



# Newsletter

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Academy of Family Psychology

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## President's Message

By John E. Northman, Ph.D., ABPP



With a strong belief in strategic partnerships, I was delighted that a "first" occurred during the APA convention in Washington this past August. For the first time ever, there occurred a meeting bringing together the leaders of the four family psychology organizations: Division 43, the Academy of Family Psychology, the American Board of Family Psychology, and the Family Psychology Specialty Council. Many thanks to Mark Stanton, 2005 president of Division 43, for making the necessary logistical arrangements for this meeting.

Emerging directly from that meeting was the gracious invitation of Cindy Carlson, 2006 Division 43 president, for AFP to make a presentation at the Division 43 midwinter board meeting in San Antonio. Assisting me with the presentation will be Mark Stanton on going through the process from the candidate's perspective, Florence Kaslow on the process from the test examiner's perspective, John Thoburn on the mentoring process, and Irene Goldenberg on the senior option.

The strategic partnership focus has also spawned a collaborative AFP/ABFamP initiative. As of this past fall, the Academy of Family Psychology and the American Board of Family Psychology, working together, have contributed \$1,000 each to make available \$100 scholarships for the first 20 applicants to successfully complete ABPP board certification (diplomate) in family psychology. Since September 1

several scholarship candidates have already begun the application process.

To further publicize and promote family psychology and the ABPP diplomate, we now have a 15 minute DVD featuring our own Florence Kaslow in conversation with Bernard Brucker. The discussion includes the unique focus of family psychology, the significance of the field's research base, the existence of multiple schools of family therapy, and the helpful perspectives provided by genograms. The multiple advantages of ABPP board certification in family psychology are appropriately and effectively highlighted.

To further facilitate the examination process, AFP has now formally established a mentoring program. Following initial submission of application materials, a candidate can request a mentor to assist in any way possible. The position of mentoring chair has been formalized as a responsibility of the president-elect. In his role as mentoring chair, AFP president-elect John Thoburn has developed a one-page outline of the mentoring process. The goal is to help every qualified applicant succeed in attaining the diplomate, and connection with a mentor can be most helpful in making that happen.

It has long been apparent to AFP that the largest pool of potential diplomates resides in Division 43. As of this past year AFP has regularly had a column in each issue of the Division 43 quarterly newsletter, *The Family Psychologist*, thus reaching many prospec-

tive applicants.

Unquestionably the best ambassador for board certification is another board certified psychologist. If you are reading this column you have already decided that the ABPP diploma is a valued accomplishment and asset. So let us challenge ourselves as colleagues to approach individually other colleagues and encourage them to gain the benefits of board certification in family psychology.

For years AFP was challenged with maintaining an accurate, up-to-date database. The problem? With changes of officers, the transfer of basic membership information had itself become unnecessarily complicated. Through the generosity of the ABPP office, the AFP database is now housed in Savannah. The database itself is maintained by AFP officers, easily accessed from anywhere via password. Keeping this vital membership information in a single, constant location should greatly ease future transitions between sets of officers.

So much is happening within AFP. At the most recent quarterly board meeting (yes, the AFP board now holds conference call meetings four times per year), we began to outline

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plans for activities at the APA convention in August 2006. Many ideas were discussed, including social as well as professional activities. And the conference calls themselves now formally include representatives from the American Board of Family Psychology (Irene Goldenberg, president), Division 43 (Mark Stanton, 2005 president, and now Cindy Carlson, 2006 president), and the Family Psychology Specialty Council (William Watson, chair). Stay tuned.

**Advertise your practice or faculty position in the AFP Newsletter.**

**Contact us at:  
[morris49@ipa.net](mailto:morris49@ipa.net)**

## Notes from the President-elect

By John Thoburn, Ph.D. ABPP



There has been a flurry of energy the past couple of years among AFP leadership, with exciting and provocative milestones attained by the Academy of Family Psychology. There remain some significant challenges for AFP as it seeks to embrace the full measure of its intended mandate as an exemplar of the highest standards of family psychology practice. Three significant areas of challenge include structure, recruitment and relationships.

*Structure:* Structure can inhibit or enhance the work of an institution. I'd like to carefully go over AFP's bylaws and bring them up to date where need be. We need the bylaws to provide impetus to propel AFP to the next level in terms of board certified psychologists' relationship with the public, with policy makers, with financial entities and with the rest of the healthcare community.

*Recruitment:* Recruitment of new family psychologists for board certification is of vital importance. There is a significant need to increase the stream of applicants for board licensure in family psychology.

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## Couple and Family Training at a Psychoanalytic Institute: the Advanced Specialization at the New York University Postdoctoral Program in Psychotherapy and Psychoanalysis

By Mary-Joan Gerson, Ph.D., ABPP

Two or three decades ago, psychoanalytic and systemic theorists were at odds. As someone who has been immersed in both clinical perspectives, I often felt like a double agent, hearing psychoanalytic colleagues describe a referral to couple treatment as "a way to get her/him into individual treatment," the gold standard. Or I can easily call to mind the somewhat disparaging remarks that systemically oriented colleagues proffered with regard to the "dinosaur" of treatment, the psychoanalytic model.

Much of my career has been dedicated to bridging this divide, because I believe that it is useful to patients when both theoretical perspectives are available, and because I believe that thinking across two theoretical positions sharpens clinical acumen and decision making. My first integrative effort was to create a didactic/clinical module within the New York University program in clinical psychology, a program which had always been known for its psychoanalytic theoretical and research contribution. Then with a group of colleagues, I initiated the formation of a new Section (8) in Division 39 (Psychoanalysis), titled Couple and Family Therapy. It is thriving. But what I feel is most groundbreaking from an integrative perspective, is the realization of a couple and family educational program at a psychoanalytic institute, in my case the New York University Postdoctoral Program in Psychotherapy and Psychoanalysis. N.Y.U. Postdoctoral—which trains Ph.D. psychologists—is well recognized for its scholarship and the pluralism of its orientations: Interpersonal, Relational and Freudian. Stu-

dents sample and mix and match these orientations.

We were able to organize a seminar series focused on family issues: life cycle, divorce and separation, chronic illness, etc., which has run for about 10 years at the post doctoral training program. Faculty, graduates and candidates participated in these seminars and the response to them was always extremely positive with particular reference to the absence of rhetoric and redundancy of thinking. It seemed clear that when invited to think across two different paradigms, that colleagues became immersed and creative in this integrative. process.

However, the time came for a more formal structure within which to present an integrative perspective on couple and family therapy, and we now will be offering—for Ph.D.'s only—an Advanced Specialization in Couple and Family Therapy, beginning in 2006, whether or not they are pursuing analytic training. What is unique about our program is that we will have as our teaching

faculty formally trained psychoanalysts who have also been trained in family theory and therapy. A full range of topics will be covered including chronic illness, gay and lesbian issues, etc. on a weekly basis with monthly supervision of small groups. As the Director of this new initiative, my long-range hope is to involve us in other divisions of the University, to work with law professors on introducing family theory into court procedures and to work with sociologists and anthropologists on cross-cultural views, and to involve the film school in looking at how ideas and images about intimate life are constructed through exposure to film and other media.

I think that the Advanced Specialization draws on the systematic training that psychologists receive in their graduate work, elaborated by more specific training in psychoanalysis and family systems. We hope that other psychoanalytic institutes will adopt new models of training as well..

**Note from the Editor: If you are involved in a program that is advancing the application of systems theory or techniques into new and exciting areas, we would love to hear from you! Keep us posted on the exciting spread of systems approaches in the training and service delivery areas.**

**Mary-Joan Gerson, Ph.D., ABPP, Director, Advanced Specialization in Couple and Family Therapy; Faculty and Supervisor, N.Y.U. Postdoctoral Program in Psychotherapy and Psychoanalysis**





# Survivor Therapy with Families Where There is Suspected Domestic Violence?

By Lenore E. A. Walker, Ed.D., A.B.P.P.

Diplomate in Clinical & Family Psychology

*Laura, a woman with a shaky voice, telephones you for an appointment to see both she and her husband, Matt. Married about two years, she is unhappy because of his controlling behavior. When pressed for some details, she relates how she would like to go back to school to finish her degree that she postponed to work and support him through his M.B.A. program, but he says that they don't have enough money. Besides, he wants to start a family and she isn't sure she wants to be a mom, yet. This morning they had an argument about their differences and Matt scared her with his anger. He pushed her out of the way as he got dressed to go to work, she fell down and hurt her back, and when she began to sob, he tenderly helped her up and suggested she call a therapist for marital therapy.*

Sounds like a fairly typical case for couples' therapy, so far. Most family therapists would agree that this couple could use at least a few sessions on learning how to listen to each other's needs, communicate them, and negotiate how to get them met. Some might suggest that once there was frightening anger and pushing, they should not be seen together. But, most family therapists would agree that scheduling a mutually convenient appointment time in this case seems appropriate.

But, wait, once this couple comes in, more information is revealed that may change your treatment plan.

*Matt, a big guy, walks into your office first, with Laura, a smaller-sized woman following him. He is well dressed and has a strong handshake and an affable, almost charming smile. Laura is also well dressed, has a nice smile but seems a bit more timid than she did on the telephone. He chooses where to sit without asking and she quickly follows, sitting next to him. Her arm is wrapped in a sling. Before you can make any inquiry about Laura's injury, Matt starts the conversation by telling you that coming to see you is Laura's idea. He is pretty clear that he expects you will help her to see that at 32 years old, it is time for her to begin a family, and not spend time going back to school to get a degree that she wasn't going to use, at least for many years, because it was important for her to stay home and raise their children.*

Most family therapists would turn to Laura now and check with her perceptions of the problem. It would be important to clarify why she wants

to return to school and why she doesn't want to begin their family at this time. But, doing this would set the pattern for Matt to control the content of therapy session even before you have determined much more information about these people.

Another possibility might be to continue the interview asking Laura what are her expectations for coming into therapy. But, you already have some clues that Laura would probably continue along Matt's established path; perhaps sharing some of her own feelings but maybe too afraid to do even that much without knowing more about you.

What are your clues that there might be domestic violence, at this point:

1. Laura told you on the phone that she was concerned about Matt's controlling behavior.
2. Matt's behavior in the session indicates he is a 'take control type of guy'.
3. Laura's deference to Matt is pretty observable within seconds.
4. On the phone Laura told you that Matt pushed her and minimized her injuries.

There appears to be an identifiable cycle of violence with the tension around their argument escalating, an acute battering incident occurred when he pushed her and hurt her, and the third phase of loving-contrition occurred when he stopped, told her he loved her, and agreed to go into couples' therapy.

One possibility is to let the session play out, probably with Matt taking over control and Laura ending up agreeing with him. Even if you confront Matt's abusive behavior, Laura may be too scared to deal with being a battered woman. She has already excused his pushing her as non-intentional and taken the blame for hurting herself. The chances are you will not see them as a couple or individually, again. After all, Matt will have gotten his needs met and Laura will have lost you as a possible ally. On the other hand, if Laura gets her needs met and Matt does not, she may be in greater danger from escalating domestic violence. You won't see them again with that

scenario either, as Laura won't take the chance you could unwittingly cause the abuse (which no one has labeled, yet) to escalate.

Perhaps, your next question might better be to ask Matt what he might do if Laura decides not to begin their family right now and register for school, despite his objections. Here you will have confronted Laura's issues with Matt directly, but you will take her out of blame. No matter what Matt's answer is, this might be a perfect segue to separate this couple for treatment. Matt should be referred to an offenders' treatment group where he learns to stop his controlling and abusive behavior and take responsibility for his anger and violent outbursts. The most effective intervention seems to be in groups with other men although those who also have other mental health diagnoses may need simultaneous individual therapy. Laura should be referred to a battered woman's empowerment group which are often facilitated by counselors from the local battered women's task force or shelter. If she also has other mental health or substance abuse problems, then simultaneous individual therapy with a therapist who specializes in trauma is most effective. Survivor Therapy programs in group or individual sessions would be appropriate.

Domestic violence advocates do not support couples' therapy when there is controlling and abusive behavior in the relationship. Many family therapists challenge this admonition, but the rationale makes sense if the goal of psychotherapy is to strengthen the individual. The couple's relationship may or may not be improved. If the relationship is the primary concern, and for some family therapists, especially those with religious convictions, the family does take primary importance over the individual, then individual therapy is not the preferred treatment modality. It is important to recognize that trauma victims have great difficulty in recognizing neutrality, which is a tenet of family therapy. If the therapist supports the abuser in any way, the battered woman is convinced that the therapist will not protect the woman's safety, the first tenet when working with those who experience domestic violence.

Survivor Therapy suggests that first the individual must be strengthened so that abuse and violence are not resources that may be used in a relation-

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**Survivor Therapy: Walker Article** *Continued from page 3*

ship. This takes healing both the man (who is usually, but not always the abuser) and the woman (who is usually, but not always the abused person) first, before the relationship can be strengthened.

The goal of Survivor Therapy is not to get the victim to terminate the relationship. Rather, the goal is always to get the victim to become a survivor and live without violence or the psychological effects of violence. Reempowerment of the victim and teaching the abuser to gain control over his own behavior are the two goals that are often mutually exclusive, at least initially. The woman cannot be empowered if she has to modify her needs or behavior to help the batterer control his behavior.

You cannot negotiate with a batterer who is willing to use coercion and force to get what he or she wants or needs.

Feminist therapy, with its emphasis on monitoring power differences, is a natural ally of Survivor Therapy therapists. This calls for emphasis on the positive qualities of the individual rather than the typical therapy theory's emphasis on what is wrong. Validating the person's experiences while, at the same time, reinforcing the cognitive behavioral aspects of the person's effectiveness is a good place to begin treatment.

Conceptualizing the psychological effects from any type of violence (i.e., rape, child abuse, sexual exploitation or harassment, elder abuse, or intimate partner abuse) as a subcategory of Post Traumatic Stress Disorder (PTSD) adds techniques from trauma treatment to the therapist's armamentarium. For those with domestic violence, it is helpful to use Battered Woman Syndrome (BWS) as a way to conceptualize the dynamics of the relationship and resulting symptomology seen by therapists.

Using a cognitive behavioral approach initially, it is important to help both the abuser or the victim be safe. At the same time, it is important to disclose to both, that any change in their own behavior will have an impact on their relationship. If Laura gets stronger, then Matt may feel like he has less

control, and escalate his abuse. Warning them ahead of time will not stop these feelings from occurring, but giving each of them some alternate ways of regaining their own personal control, may rebalance the relationship's system.

In many cases, the relationship cannot tolerate the changes that take place in both partners, when they are in separate treatment programs. If the family therapist has permission to be a consultant to their individual and/or group therapists, then it is possible to make adjustments that will not be as toxic to the relationship. For example, in Laura and Matt's case, it might be helpful for Matt to step back and see how much time Laura really needs to spend at school and understand that until he controls his own behavior, having a baby won't help that goal.

It is important not to try to strengthen a relationship when the batterer is unwilling or unable to give up his coercive and abusive behaviors. Sometimes, couples come to therapy too late to save their marriage. When the woman gets into her own therapy, she gains the strength to separate from the man. The love that bonded them together is no longer there for her, corroded by the constant abuse she experienced. This is another reason to treat the couple separately initially and not see them in therapy together until these decisions can be made without coercion or fear. Sometimes this happens for the man who may already have another relationship waiting in the wings, so to speak. Again, this is important to let the couple sort out these issues individually, before working on the relationship with them.

In those cases where the offender-specific treatment has been successful and the man stopped his violence, the woman became empowered, and the man tolerated and maybe even applauded her new-found strength, then, it is appropriate to put the couple together to work on the remaining relationship issues. Sometimes, they decide to separate anyhow and couples' therapy can help them do so without the violence reappearing during the high stress times common for divorcing couples. Other times, although admittedly less frequently, with the help of the family therapist, they can begin a new relationship together, that is violence free and mutually satisfying.

**Mentoring for Family Psychology****Diplomate Candidates By John Thoburn, Ph.D., ABPP**

The AFP board has recognized the real importance of the mentoring process in nurturing ABPP candidates through the process. In recent years the mentoring process has been less focused than in the past. With that in mind, the board has outlined some parameters for establishing a more robust mentoring program for family psychology.

The mentoring function for the ABPP certification in family psychology is now formally under the coordination of the president elect of the Academy of Family Psychology. The president elect will organize the mentoring process by recruiting experienced members of the academy. Experienced members are considered to be those who have served on an oral examination committee.

The president elect will maintain a list of potential mentors and will follow through on making sure that potential candidates who wish a mentor find

one.

The president elect will organize mentoring functions for prospective ABPP family psychology candidates, covering the following:

Offer the prospective candidate a realistic time frame for starting and completing the work sample and oral examination. Break down the constituent parts of the work sample, offering examples when requested. Offer guidance for further or remedial training in family psychology.

If you have served on an oral examination committee in the past and would like to be more fully and formally involved in the very satisfying mentoring process, please forward your name to John Thoburn at [drthoburn@yahoo.com](mailto:drthoburn@yahoo.com).

**Editor's Notes****By Jerry Morris, Psy.D, MBA, ABPP**

In my second edition as editor of our Academy Newsletter I am pleased to have the support of such preeminent psychologists who have been kind enough to contribute to this publication. We have a talented academy with many interesting areas of family practice, science, and training of family psychologists.

In future editions I hope that the newsletter can increasingly become a vehicle in which proud program directors and training directors can highlight the strengths and joys of their training approaches or programs. I look forward to trainers outlining the diversity of systems training and techniques, and hope that we will all wel-

come the creativity and richness of these programs and approaches. I look forward to practitioners highlighting the difference that specialist training and recognition has made to their referral base, income and pricing levels, opportunities to diversify their types of practice, etc. I welcome articles which briefly summarize emergent research and what our readers interest in its dissemination and application.

We are living in an exciting time in our academy. Family Psychologists are dealing with a changing and increasingly complex set of family systems.

## Taking the Higher Ground By Terry Patterson, Ph.D., ABPP

Board certification is alive and well...Board certification is dead. Without being overly Nietzsche or Hamlet-like, I have struggled with both of these maxims. On the positive side, many gains have been made in the application and certification process, including greater coordination with other national organizations and more recognition by insurers. Specialty boards have certainly survived, some have grown, and new ones have been added. Our family specialty has attained greater distinction over the past two years with Family Diplomates Ron Levant (also a Division 43 past-president) and Gerry Koocher serving as president of APA. President Koocher's first listed priority is *Building Stronger Families*, a theme that not only involves clinical services, but a broader focus on the family-school-work environment that extends the work of 2004 APA president Diane Halpern.

At the same time, I wonder if our thinking is solipsistic—are we talking only to ourselves? In the largest state, California, there is a precious baker's dozen family diplomates. This is a state where over 26,000 MFT's rule the therapy roost and have more licensees than nearly all other clinicians combined.

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## Family Psychologists Unite By Mark Stanton, PhD, ABPP

A special meeting was convened in August 2005 during the APA Convention for representatives of the four primary family psychology organizations: APA Division 43-Family Psychology (Division 43); the Family Psychology Specialty Council, a member of the Council of Specialties; the American Board of Family Psychology (ABFamP), a post-doctoral specialty board within the American Board of Professional Psychology (ABPP); and the Academy of Family Psychology, comprised of all diplomates in family psychology. The meeting was initiated by a formal motion from Florence Kaslow to the Division 43 board in 2004 and steps were taken to coordinate a breakfast meeting so the informal connections between the groups could move to more formal collaboration.

One key aspect of the meeting was the delineation of a "grid" depicting the nature, function, and purpose of each of the four groups. It was clear from the beginning of our discussion that many of us did not have a thorough understanding of the roles fulfilled by each group, even though we are actively involved in leadership. It was suggested that many members of the various groups may also lack some clarity about the specific roles.

### Grid of Specialty Groups

#### Division 43 - Family Psychology

This is the "main home" for family psychologists within the American Psychological Association. The division is formally recognized by APA and currently holds two seats on the APA Council of Representatives (2006 representatives are Florence Kaslow and Susan McDaniel). The division is allocated presentation hours each year in the APA Convention and this is a crucial formal venue for the presentation of family psychology research and practice. The division publishes a bulletin, *The Family Psychologist* (Mark Stanton, Editor) that is received by all members of the division.

#### American Board of Family Psychology

The primary purpose of ABFamP is the recruitment of applicants and the coordination of all examinations for board certification in family psychology. ABFamP is a constituent board of the American Board of Professional Psychology (ABPP) and it holds a seat on the ABPP Board of Trustees. The current presidents of Division 43 and the Academy



of Family Psychology (AFP)

The AFP is comprised of all psychologists who are board certified in Family Psychology by ABPP. Upon award of the diplomate in Family Psychology, an individual becomes a fellow of the Academy. There are currently about 135 diplomates. The AFP is involved in teaching and mentoring, promotion of the profession of Family Psychology, and communication among diplomates (AFP Newsletter, Jerry Morris, Editor). The current president of AFP serves as a non-voting member of the ABFamP board.

#### Family Psychology Specialty Council (FPSC)

FPSC represents the "synergy" of the four groups in promoting the specialty of Family Psychology. It was created when the APA Council for the Recognition of Specialties and Proficien-

cies in Professional Psychology (CRSPPP) awarded specialty status to Family Psychology in 2002. FPSC works with Training Directors to draft recommendations for education and training in the specialty. Division 43, Family Psychology Graduate Educators, and Family Psychology Training Directors are represented on the FPSC. FPSC holds a seat on the Council of Specialties, "a non-profit joint venture, initially sponsored by the American Psychological Association and the American Board of Professional Psychology to represent and support the development and functioning of recognized specialties in Professional Psychology" (CoS, n.d.).

### Plans for the Future

We now need to develop specific goals and the strategies to implement them in order to advance toward our vision for the future. Each group has been doing this in an independent fashion. True collaboration will allow us to target some particular goals that fit with the mission-driven purposes of all four organizations.

There will be a second meeting of the leadership of the four groups in February 2006. Each group has scheduled its' meeting to coincide with the APA Presidential Summit on Immigration in San Antonio, Texas and a joint meeting between the groups will be held at that time.

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President  
John E. Northman, Ph.D., ABPP  
4955 North Bailey Avenue  
Amherst, NY 14226  
Phone 716-833-5930  
Fax 716-833-5954  
[northman@adelphia.net](mailto:northman@adelphia.net)

President-elect  
John Thoburn, Ph.D.,  
[thoburn@spu.edu](mailto:thoburn@spu.edu)

Treasurer  
Wes Crenshaw, Ph.D., ABPP  
Family Therapy Institute Mid-  
west  
2601 W 6th ST STE C  
Lawrence, KS 66049  
800-854-2430  
[weschrenshawphd@CS.com](mailto:weschrenshawphd@CS.com)

Secretary  
Jerry Morris, PsyD, MBA, ABPP

Past President  
Frank R. Ezzo, Ph.D., ABPP  
Dr. Eleen McGee & Assoc.  
35110 Euclid Avenue  
Willoughby Hills, OH 44094  
Phone (440) 953-8809  
Fax (440) 918-3817  
[Frezza@ix.netcom.com](mailto:Frezza@ix.netcom.com)

Newsletter Editor  
Jerry Morris, Ph.D., ABPP  
[morris49@jpa.net](mailto:morris49@jpa.net)

Webmaster  
William D. Lax, Ph.D., ABPP

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### Taking Higher Ground

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The title "marriage & family therapist" is reserved for MFT's (many of whom have little specialized training in the field), while psychologists may do family therapy only if competence is demonstrated and we do not use that specific title. In Northern California, where at least five other family institutes once existed simultaneously, there is now one startup training and service program. Today only a few doctoral programs in the Bay Area and throughout the country have a "family track" with a maximum of four required courses, while most others offer one or two with no live supervision and often no specialty-trained family supervisors. So where is the real hegemony, where's the training, where's the beef?

Realistically, we have to ask: Who truly values the ABPP? It is one thing to tell clients that they are best served with a board-certified psychologist, just as they are with a medical provider. Some will find this reassuring, but for many therapy consumers and business consultees, in most instances either the title "doctor" or just "licensed therapist" suffices. I am also aware of how some clinical graduate departments and mental health centers value and reward the ABPP, as does federal government employment. But for the vast majority, we most often find ourselves selling the diplomate as an added benefit rather than a basic standard for assuring quality services.

Why then, do I value my family diplomate so much and encourage others to apply, mentor them through the process, and serve on examining boards? Because I

believe our profession is about aspiring to *optimal*, rather than minimal or common-denominator standards. If we truly serve the best interests of consumers and bristle with pride in the science and art of psychology, we climb to the top step of the ladder because of the broader perspective and demonstrated competence we find there. Rather than being elitist, we can verify that we practice proficiently and ethically from a systems perspective at a level that other psychologists who do couple and family therapy cannot, and I believe that fact is worth celebrating the existence of board certification.

I hope that defining what I see as a concise, pragmatic position on the ABPP helps to focus our discussions and arguments for advancing board certification in a manner that does not lead us to reach in directions that may be unproductive, but rather that we may be proponents for the "higher ground" position. Maybe even someday most clients, universities, clinics, and insurers will seek us out because of the excellence that board certification provides.

*Terry Patterson is a Professor and family diplomate in the Counseling Psychology Department at the University of San Francisco, and in independent practice specializing in couples. His interests involve professional training, ethics, theoretical orientation, and keeping the mental health profession viable. Your feedback is welcome at*

[patterson@usfca.edu](mailto:patterson@usfca.edu)

### Notes From the President-elect: Continued from page 3

I would propose that we create a recruitment committee that will think through a) unique ways to recruit new applicants for board certification, and b) consider ways to implement a more user friendly, relational application and evaluation process to enhance the likelihood that interested prospective applicants will engage in the process and succeed.

*Relationships:* John Northman has been the inspiration and energy behind initiating dialogue between the Family Psychology Specialty Council, the Academy of Family Psychology, the American Board of Family Psychology and APA's Division 43. This dialogue has underscored the potential and promise for synergy between the agencies promoting family psychology. I would like to expand this dialogue into a coordination of goals and initiatives that the Council, Board, Academy and Division share in the promotion of family psychology education, research and practice. Structure, recruitment and relationships are intricately connected – success in building up one area should translate into greater success in the other areas as well. The challenge for us is to dive whole heartedly into elevating the work of the Academy in these areas in order to underscore and reflect the Academy's standing among practitioners and the public as the body that stands for excellence in family psychology practice.

## A.B.P.P. UPDATE

By Florence Kaslow, Ph.D., ABPP

ABFamP Representative to ABPP-BOT



Our annual BOT meeting in Savannah was marked by a jam-packed agenda, representation from all of the 13 member Specialty Boards, some fine Southern dining, and loads of pride in the continued improvement in the overall functioning of the Central Office and our staff. We were saddened by the news of the retirement of our revered CEO, Dr. Russ Bent, who will be phasing down over the next six months. Russ has long been a central part of ABPP, and it will be strange not to see his smiling face and hear his informative presentations at meetings and events. We all wish him well and thank him many times over. And – the search is on for a new CEO to start by July 1<sup>st</sup>. The office will remain in Savannah for the foreseeable future.

The long troubling and complex issue of Vanity Boards was addressed in a report researched and

tendered by our Public Member, Norman Penner. The report should appear soon in *The Specialist*, and I have tentatively been asked to perhaps help rewrite it for

Journal publication. The entire issue may be akin to walking in a seemingly beautiful and peaceful field of tulips, only to find it to really be an explosive minefield. Nonetheless, we cannot back off and must tackle bringing the differences between mail order certification and truly peer and examination earned certification to the attention of our colleagues and the consumer.

Almost all of the Specialty Boards, except perhaps Clinical, Forensic, and Neuropsychology continue to be concerned about recruiting new candidates to enter and pursue the diplomating process. This is perhaps the Number One concern and priority of Family psychology. To date, we have had only a few responses to our scholarship rebate program, and hope you will all encourage your friends and colleagues to apply. This is urgent.

I reported on the intensified 4-way collaboration between Division 43, the Academy, ABFamP, and the Family Psychology Specialty Council (our "Synergy" group), so ably spearheaded by Mark Stanton, at APA last year – after years of my urging everyone to do this. Goals are: to be aware of what each of the others are doing; to be supportive of one another's projects; to act collaboratively and when need be, in unison, as in filing the next CRSPPP petition; and to have active liaisons to and from each group to the other three.

We will only acquire high credibility in the eyes and minds of our colleagues, APA and other psychological and allied professional organizations and the public at large by expanding exponentially the number of properly credentialed Board Certified Psychologists, and having enough so designated colleagues to refer to in all specialties in every state.