consortium	Vallejo	Psychology Postdoctoral Residency Program	Accredited	<input type="checkbox"/>
CA	VA Northern California Health Care System, Martinez - CA	Martinez	Martinez Outpatient Clinic/Mental Health 116/MTZ	Accredited	<input type="checkbox"/>
CA	Long Beach VA Medical Center	Long Beach	Neuropsychology Postdoctoral Fellowship Program	Accredited	<input type="checkbox"/>
CA	Long Beach VA Medical Center	Long Beach	Rehabilitation Psychology Postdoctoral Fellowship Program	Accredited	<input type="checkbox"/>
CA	West Los Angeles VA Medical Center	Los Angeles	Postdoctoral Residency/Psychology	Accredited	<input type="checkbox"/>
CA	West Los Angeles VA Healthcare System	Los Angeles	Clinical Neuropsychology Residency/Psychology	Accredited	<input type="checkbox"/>
CA	University of California, San Diego/V.A. San Diego Healthcare System	San Diego	VASDHS/UCSD Psychology Clinical Research Postdoctoral Residency Program	Accredited	<input type="checkbox"/>
CA	Kaiser Permanente Northern California-Central Bay Consortium	Oakland	Central Bay Consortium Postdoctoral Training Program	Accredited	<input type="checkbox"/>
CA	Veterans Affairs Palo Alto Health Care System	Palo Alto	Clinical Psychology Postdoctoral Fellowship (Psychology Service)	Accredited	<input type="checkbox"/>
CA	San Francisco VA Medical Center	San Francisco	Postdoctoral Fellowship in Clinical Psychology	Accredited	<input type="checkbox"/>
CA	Kaiser Permanente Sacramento Valley Consortium	Roseville	Kaiser Permanente Sacramento Valley Consortium	Accredited	<input type="checkbox"/>
CA	VA San Diego Healthcare System/University of California, San Diego	San Diego	Psychology Service (116B)	Accredited	<input type="checkbox"/>
CA	Kaiser Permanente South Bay Consortium	Cupertino	Kaiser Permanente South Bay Consortium	Accredited	<input type="checkbox"/>
CA	Kaiser Permanente South East Bay Consortium	Union City	Department of Mental Health & Wellness	Accredited	<input type="checkbox"/>
CA	Kaiser Permanente West Bay Consortium	Redwood City	Department of Psychiatry	Accredited	<input type="checkbox"/>
CA	San Francisco VA Medical Center	San Francisco	Clinical Neuropsychology Residency	Accredited	<input type="checkbox"/>
CO	Rocky Mountain MIRECC for Suicide Prevention, Rocky Mountain Regional VAMC	Aurora	Rocky Mountain Mental Illness Research Education and Clinical Center (MIRECC) for Suicide Prevention	Accredited	<input type="checkbox"/>

State	Institution Name	City	Program/Department Name	Accreditation Status	
CO	Eastern Colorado Health Care System	Aurora	Rocky Mountain Regional VAMC Psychology Postdoctoral Residency Program	Accredited	<input type="checkbox"/>
CT	VA Connecticut Healthcare System, West Haven - CT	West Haven	Psychosocial Rehabilitation Postdoctoral Fellowship	Accredited	<input type="checkbox"/>
CT	Community Health Center	Middletown	Postdoctoral Psychology Residency Program	Accredited	<input type="checkbox"/>
CT	VA Connecticut Healthcare System, West Haven - CT	West Haven	Psychology Service (116B)- Clinical Neuropsychology Postdoctoral Program	Accredited	<input type="checkbox"/>
CT	Institute of Living/Hartford Hospital	Hartford	The Institute of Living/Hartford Hospital	Accredited	<input type="checkbox"/>
CT	VA Connecticut Healthcare System, West Haven - CT	West Haven	Psychology Service (116B)	Accredited	<input type="checkbox"/>
DC	Veterans Affairs Medical Center, Washington D.C.	Washington	VAMC Washington DC Clinical Postdoctoral Program	Accredited	<input type="checkbox"/>
DC	Washington DC VA Medical Center	Washington	Neuropsychology, Mental Health Service	Accredited, on contingency	<input type="checkbox"/>
FL	Miami VA Healthcare System - Bruce W. Carter VA Medical Center	Miami	Psychology Service (116B)	Accredited	<input type="checkbox"/>
FL	Bay Pines VA Healthcare System	Bay Pines	Mental Health & Behavioral Sciences Service	Accredited	<input type="checkbox"/>
FL	Jackson Health System	Miami	Behavioral Health Department of Psychology	Accredited	<input type="checkbox"/>
FL	James A. Haley Veterans Hospital, Tampa - FL	Tampa	Mental Health and Behavioral Sciences, Psychology Service	Accredited	<input type="checkbox"/>
FL	Citrus Health Network, Inc.	Hialeah	Psychology Department	Accredited	<input type="checkbox"/>
FL	Jackson Health System	Miami	Department of Psychology	Accredited	<input type="checkbox"/>
FL	Jackson Health System	Miami	Post-Doctoral Residency in Health Service Psychology	Accredited	<input type="checkbox"/>
FL	Bay Pines VAHCS	Bay Pines	Neuropsychology Postdoctoral Residency Program	Accredited	<input type="checkbox"/>
FL	Orlando VA Medical Center	Orlando	Psychology Training / Education Service	Accredited	<input type="checkbox"/>
FL	James A Haley Veterans Hospital	Tampa	Psychology	Accredited	<input type="checkbox"/>
FL	North Florida-South Georgia Veterans Health System	Gainesville	Psychology Service (116B)	Accredited	<input type="checkbox"/>
FL	Florida Department of Corrections-OHS	Zephyrhills	FDOC Postdoctoral Residency Program in Clinical Psychology	Accredited	<input type="checkbox"/>
FL	James A. Haley Veterans Hospital	Tampa	Psychology Service (116A)	Accredited	<input type="checkbox"/>
GA	Atlanta VA Health Care System	Decatur	MHSL (116)	Accredited	<input type="checkbox"/>
HI	Tripler Army Medical Center	TAMC	Department of Behavioral Health	Accredited	<input type="checkbox"/>
HI	Department of Veterans Affairs, Pacific Islands Health Care System (VA-PIHCS)	Honolulu	VA Pacific Islands Health Care System Postdoctoral Residency	Accredited	<input type="checkbox"/>
ID	Boise VA Medical Center	Boise	Boise VA Medical Center Postdoctoral Fellowship	Accredited	<input type="checkbox"/>
IL	Captain James A. Lovell Federal Health Care Center	North Chicago	Postdoctoral Fellowship in Clinical Psychology	Accredited	<input type="checkbox"/>
IL	Hines VA Hospital	Hines	Neuropsychology Fellowship	Accredited	<input type="checkbox"/>
IL	Edward J. Hines, Jr. VA Hospital	Hines	Clinical Psychology Postdoctoral Program	Accredited	<input type="checkbox"/>

State	Institution Name	City	Program/Department Name	Accreditation Status	
<b>KS</b>	The University of Kansas Medical Center	Kansas City	Department of Psychiatry and Behavioral Sciences	Accredited	<input type="checkbox"/>
<b>LA</b>	Southeast Louisiana Veterans Health Care System	New Orleans	Psychology Service	Accredited	<input type="checkbox"/>
<b>MA</b>	VA Boston Healthcare System (VABHCS)	Boston	Psychology Service (116B)	Accredited	<input type="checkbox"/>
<b>MA</b>	Edith Nourse Rogers Memorial VA Hospital	Bedford	Psychology Service	Accredited	<input type="checkbox"/>
<b>MA</b>	VA Central Western Massachusetts	Worcester	Clinical Neuropsychology Postdoctoral Residency Program	Accredited, on contingency	<input type="checkbox"/>
<b>MA</b>	VA Boston Healthcare System (VABHCS)	Boston	Psychology Service (116B)	Accredited	<input type="checkbox"/>
<b>MA</b>	Edith Nourse Rogers Memorial VA Hospital	Bedford	Psychology Service	Accredited	<input type="checkbox"/>
<b>MD</b>	Walter Reed National Military Medical Center	Bethesda	Postdoctoral Fellowship in Clinical Neuropsychology	Accredited	<input type="checkbox"/>
<b>MD</b>	VA Maryland Health Care System Capitol Health Care Network (VISN 5)	Baltimore	Psychology Postdoctoral Fellowship Program in PTSD	Accredited	<input type="checkbox"/>
<b>MD</b>	VA Maryland Health Care System Capitol Health Care Network (VISN 5)	Baltimore	Postdoctoral Fellowship in Clinical Neuropsychology	Accredited	<input type="checkbox"/>
<b>MD</b>	VA Maryland Health Care System Capitol Health Care Network (VISN 5)	Baltimore	MIRECC VA Advanced Fellowship Program in Mental Illness Research and Treatment	Accredited	<input type="checkbox"/>
<b>MD</b>	Walter Reed National Military Medical Center	Bethesda	Walter Reed Forensic Psychology Fellowship/ WRNMMC Dept of Psychology	Accredited	<input type="checkbox"/>
<b>ME</b>	VA Maine Healthcare System	Augusta	Psychology Section (116B)	Accredited	<input type="checkbox"/>
<b>ME</b>	VA Maine Healthcare System	Lewiston	Clinical Neuropsychology Fellowship Program	Accredited	<input type="checkbox"/>
<b>MI</b>	Michigan Medicine/VA Ann Arbor Healthcare System	Ann Arbor	Michigan Medicine/VA Ann Arbor Healthcare System Clinical Psychology Consortium	Accredited	<input type="checkbox"/>
<b>MI</b>	Battle Creek VA Medical Center	Battle Creek	Battle Creek VAMC Psychology Residency	Accredited	<input type="checkbox"/>
<b>MI</b>	Michigan Medicine/VA Ann Arbor Healthcare System	Ann Arbor	Michigan Medicine/VA Ann Arbor Healthcare System Clinical Neuropsychology Consortium	Accredited	<input type="checkbox"/>
<b>MI</b>	Michigan Medicine, University of Michigan	Ann Arbor	Michigan Medicine Clinical Child Psychology Postdoctoral Program	Accredited	<input type="checkbox"/>
<b>MI</b>	McLaren Academic Health Psychology Programs (MAHPP)	Flint	McLaren Academic Health Psychology Programs (MAHPP)	Accredited	<input type="checkbox"/>
<b>MI</b>	Battle Creek VA Medical Center	Battle Creek	Clinical Neuropsychology Residency	Accredited	<input type="checkbox"/>
<b>MI</b>	John D. Dingell VA Medical Center	Detroit	Psychology Section 11MH	Accredited	<input type="checkbox"/>
<b>MI</b>	Hurley Medical Center	Flint	Rehabilitation Psychology Postdoctoral Program	Accredited	<input type="checkbox"/>
<b>MN</b>	Minneapolis VA Health Care System	Minneapolis	Mental Health Service Line	Accredited	<input type="checkbox"/>
<b>MN</b>	Minneapolis VA Health Care System	Minneapolis	Mental Health Service Line	Accredited	<input type="checkbox"/>
<b>MN</b>	Minneapolis VA Health Care System	Minneapolis	Psychology Postdoctoral Residency Program	Accredited	<input type="checkbox"/>

State	Institution Name	City	Program/Department Name	Accreditation Status	
<b>MN</b>	Mayo Clinic Medical Psychology Fellowship Program	Rochester	Department of Psychiatry and Psychology	Accredited	<input type="checkbox"/>
<b>MN</b>	Mayo Clinic Medical Psychology Fellowship Program	Rochester	Department of Psychiatry and Psychology	Accredited	<input type="checkbox"/>
<b>MN</b>	Mayo Clinic Medical Psychology Fellowship Program	Rochester	Department of Psychiatry and Psychology	Accredited	<input type="checkbox"/>
<b>MO</b>	VA St. Louis Health Care System, St. Louis - MO	St. Louis	Mental Health Service	Accredited	<input type="checkbox"/>
<b>MO</b>	VA St. Louis Health Care System, St. Louis - MO	St. Louis	Mental Health Service	Accredited	<input type="checkbox"/>
<b>MO</b>	Veterans Affairs Medical Center, Kansas City - MO	Kansas City	Psychology Postdoctoral Residency Program	Accredited	<input type="checkbox"/>
<b>NC</b>	Womack Army Medical Center	Fort Bragg	WAMC Clinical Psychology Residency Program	Accredited	<input type="checkbox"/>
<b>NC</b>	W.G. (Bill) Hefner Veterans Affairs Medical Center	Salisbury	Mental Health and Behavioral Sciences	Accredited	<input type="checkbox"/>
<b>NC</b>	Veterans Affairs Medical Center, Durham - NC	Durham	Psychology Service (116B)	Accredited	<input type="checkbox"/>
<b>NJ</b>	Veterans Affairs New Jersey Health Care System	Lyons	Mental Health & Behavioral Science	Accredited	<input type="checkbox"/>
<b>NM</b>	New Mexico VA Healthcare System	Albuquerque	Behavioral Health Care Line (BHCL)	Accredited	<input type="checkbox"/>
<b>NM</b>	New Mexico VA Health Care System	Albuquerque	Clinical Psychology Postdoctoral Program	Accredited	<input type="checkbox"/>
<b>NM</b>	New Mexico VA Health Care System	Albuquerque	Clinical Neuropsychology Postdoctoral Program	Accredited	<input type="checkbox"/>
<b>NY</b>	Long Island Jewish Medical Center - The Zucker Hillside Hospital	Glen Oaks	Psychological Services	Accredited	<input type="checkbox"/>
<b>NY</b>	Samuel S. Stratton VA Medical Center	Albany	Behavioral Health VA Care Line	Accredited	<input type="checkbox"/>
<b>NY</b>	VA New York Harbor Healthcare System, Manhattan Campus	New York	Psychology Division, Mental Health Service	Accredited	<input type="checkbox"/>
<b>NY</b>	Northport VA Medical Center	Northport	Clinical Psychology Postdoctoral Fellowship with an Emphasis in Health Promotion Disease Prevention (HPDP) and Inter-professional Training in Primary Care	Accredited	<input type="checkbox"/>
<b>NY</b>	Long Island Jewish Medical Center - The Zucker Hillside Hospital	Glen Oaks	Psychological Services	Accredited	<input type="checkbox"/>
<b>NY</b>	James J. Peters VA Medical Center	Bronx	Mental Illness Research, Education and Clinical Center (MIRECC) VISN 2	Accredited	<input type="checkbox"/>
<b>NY</b>	VA Center for Integrated Healthcare	Buffalo	VA Advanced Fellowship Program in Mental Illness Research and Treatment - Primary Care-Mental Health Integration	Accredited	<input type="checkbox"/>
<b>NY</b>	University of Rochester Medical Center	Rochester	Department of Psychiatry, Postdoctoral Residency in Psychology	Accredited	<input type="checkbox"/>
<b>OH</b>	Louis Stokes Cleveland VA Medical Center	Cleveland	Psychology Service	Accredited	<input type="checkbox"/>
<b>OH</b>	Cincinnati VA Medical Center	Cincinnati	Psychology	Accredited	<input type="checkbox"/>
<b>OH</b>	Louis Stokes Cleveland VA Medical Center	Cleveland	Psychology Service	Accredited	<input type="checkbox"/>
<b>OH</b>	Veterans Affairs Medical Center, Dayton - OH	Dayton	Clinical Psychology Postdoctoral Program	Accredited	<input type="checkbox"/>

State	Institution Name	City	Program/Department Name	Accreditation Status	
OH	Louis Stokes Cleveland VA Medical Center	Cleveland	Psychology Service	Accredited	<input type="checkbox"/>
OH	Louis Stokes Cleveland VA Medical Center	Cleveland	Psychology Service 116B(W)	Accredited	<input type="checkbox"/>
OK	University of Oklahoma Health Sciences Center	Oklahoma City	Clinical Neuropsychology Residency/Department of Psychiatry and Behavioral Sciences	Accredited	<input type="checkbox"/>
OK	University of Oklahoma Health Sciences Center	Oklahoma City	Clinical Psychology Residency/Department of Psychiatry and Behavioral Sciences	Accredited	<input type="checkbox"/>
OR	Veterans Affairs Portland Health Care System (VAPORHCS)	Portland	Mental Health Division- Psychology	Accredited	<input type="checkbox"/>
OR	Portland VAPORHCS	Portland	Portland VA Postdoctoral Fellowship Program (Clinical Neuropsychology)	Accredited	<input type="checkbox"/>
OR	Providence Medical Group	Portland	Behavioral Health Psychology	Accredited	<input type="checkbox"/>
PA	Crescenz (Philadelphia) VA Medical Center	Philadelphia	Crescenz (Philadelphia) VA Medical Center- Neuropsychology	Accredited	<input type="checkbox"/>
PA	Corporal Michael J Crescenz VA Medical Center	Philadelphia	Psychology Deptment	Accredited	<input type="checkbox"/>
PA	AIDS Care Group	Sharon Hill	AIDS Care Group	Accredited	<input type="checkbox"/>
PR	VA Caribbean Healthcare System	San Juan	Psychology Service	Accredited	<input type="checkbox"/>
RI	Alpert Medical School of Brown University	Providence	Clinical Child Psychology Specialty Program/Dept. Psychiatry & Human Behavior	Accredited	<input type="checkbox"/>
RI	Brown University	Providence	Clinical Psychology Postdoctoral Training Programs at Brown: A Consortium of the Providence VA Medical Center, Lifespan, and Care New England	Accredited	<input type="checkbox"/>
RI	Brown University	Providence	Clinical Psychology Training Programs at Brown: A Consortium of the Providence VA Medical Center, Lifespan, and Care New England / Clinical Neuropsychology Specialty Program	Accredited, on contingency	<input type="checkbox"/>
SC	Columbia VA Health Care System	Columbia	Mental Health Service Line	Accredited	<input type="checkbox"/>
SC	Ralph H. Johnson VA Medical Center	Charleston	Mental Health Service Line, Couples & Family Emphasis Postdoctoral Fellowship Program,	Accredited	<input type="checkbox"/>
TN	Memphis VA Medical Center	Memphis	Clinical Psychology Fellowship Program	Accredited	<input type="checkbox"/>
TN	Lt. Col. Luke Weathers, Jr. VA (Memphis VA)	Memphis	Clinical Health Psychology Postdoctoral Fellowship Program	Accredited	<input type="checkbox"/>
TX	South Texas Veterans Health Care System	San Antonio	Psychology Service (116B)	Accredited	<input type="checkbox"/>
TX	South Texas Veterans Health Care System	San Antonio	Psychology Service (116B)	Accredited	<input type="checkbox"/>
TX	North Texas VA Health Care System	Dallas	Clinical Neuropsychology / Mental Health	Accredited	<input type="checkbox"/>
TX	VA North Texas Health Care System	Dallas	Psychology Service (116B), Postdoctoral Fellowship Program	Accredited	<input type="checkbox"/>
TX	Michael E. DeBakey VA Medical Center	Houston	Clinical Neuropsychology Postdoctoral Fellowship	Accredited	<input type="checkbox"/>
TX	Michael E. DeBakey VA Medical Center-Houston, TX	Houston	Clinical Psychology Postdoctoral Fellowship	Accredited	<input type="checkbox"/>
TX	San Antonio Uniformed Services Health Education Consortium (SAUSHEC)	JBSA Fort Sam Houston	Postdoctoral Fellowship in Clinical Neuropsychology	Accredited	<input type="checkbox"/>



State	Institution Name	City	Program/Department Name	Accreditation Status	
<b>TX</b>	Baylor Scott & White Health	Temple	Department of Psychiatry and Behavioral Science	Accredited	<input type="checkbox"/>
<b>TX</b>	Wilford Hall Ambulatory Surgical Center	Joint Base San Antonio--Lackland	Clinical Health Psychology	Accredited	<input type="checkbox"/>
<b>TX</b>	San Antonio Uniformed Services Health Education Consortium	Ft. Sam Houston	SAUSHEC Postdoctoral Clinical Psychology Fellowship	Accredited, on contingency	<input type="checkbox"/>
<b>TX</b>	Children's Medical Center Dallas	Dallas	Postdoctoral Fellowship in Clinical Child Psychology	Accredited	<input type="checkbox"/>
<b>UT</b>	VA Salt Lake City Health Care System	Salt Lake City	VA Salt Lake City Health Care System Clinical Psychology Postdoctoral Fellowship	Accredited	<input type="checkbox"/>
<b>VA</b>	Virginia Commonwealth University Health System	Richmond	VCU Post Doctoral Fellowship in Clinical Health Psychology - Department of Psychiatry	Accredited	<input type="checkbox"/>
<b>VA</b>	Central Virginia VA Healthcare System	Richmond	Rehabilitation Psychology Postdoctoral Fellowship	Accredited	<input type="checkbox"/>
<b>VA</b>	Naval Medical Center, Portsmouth	Portsmouth	Psychology Department (128Y00A)	Accredited	<input type="checkbox"/>
<b>VA</b>	Hampton VAMC	Hampton	Postdoctoral Program in Women's Mental Health and Trauma/Mental Health and Behavioral Sciences	Accredited	<input type="checkbox"/>
<b>VA</b>	Central Virginia VA Health Care System	Richmond	VA Mid-Atlantic Mental Illness Research, Education and Clinical Center (MIRECC) Advanced Psychology Fellowship at the McGuire VA Medical Center	Accredited	<input type="checkbox"/>
<b>VA</b>	Veterans Affairs Medical Center, Salem - VA	Salem	Department of Psychology	Accredited	<input type="checkbox"/>
<b>VT</b>	Veterans Affairs Medical Center-White River Junction, VT	White River Junction	Primary Care Integration and Health Psychology	Accredited	<input type="checkbox"/>
<b>WA</b>	Madigan Army Medical Center	Tacoma	Clinical Psychology Residency Program	Accredited	<input type="checkbox"/>
<b>WA</b>	VA Puget Sound, American Lake Division	Tacoma	Psychology Service (A-116-B)	Accredited	<input type="checkbox"/>
<b>WA</b>	University of Washington School of Medicine	Seattle	Clinical Postdoctoral Fellowship in Rehabilitation Psychology/Rehabilitation Medicine	Accredited	<input type="checkbox"/>
<b>WA</b>	Veterans Affairs Puget Sound Health Care System - Seattle Division	Seattle	Psychology Service, Mental Health 116	Accredited	<input type="checkbox"/>
<b>WA</b>	VA Puget Sound, Seattle	Seattle	Psychology (Rehabilitation)	Accredited	<input type="checkbox"/>
<b>WA</b>	VA Puget Sound, Seattle	Seattle	Psychology (Neuropsychology)	Accredited	<input type="checkbox"/>
<b>WI</b>	Milwaukee VA Medical Center	Milwaukee	Postdoctoral Residency in Clinical Neuropsychology	Accredited	<input type="checkbox"/>
<b>WI</b>	Medical College of Wisconsin	Milwaukee	Department of Neurology	Accredited	<input type="checkbox"/>
<b>WI</b>	Milwaukee VA Medical Center	Milwaukee	Mental Health Division, Psychology Postdoctoral Fellowship Program	Accredited	<input type="checkbox"/>

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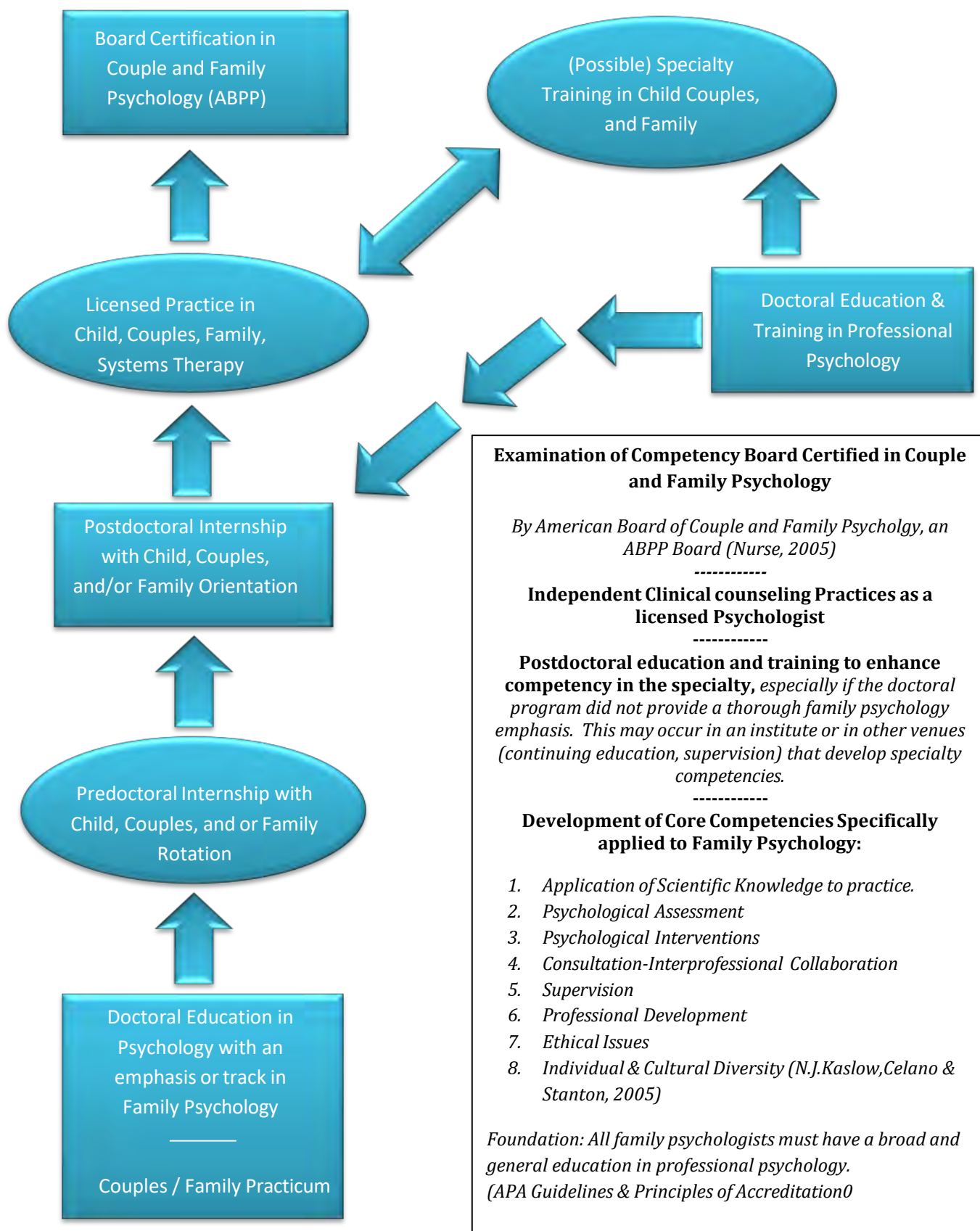
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## **Appendix L: Educational Pathways to Couple and Family Psychology Specialization**



## Appendix M: Couple and Family Psychology Demographic Data

### Health Service Psychologists across Areas of Specialty



#### Select an Area of Specialty: ⓘ

- ☐ Behavioral and Cognitive Psychology
- ☐ Clinical Psychology
- ☐ Clinical Child and Adolescent Psychology
- ☐ Clinical Health Psychology
- ☐ Clinical Neuropsychology
- ☐ Counseling Psychology
- ☒ Couple and Family Psychology
- ☐ Forensic Psychology
- ☐ Geropsychology
- ☐ Psychoanalysis
- ☐ School Psychology



6% of health service psychologists specialize in **Couple and Family Psychology**.  
Select a section below to see their characteristics.

Demographic, Licensure,  
and Board-Certification

Degrees, Training,  
and Areas of Specialty

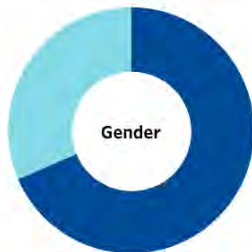
Work Hours, Work  
Activities, and Telehealth

Work Settings and  
Treatment Areas

Populations Served

Show Instructions

Show Documentation



Female  
Male



People of Color  
White

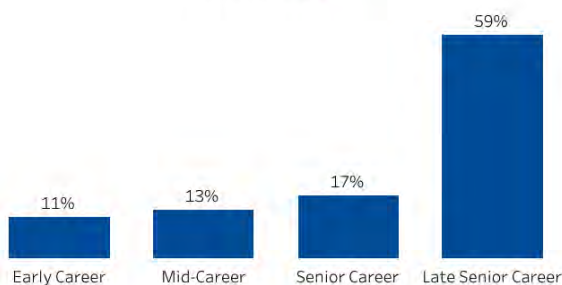


Licensed in 1 state  
Licensed in 2 or more states



Licensed within 1 year since doctorate  
Licensed 2-4 years since doctorate  
Licensed 5 or more years since doctorate

#### Career Stage ⓘ



Board-certified  
Not board-certified

In total, approximately 4,000 (4%) of  
licensed psychologists in the United  
States were board-certified. ⓘ

2% of board-certified psychologists  
were certified in the area of **Couple and  
Family Psychology**.

# Health Service Psychologists across Areas of Specialty



Select an Area of Specialty: ⓘ

- ☐ Behavioral and Cognitive Psychology
- ☐ Clinical Psychology
- ☐ Clinical Child and Adolescent Psychology
- ☐ Clinical Health Psychology
- ☐ Clinical Neuropsychology
- ☐ Counseling Psychology
- ☒ Couple and Family Psychology
- ☐ Forensic Psychology
- ☐ Geropsychology
- ☐ Psychoanalysis
- ☐ School Psychology



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and Board-Certification

Degrees, Training,  
and Areas of Specialty

Work Hours, Work  
Activities, and Telehealth

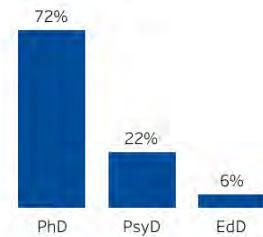
Work Settings and  
Treatment Areas

Populations Served

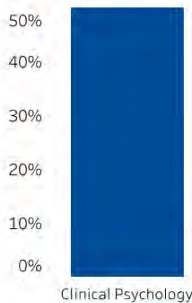
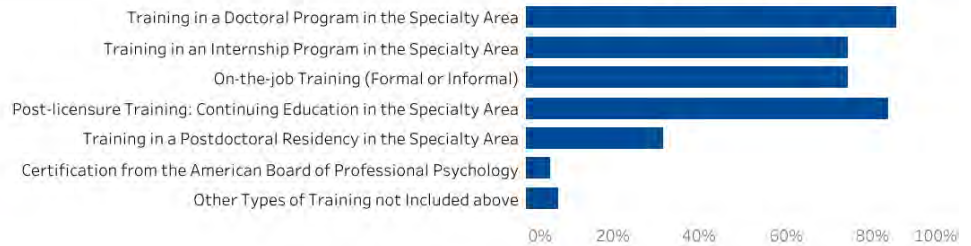
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## Degrees



## Types of Training, Certification, or other Qualification ⓘ



Psychologists who specialize in **Couple and Family Psychology** also specialize in:





# Health Service Psychologists across Areas of Specialty



## Select an Area of Specialty: ①

- ☐ Behavioral and Cognitive Psychology
- ☐ Clinical Psychology
- ☐ Clinical Child and Adolescent Psychology
- ☐ Clinical Health Psychology
- ☐ Clinical Neuropsychology
- ☐ Counseling Psychology
- ☒ Couple and Family Psychology
- ☐ Forensic Psychology
- ☐ Geropsychology
- ☐ Psychoanalysis
- ☐ School Psychology



6% of health service psychologists specialize in Couple and Family Psychology.  
Select a section below to see their characteristics.

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Degrees, Training,  
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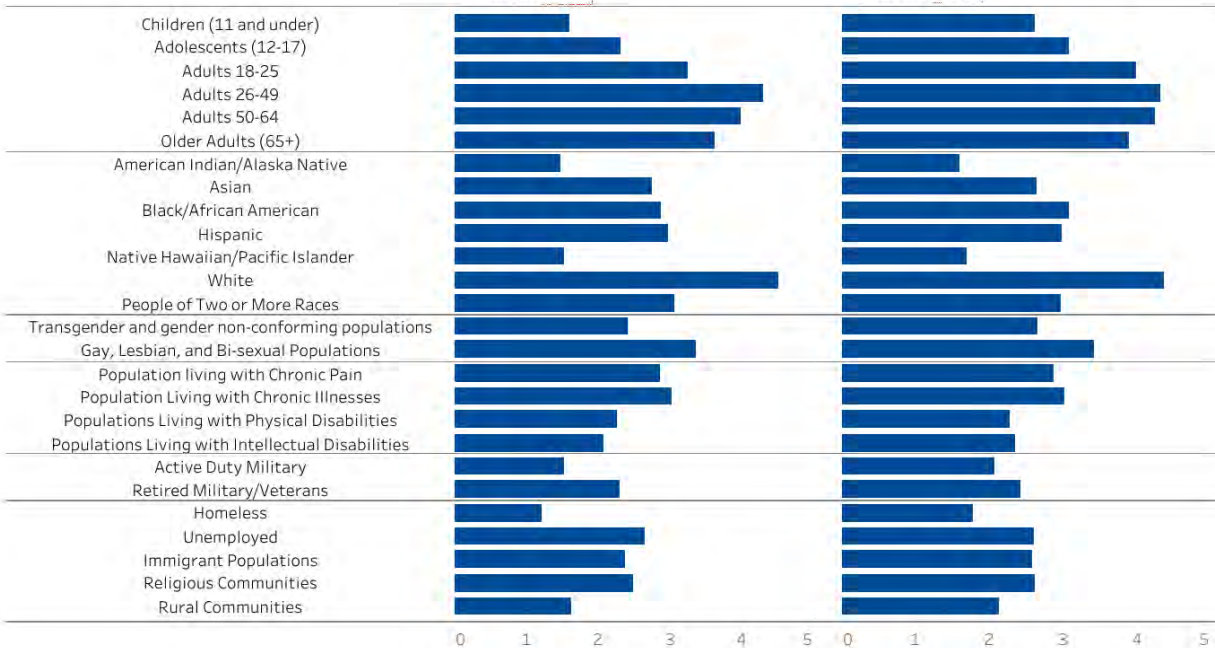
## Population Groups ①

## Frequency Rating ①

Mean: 2.7

## Cultural Responsiveness Rating ①

Mean: 3.0



# Health Service Psychologists across Areas of Specialty



## Select an Area of Specialty: ①

- ☐ Behavioral and Cognitive Psychology
- ☐ Clinical Psychology
- ☐ Clinical Child and Adolescent Psychology
- ☐ Clinical Health Psychology
- ☐ Clinical Neuropsychology
- ☐ Counseling Psychology
- ☒ Couple and Family Psychology
- ☐ Forensic Psychology
- ☐ Geropsychology
- ☐ Psychoanalysis
- ☐ School Psychology



6% of health service psychologists specialize in **Couple and Family Psychology**.  
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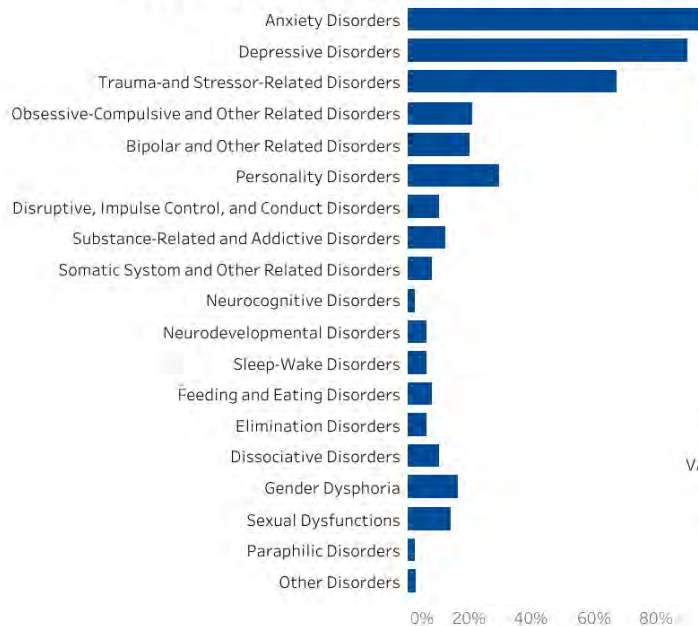
Work Settings and  
Treatment Areas

Populations Served

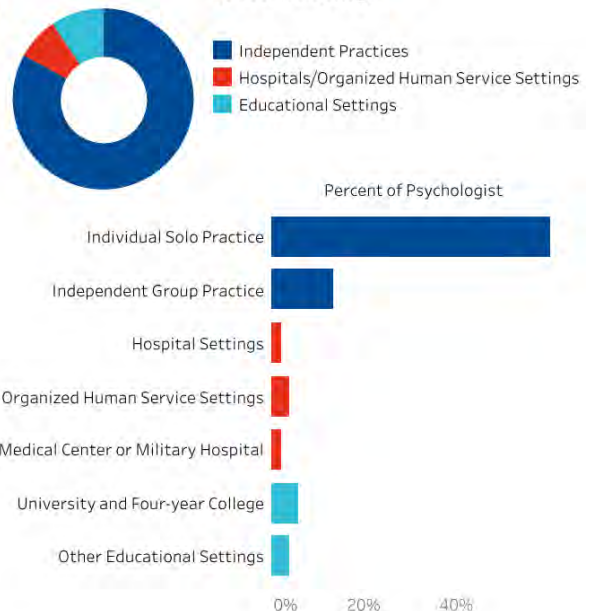
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## Treatment Areas ① % Psychologists Frequently Providing Services



## Work Settings ①





# Health Service Psychologists across Areas of Specialty



## Select an Area of Specialty: ①

- ☐ Behavioral and Cognitive Psychology
- ☐ Clinical Psychology
- ☐ Clinical Child and Adolescent Psychology
- ☐ Clinical Health Psychology
- ☐ Clinical Neuropsychology
- ☐ Counseling Psychology
- ☒ Couple and Family Psychology
- ☐ Forensic Psychology
- ☐ Geropsychology
- ☐ Psychoanalysis
- ☐ School Psychology



6% of health service psychologists specialize in Couple and Family Psychology.  
Select a section below to see their characteristics.

Demographic, Licensure,  
and Board-Certification

Degrees, Training,  
and Areas of Specialty

Work Hours, Work  
Activities, and Telehealth

Work Settings and  
Treatment Areas

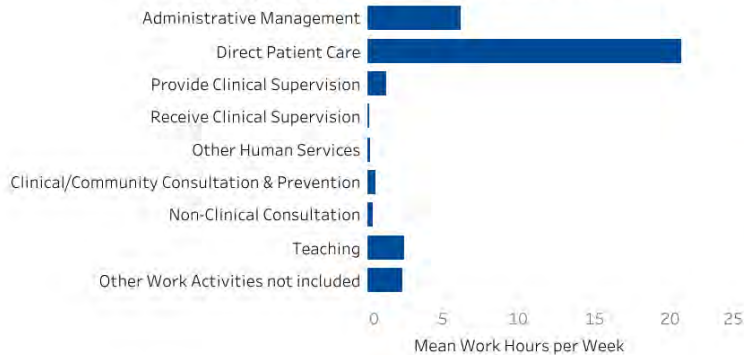
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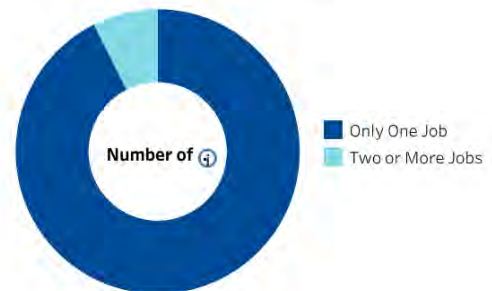
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## Work Activities ①

Mean Work Hours per Week

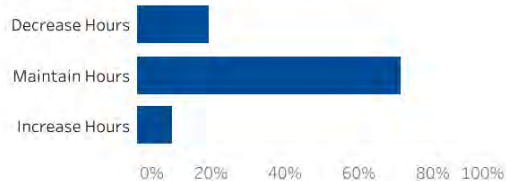


Mean Work Hours per week: 31.6



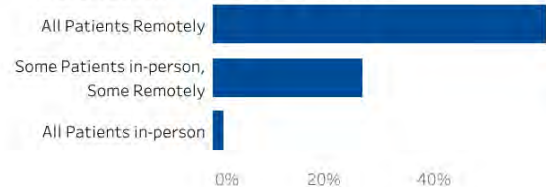
## Plans for Future Workload ①

Percent of Psychologist



## Telehealth ①

Percent of Psychologist



## Reference:

American Psychological Association. (2022). Health Service Psychologists across Areas of Specialty [Interactive Data Tool]. Retrieved December 27, 2024, from <https://www.apa.org/workforce/publications/health-service-psychologists-survey/specialty-areas>

## Appendix N: Active CFP Research Programs

Name of University	Degree Offered	Faculty Member Name	Research Interests & Link to research interest page
University of Kentucky	PhD	Sherry Rostosky	Professor Rostosky has conducted research on the health and well-being of LGBTQ individuals, couples, and families since 1999. As part of her research program, she supervises a research team ( <a href="http://www.PrismResearch.org">www.PrismResearch.org</a> ) of masters and doctoral students. <a href="https://education.uky.edu/people/sherry-rostosky">https://education.uky.edu/people/sherry-rostosky</a>
Andrews University	PhD	Rebecca Bennett Katovsich	Dr. Katovsich's dissertation research focused on the function of empathy and cognitive flexibility in the process of forgiveness. Other research interests include the intersection of faith and mental health, the healing properties of the therapeutic relationship, and the impact of parental discord on the psychological health and personality development of children and adolescents. <a href="https://www.andrews.edu/ceis/gpc/faculty/benjamin_karen.html">https://www.andrews.edu/ceis/gpc/faculty/benjamin_karen.html</a>
Arizona State University	PhD	Ashley Randall	To understand couples' interpersonal emotion regulation, Dr. Randall uses multi-method approaches (e.g., self-report, daily diary, momentary measures of emotional experience, and behavioral observations) and advanced statistical analyses suitable for longitudinal dyadic data analysis. To date, her empirical investigations have: (a) defined constructs related to stress in close relationships and couples' interpersonal emotion regulation, (b) examined couples' automatic and deliberate regulation processes, and (c) analyzed resulting associations with mental health outcomes. <a href="https://isearch.asu.edu/profile/1978159">https://isearch.asu.edu/profile/1978159</a>
Arizona State University	PhD	Rachel Ocampo Hoogasian	Dr. Ocampo's research team is currently split between a focus on sports and performance psychology as well as mental health disparity in BIPOC young people and families. In the realm of sports psychology, the team is working on several qualitative and quantitative research projects related to high competition sport engagement in adolescence and emerging adulthood. In the realm of BIPOC mental health disparity, the team is collecting qualitative and quantitative data related to best practices in treatment of Latinx youth and families. <a href="https://search.asu.edu/profile/3662682">https://search.asu.edu/profile/3662682</a>
Ball State University	PhD	Lina Burkhardt	Dr. Burkhardt's work primarily relates to intervention and assessment services with children, adolescents, and families. Clinically, she has particular interests related to parent/caregiver-child relationships, parenting, childhood emotional and behavioral concerns, and integrated behavioral health services for individuals across the age span. <a href="https://www.bsu.edu/academics/collegesanddepartments/cpspc/about-us/directory/faculty/lina-burkhardt">https://www.bsu.edu/academics/collegesanddepartments/cpspc/about-us/directory/faculty/lina-burkhardt</a>
Ball State University	PhD	Nicholas Lee	Dr. Lee's scholarly interests entail psychotherapy process and outcome, couple and family therapy interventions, Emotionally Focused Couples Therapy (EFT), clinical training, and the intersection of chronic health issues and relationship well-being. <a href="https://www.bsu.edu/academics/collegesanddepartments/cpspc/about-us/directory/faculty/leenicholas">https://www.bsu.edu/academics/collegesanddepartments/cpspc/about-us/directory/faculty/leenicholas</a>
Brigham Young University	PhD	Timothy B. Smith	His research interests include family relationships as the basis of social and individual well-being, multicultural society, parenting children with disabilities, moral issues, prevention of human trafficking and exploitation, and spirituality and religion. <a href="https://education.byu.edu/directory/view/timothy-smith">https://education.byu.edu/directory/view/timothy-smith</a>

Brigham Young University	PhD	Blake Hansen	His current research focuses on parenting children with disabilities. They utilize the processes and procedures found in acceptance and commitment therapy (ACT), especially on the analysis of language and cognition associated with parenting. Dr. Hansen is a Board Certified Behavior Analyst (doctoral) and engages in consultation and direct treatment of behavior challenges in individuals with autism. <a href="https://education.byu.edu/directory/view/blake-hansen">https://education.byu.edu/directory/view/blake-hansen</a>
Brigham Young University	PhD	Adam Fisher	Dr. Fisher's research focuses on understanding and increasing relational intelligence (RQ) among individuals, couples, and groups, particularly in the field of behavioral health. Specific topics have included group interventions for out of control sexual behavior, and integrative approaches in couple therapy. <a href="http://adamfisherphd.com/research/">http://adamfisherphd.com/research/</a>
Chatham University	PsyD	Molly Kelly	Dr. Kelly's areas of interest include women's reproductive mental health, matrescence and matricentric feminism, parenting, developmental trauma, psychological wellness, and clinical teaching and training. <a href="https://www.chatham.edu/academics/graduate/psychology-doctorate/faculty/molly-kelly.html">https://www.chatham.edu/academics/graduate/psychology-doctorate/faculty/molly-kelly.html</a>
Fordham University	PhD	Merle Keitel	<a href="https://www.fordham.edu/info/20994/qse_faculty/3176/merle_keitel">https://www.fordham.edu/info/20994/qse_faculty/3176/merle_keitel</a> Dr. Keitel's areas of interest within health psychology include infertility, polycystic ovary syndrome (PCOS), family responses to anorexia, and eating disorder and women's mental health broadly defined.
Howard University	PhD	Mercedes Ebanks	<a href="https://profiles.howard.edu/profile/41071/mercedes-e-ebanks">https://profiles.howard.edu/profile/41071/mercedes-e-ebanks</a> Dr. Ebanks specializes in Parenting effects of social emotional development, The role of fathers, and Cultural factors in addressing mental health concerns.
Iowa State University	PhD	Monica Marsee	<a href="https://psychology.iastate.edu/directory/dr-monica-marsee/">https://psychology.iastate.edu/directory/dr-monica-marsee/</a> My research is generally focused on children and adolescents, and spans three main areas: bullying and aggression, callous-unemotional traits, and gender similarities/differences. I investigate questions related to these areas using a multi-method, multi-informant research protocol that includes self, parent, teacher, and peer-report of behavior, as well as experimental and observational methods. Further, all research conducted in my lab is grounded in a developmental psychopathology perspective, which allows me to study the development of behavioral problems within the context of what is known about normal development.
Lehigh University	PhD	Cheré D. Hunter	<a href="https://ed.lehigh.edu/faculty/hunter">https://ed.lehigh.edu/faculty/hunter</a> Professor Hunter's clinical and scholarly interests include the impact of trauma on children and adolescents, culturally competent care and supervision, and the impact of colorism on individuals and families.
Lehigh University	PhD	Susan Woodhouse	<a href="https://ed.lehigh.edu/faculty/directory/swoodhouse">https://ed.lehigh.edu/faculty/directory/swoodhouse</a> Dr. Woodhouse's research interests focus on applications of attachment theory to (a) children's and adolescents' relationships with parents and peers, (b) process and outcomes of psychotherapy, and (c) psychotherapy research focused on improving preventive interventions for underserved, diverse families with young children to promote school readiness and mental health.
Louisiana Tech University	PhD	Walter C. Buboltz, Jr.	<a href="https://education.latech.edu/about/faculty-staff/faculty-directory/single-entry/name/walter-buboltz-jr/">https://education.latech.edu/about/faculty-staff/faculty-directory/single-entry/name/walter-buboltz-jr/</a> Research interests include sleep quality/length and human performance, family development related to career issues, message framing, and psychological reactance and emotional labor.
Marquette University	PhD	Lynne Konobloch-Fedders	<a href="https://www.marquette.edu/education/directory/lynne-knobloch-fedders.php">https://www.marquette.edu/education/directory/lynne-knobloch-fedders.php</a> The first line of my work examines the associations between couples' interpersonal behavior, relationship distress, and psychopathology, with a particular emphasis on the ways in which these factors predict treatment

			process and outcome in couple psychotherapy. My second line of work is designed to understand the factors associated with successful treatment in individual, couple, and family psychotherapy. This research is being used to identify patterns of patient change and therapist behavior that predict the effectiveness of systemically-based psychotherapy. My final line of research explores the relational and psychological well-being of military couples.
Marquette University	PhD	Raven Krautkramer	<a href="https://www.marquette.edu/education/directory/raven-krautkramer.php">https://www.marquette.edu/education/directory/raven-krautkramer.php</a> Her research interests include Family and sociocultural influences on romantic relationships, Implications of online dating, and Clinical risk management training for suicidality.
Our Lady of the Lake University	PsyD	Codina Fayed	<a href="https://www.ollusa.edu/cps/profiles/codina-fayed.html">https://www.ollusa.edu/cps/profiles/codina-fayed.html</a> My expertise includes active research in family systems, strength-based therapeutical approaches, infidelity, intergenerational transmission of patterns, and betrayal trauma.
Rivier University	PsyD	Melissa Coffey	<a href="https://www.rivier.edu/directory/melissa-coffey/">https://www.rivier.edu/directory/melissa-coffey/</a> Her background includes trauma-informed interventions, family systems, psychoeducational assessment, as well as LGBTQIA+ youth. Her research includes implementing positive psychology into complex systems to increase the level of wellbeing in the work environment.
Springfield College	PsyD	Elizabeth Morgan	<a href="https://springfield.edu/directory/elizabeth-morgan">https://springfield.edu/directory/elizabeth-morgan</a> Her research interests include Adolescent and emerging adult sexual and romantic relationship development, Sexual orientation/identity development, specifically bisexual and heterosexual identity development, Social contexts of sexual development (e.g., parent-child relationships, peers, and media), and Narrative identity studies and methodologies.
Tennessee State University	PhD	James Campbell	<a href="https://www.tnstate.edu/psychology/counfaculty.aspx">https://www.tnstate.edu/psychology/counfaculty.aspx</a> Dr. Campbell's research interest include male gender role socialization, marriage and couple issues, and children and adolescents.
Texas A&M University	PhD	Timothy Lawrence	<a href="https://directory.education.tamu.edu/view/tlawrence3">https://directory.education.tamu.edu/view/tlawrence3</a> Dr. Lawrence's research interest includes at-risk youth and families and examines risk factors for adolescent adverse outcomes such as aggression and antisocial behavior, developmental psychopathology, dysfunctional family patterns (e.g., exposure to family violence, sibling violence, child abuse), emotions, substance use, offender rehabilitation, and psych-law decision-making.
The University of Memphis	PhD	Sara K. Bridges	<a href="https://www.memphis.edu/cepr/faculty/bios/current/bridges.php">https://www.memphis.edu/cepr/faculty/bios/current/bridges.php</a> Interests include Coherence Therapy, Constructivist Psychology theory and practice, Humanistic Psychology, Human Sexuality and Sexual Satisfaction, and Couples and Family Therapy.
University at Albany, SUNY	PhD	Myrna L. Friedlander	<a href="https://www.albany.edu/education/faculty/myrna-l-friedlander">https://www.albany.edu/education/faculty/myrna-l-friedlander</a> Her research interests involve therapeutic and supervisory processes and outcomes, especially verbal interaction and the therapeutic alliance in family therapy.
University of California, Santa Barbara	PhD	Heidi Zetzer	<a href="https://education.ucsb.edu/research-faculty/bio?first=Heidi&amp;last=Zetzer">https://education.ucsb.edu/research-faculty/bio?first=Heidi&amp;last=Zetzer</a> Dr. Zetzer's areas of scholarship include multicultural clinical supervision, parallel process in supervision, white privilege, and positive psychology including hope, forgiveness, gratitude, and meaning in life. Her research interests include Family Violence, Culturally competent and empirically-based treatment, Multicultural organizational development, and Multicultural supervision.
University of Denver	PhD	Jesse Owen	<a href="https://morgridge.du.edu/about/faculty-directory/jesse-j-owen">https://morgridge.du.edu/about/faculty-directory/jesse-j-owen</a>

			His research seeks to contribute to the enhancement and understanding of couples' relationship functioning, as well as to develop a deeper understanding of the common and specific factors related to therapeutic effectiveness. An underlying assumption of his mission is that we contextualize our work through cross-cultural factors that are inherently interwoven with the lives of individuals, couples, and therapists.
University of Maryland-College Park	PhD	Karen M. O'Brien	<a href="https://psyc.umd.edu/facultyprofile/obrien/karen">https://psyc.umd.edu/facultyprofile/obrien/karen</a> My research focuses on the vocational development of women (e.g., studying factors associated with successful management of work and family in the United States and internationally), intimate partner violence (e.g., developing interventions to reduce dating violence), and death, dying and grieving (e.g., educating future helping professionals about end-of-life issues).
University of Massachusetts, Boston	PhD	Gonzalo Bacigalupe	<a href="https://www.umb.edu/directory/gonzalobacigalupe/">https://www.umb.edu/directory/gonzalobacigalupe/</a> His research with colleagues in Chile, Mexico, Portugal, Spain, Turkey, and the USA, focuses on the impact of emerging media adoption on families, the role of patient online communities, the use of emerging media to build community resilience for disaster risk reduction, and family health. Bacigalupe has published and presented on research addressing the role of emerging digital technologies and vulnerable populations including transnational families and couples, political and family violence, family health and disparities (celiac disease, chronic pain, and medication strategies and literacy), e-health, and social technologies. He is presently studying the role of digital volunteers and the use of drones to strengthen disaster risk reduction among vulnerable communities in Chile.
University of Miami	PhD	MarieGuerd a Nicolas	<a href="https://people.miami.edu/profile/nguerda@miami.edu">https://people.miami.edu/profile/nguerda@miami.edu</a> Her current research projects focus on developing culturally effective mental health intervention for people of color, with a specific focus on immigrant children, adolescents, and families. In addition, she conducts research on social support networks of Caribbean population with a specific focus on Haitians; spirituality and adolescents; and social support and mental health of Blacks.
University of Missouri, Columbia	PhD	Keith Herman	<a href="https://education.missouri.edu/person/keith-herman/">https://education.missouri.edu/person/keith-herman/</a> Developmental psychopathology and school mental health, prevention and treatment of child depression, and parent, family, and school interventions
University of North Texas	PhD	Patricia Kaminski	<a href="https://psychology.unt.edu/people/patricia-kaminski">https://psychology.unt.edu/people/patricia-kaminski</a> Parent-Child Relationships, Eating Disorders & Body Image, ADHD, PTSD Secondary to Childhood Trauma, Gender & Leadership, Child Abuse Prevention, Custodial Grandparenting, Contemporary Psychodynamic Psychotherapy
University of North Texas	PhD	Chiachih DC Wang	<a href="https://psychology.unt.edu/node/faculty/chiachih-dc-wang">https://psychology.unt.edu/node/faculty/chiachih-dc-wang</a> Attachment Theory, Cultural Variations of Adult Attachment, Acculturation, Adjustment & Psychological Wellbeing of Immigrant Individuals, Parent-Child Relationships in Asian Immigrant Families
University of Northern Colorado	PhD	Brian Johnson	<a href="https://www.unco.edu/cebs/applied-psychology-counselor-education/professional-counseling/faculty/johnson-brian.aspx">https://www.unco.edu/cebs/applied-psychology-counselor-education/professional-counseling/faculty/johnson-brian.aspx</a> Parenting and Parent Training, Youth Mentoring, Childhood Behavior Disorders, College Student Adjustment and Retention, and Psychological Assessment
University of Northern Colorado	PhD	Kenneth Parnell	<a href="https://www.unco.edu/cebs/applied-psychology-counselor-education/professional-counseling/faculty/parnell-kenneth.aspx">https://www.unco.edu/cebs/applied-psychology-counselor-education/professional-counseling/faculty/parnell-kenneth.aspx</a> Help-Seeking, Intimate Relationships
University of Oregon	PhD	Krista Chronister	<a href="https://education.uoregon.edu/directory/cpsy/all/kmg">https://education.uoregon.edu/directory/cpsy/all/kmg</a> Professor Chronister conducts research on the impact of partner violence on adolescent and adult vocational and economic development, and preventive interventions designed to prevent and remedy the impact. Professor Chronister



			also focuses on partner violence, and culturally-specific prevention and intervention strategies, in Spanish-speaking Latinx and Filipino communities.
University of Oregon	PhD	Jean Kjellstrand	<a href="https://education.uoregon.edu/directory/cpsy/all/jeank">https://education.uoregon.edu/directory/cpsy/all/jeank</a> Dr. Kjellstrand's research and teaching interests focus on positive youth development and interventions to prevent problematic behavior among children in vulnerable situations. Her most recent research examines 1) the impact of parental incarceration on children and the specific mechanisms through which risk is transmitted, and 2) interventions to support incarcerated parents and their children both during the parents' incarceration and after release. As a prevention scientist, she uses quantitative and qualitative research approaches to examine the role of key malleable individual, family, and community factors on the development of children of incarcerated parents. Then, working closely with organizations and communities within a participatory framework, she uses this information to help guide the development and testing of interventions to strengthen and support families.
University of Oregon	PhD	Leslie Leve	<a href="https://education.uoregon.edu/directory/cpsy/all/leve">https://education.uoregon.edu/directory/cpsy/all/leve</a> Professor Leve is best known for her research on child and adolescent development, gene-environment interplay, and interventions for underserved children, families, and communities. This includes preventive intervention studies with youth in foster care or juvenile justice system, adoption studies that examine the interplay between biological and social influences on development, and COVID-19 testing outreach programs for Latinx communities. She co-directs a Center on parenting in the context of opioid use. Her work also focuses on outcomes for girls and women.
University of Oregon	PhD	Jen Doty	<a href="https://education.uoregon.edu/directory/cpsy/all/jendoty">https://education.uoregon.edu/directory/cpsy/all/jendoty</a> Dr. Doty's research is built around the idea that parent-child relationships and technology are key leverage points for improving adolescent health and well-being. She focuses on evidence-based parenting interventions, prevention of bullying and cyberbullying, and the promotion of mental health.
University of Oregon	PhD	Beth Stormshak	<a href="https://education.uoregon.edu/directory/cpsy/all/bstorm">https://education.uoregon.edu/directory/cpsy/all/bstorm</a> Dr. Stormshak's research focuses on understanding risk factors in early and middle childhood associated with the development of problem behavior in late adolescence, including substance use and delinquency. Her primary research focus includes testing the efficacy of family-centered interventions, such as the Family Check-Up, that reduce the later risk of problem behavior. She also studies the process of dissemination of evidence-based interventions into real world community settings and has developed an online version of the Family Check-Up for wide-scale dissemination.
University of Oregon	PhD	Karrie Walters	<a href="https://education.uoregon.edu/directory/cpsy/all/kwalters">https://education.uoregon.edu/directory/cpsy/all/kwalters</a> Karrie's research and outreach interests include doctoral clinical training and supervision, best practices for transgender and gender-creative children, and ecologically based child and family interventions.
University of South Alabama	PhD	Kimberly Zlomke	<a href="https://www.southalabama.edu/colleges/artsandsci/psychology/faculty/zlomke.html">https://www.southalabama.edu/colleges/artsandsci/psychology/faculty/zlomke.html</a> Her current research program focuses on behavioral family interventions for children with disruptive behavior and autism and investigating the role that parenting plays in young adult stress, anxiety, and loneliness.
University of Southern Mississippi	PhD	Bonnie Nicholson	<a href="https://www.usm.edu/faculty-directory/profile.php?id=1936490">https://www.usm.edu/faculty-directory/profile.php?id=1936490</a> She is affiliated with the Counseling Psychology graduate programs and head of the Positive Parenting Research Team. The PPRT focuses on investigating parenting and positive psychology constructs which are associated with healthy outcomes for children and parents. Current projects involve investigations of

			helicopter parenting and college students, cultural variations in parenting, and projects related to parental and adult attachment.
University of St. Thomas	PsyD	Jean M. Birbilis	<a href="https://health.stthomas.edu/about/faculty-staff/directory/jean-birbilis/index.html">https://health.stthomas.edu/about/faculty-staff/directory/jean-birbilis/index.html</a> Her research interests include Education, Training, and Supervision in Psychology, Assessment, Individual, Group, and Family Therapy, Behavioral Medicine, Life Transitions, Military Personnel, Veterans, and Their Families, and Business of Psychology.
University of St. Thomas	PsyD	Consuelo Cavalieri	<a href="https://health.stthomas.edu/about/faculty-staff/directory/consuelo-cavalieri/index.html">https://health.stthomas.edu/about/faculty-staff/directory/consuelo-cavalieri/index.html</a> Dr. Cavalieri combines her interest in early childhood mental health with a focus on Indigenous perspectives on family and tribal wellness. She is interested in indigenizing early childhood psychotherapy for tribal peoples by drawing upon their knowledge systems and care networks to inform the healing process.
University of St. Thomas	PsyD	Kurt Gehlert	<a href="https://health.stthomas.edu/about/faculty-staff/directory/kurt-gehlert/index.html">https://health.stthomas.edu/about/faculty-staff/directory/kurt-gehlert/index.html</a> His research interests include Couples Counseling, Counseling Process, Applications of Systems Theory, Postmodern Approaches to Psychotherapy, Clinical Supervision and Training, and Promoting Social Justice through Effective Therapy.
University of Wisconsin, Madison	PhD	Travis Wright	<a href="https://counselingpsych.education.wisc.edu/fac-staff/wright-travis/">https://counselingpsych.education.wisc.edu/fac-staff/wright-travis/</a> Dr. Travis Wright is the founder/director of the BASES Project, a school and community-based intervention for homeless preschool students, their families, and teachers. Dr. Wright is a nationally recognized expert on resilience and emotionally responsive teaching, especially for children developing in the midst of adversity.
Utah State University	PhD	Melanie M. Domenech Rodríguez	<a href="https://cehs.usu.edu/psychology/people/domenech-rodriquez-melanie">https://cehs.usu.edu/psychology/people/domenech-rodriquez-melanie</a> Her work has an emphasis on Latinx Mental Health, Parenting Intervention, Cultural Adaptation, Cultural Competence, Multicultural Psychology, & Ethics Latinx Immigrant Health Alliance. Her scholarship on cultural adaptations of evidence-based interventions addresses health disparities in access, acceptability, and effectiveness of treatment for ethnic and culturally diverse people. The work on cultural adaptations spans the gamut from specific trials (Amador Buenabad et al., 2019; Domenech et al., 2011; Parra-Cardona et al., 2017) to advances in theory development (Bernal & Domenech Rodríguez, 2012; Kofsloski & Domenech Rodríguez, 2017) to meta-analytic examination of impacts of cultural adaptations on treatment effectiveness (Smith et al., 2011; Soto et al., 2018).
Virginia Commonwealth University	PhD	Shawn C.T Jones	<a href="https://psychology.vcu.edu/directory/faculty/jones-shawn.html">https://psychology.vcu.edu/directory/faculty/jones-shawn.html</a> Dr. Shawn Jones' program of research principally seeks to challenge, clarify and correct the narrative concerning risk and resilience for Black youth and their families. He strives to better understand the interplay between race-related risk (e.g., racial discrimination, racism-related stress) and protective factors (e.g., racial identity, racial socialization, Africentricity) that influence Black youth psychological wellbeing. To that end, his investigations seek to move beyond understanding that racial/ethnic factors are protective, to unearthing the mechanisms and processes that explain how this protection is achieved. He employs both quantitative and qualitative methodologies—including utilizing mixed methods—and his strengths-based approach is grounded in cultural ecological models, acknowledging the role of individual and broader contextual (e.g., microsystem, macrosystem) factors.
Western Michigan University	PhD	Gary H. Bischof	<a href="https://wmich.edu/cecp/directory/bischof">https://wmich.edu/cecp/directory/bischof</a> Research topics have included families of juvenile sex offenders, couple therapy, clinical supervision, integrating religion and spirituality in therapy, brief

			solution-oriented therapy, the integration of family therapy and medicine and most recently couples with at least one transgender partner.
University at Buffalo State University of New York	PhD	Stephanie S. Fredrick	<a href="http://ed.buffalo.edu/about/directory/faculty/profile.html?uid=ssfredri">http://ed.buffalo.edu/about/directory/faculty/profile.html?uid=ssfredri</a> Broadly, her research aims to investigate the relations among bullying behavior and social-emotional well-being among youth and how schools, families, and communities can prevent bullying and promote protective factors and resiliency among youth. Bullying behavior is complex and involves children's individual characteristics and larger social contexts; thus, her research program is grounded in the social-ecological framework. Dr. Fredrick is especially interested in school-based preventative and protective factors, including social support, school climate, and social-emotional learning practices. More recently, her research has focused cyberbullying prevention, media use, and digital citizenship skills. Another focus of her research focuses on evidence-based assessment of social-emotional behavior, including universal social-emotional screening in schools.
University at Buffalo State University of New York	PhD	Amanda B. Nickerson	<a href="http://ed.buffalo.edu/about/directory/faculty/profile.html?uid=nickersa">http://ed.buffalo.edu/about/directory/faculty/profile.html?uid=nickersa</a> Dr. Nickerson's research focuses on school crisis prevention and intervention, with a particular emphasis on violence and bullying. She has examined the role of schools, parents, and peers in preventing violence and enhancing the social-emotional strengths of children and adolescents.