

In This Issue:

- ▶ Exploring the Family Life Cycle: Families with Children.....4
- ▶ Division 43 Executive Officers' Address.....7
- ▶ Board of Directors Election 2011: Candidates' Statements.....14
- ▶ Development and Pilot Testing of an Internet-based Version of Parenting Wisely.....22
- ▶ Are Family Psychologists Prepared to Deal with Sexual Issues?.....26
- ▶ The Children's Voice: Attorneys Representing Children in Divorce.....31
- ▶ The Formation of Family Psychologists: Pathways in Early Career Family Psychology.....33
- ▶ Reference Corner: Books in Review.....36



Exploring the Family Life Cycle: Families with Children

2011 Board of Directors

President

George Hong, Ph.D., ABPP
Division of Special Education and
Counseling
California State University, Los
Angeles
5151 State University Drive
Los Angeles, CA 90032
Phone: (323) 343-4281
E-mail : ghong@calstatela.edu

President-Elect

Marianne Celano, Ph.D.
Department of Psychiatry
Grady Memorial Hosp
Box 26064
Atlanta, GA 30335
Phone: 404-778-1536
Fax: 404-616-2081
E-mail: mcelano@emory.edu

Past President

John W. Thoburn, Ph.D., ABPP
Department of Clinical Psychology
Seattle Pacific University
3307 Third Avenue West
Seattle, WA 98119
Phone: 206-281-2908
Fax: 206-281-2695
E-mail: thoburn@spu.edu

Secretary

Anthony L. Chambers, Ph.D.
The Family Institute
Northwestern University
618 Library Place
Evanston, IL 60201
Phone: (847) 733-4300 x 312
Fax: (847) 733-0390
E-mail: a-chambers@
northwestern.edu

Treasurer

Robert K. Welsh, Ph.D., ABPP
Department of Graduate Psychology
Azusa Pacific University
901 E. Alostia Ave.
Azusa, CA 91702
Phone: 626-815-5008
E-mail: rwelsh@apu.edu

Vice-President for Education

Stephen Cheung, Psy.D.
Department of Graduate Psychology
Azusa Pacific University
901 E. Alostia Ave.
Azusa, CA 91702
Phone: (626) 815-5008
E-mail: scheung@apu.edu

Vice-President for Practice

Ruth Morehouse, Ph.D.
Marriage and Family Health
Center
2922 Evergreen Parkway, Suite 310
Evergreen, Colorado 80439
303 670-2630
E-mail: ruth@passionatemar-
riage.com

Vice-President for Public

Interest & Diversity
Gonzalo Bacigalupe, Ed.D., MPH
Family Therapy Program
Department of Counseling and
School Psychology
Graduate College of Education
University of Massachusetts,
Boston
100 Morrissey Blvd., Boston, MA
02125
Phone: (617) 287-7602
E-mail: gonzalo.bacigalupe@
umb.edu

Vice-President for Science

Erika Lawrence, Ph.D.
Department of Psychology
The University of Iowa
11 Seashore Hall E
Iowa City, IA 52242-1407

Phone: 319-335-2417
Fax: 319-335-0191
E-mail: erika-lawrence@
uiowa.edu

APA Council Representatives

Susan H. McDaniel, Ph.D., ABPP
1665 Highland Avenue
Rochester, NY 14618
Phone: 716-275-2783
Fax: 716-442-8319
E-mail: susanh2_mcdaniel@
urmc.rochester.edu

Michele Harway, Ph.D., ABPP
Psychology Doctoral Program
Antioch University Santa Barbara
801 Garden Street, #101
Santa Barbara, CA 93101
Phone: (805)962-8179 x5320
E-mail: mharway@antioch.edu

Student Representative

Kendra C. Jones, MA
Clinical Psychology
Seattle Pacific University
Phone: (206) 778-9137
E-mail: kcj@spu.edu

American Board of Couple and Family Psychology Representative (Ex-Officio)

Mark Stanton, Ph.D., ABPP
Department of Graduate
Psychology,
Azusa Pacific University
901 E. Alostia Ave.
Azusa, CA 91702
Phone: (626) 815-5008
E-mail: mstanton@apu.edu

The Family Psychologist Staff

Editor

Corinne Datchi, Ph.D.
Center for Adolescent and Family
Studies
Indiana University
1901 E. Tenth Street
Bloomington, IN 47405-1006
Phone: 812-855-2296
E-mail: cdatchip@indiana.edu

Assistant Editors

Lauren Mikel Evans, B.S.
Center for Adolescent and Family
Studies
Indiana University

Miranda Ezell, M.A.
School of Professional Psychology
The Forest Institute

Clinical Corner

Michael G. Conner, Psy.D.
965 NE Wiest Way, No. 2
Bend, Oregon, 97701
Phone: 541-3885660
E-mail: Conner@BendPsychology.
com

Practice Corner

Deborah Jones, Ph.D.
UNC Chapel Hill
Davie Hall, CB #3270
Chapel Hill, NC 27599-3270
Phone: 919-962-3995
E-mail: djones@email.unc.edu

Family Forensic Psychology

Neil S. Grossman, Ph.D., ABPP
7 Debbie Court
Dix Hills, NY 11746
Phone: (631) 271-4211
E-mail: neilgrossman@
mindspring.com

Student Corner

Kendra C. Jones, M.A.
Seattle Pacific University
3307 Third Avenue West
Seattle, WA 98119
Phone: 206-778-9137
E-mail: kcj@spu.edu

Reference Corner

Marina Dorian, Ph.D.
Alliant International University
California School of Professional
Psychology
10455 Pomerado Rd.
San Diego, CA 92131-1799
Phone: 858-635-4630
Email: mdorian@alliant.edu

Editorial Policy

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

Authors or publishers may send books for potential review directly to the editors of the Clinical Corner, Research Corner, Reference Corner, and Family Forensic Psychology column.

Unless otherwise stated,

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

Advertising Rates

Full Page	\$200
Half Page	\$125
Quarter Page	\$ 85
Eighth Page	\$ 60

Please make checks payable to APA Division of Family Psychology (43). Send ad copy and checks to Division of Family Psychology, American Psychological Assn. Div.43, 750

First Street, NE, Washington,
DC 20002-4242

Submission Deadlines

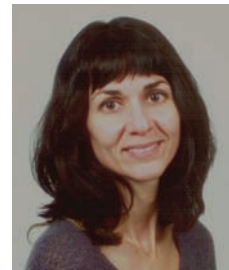
Deadline	Issue	Pub.Date
Nov 15	Winter	Jan.
Feb. 15	Spring	April
May 15	Summer/Fall	July

TABLE OF CONTENTS

Volume 27
No. 2
Spring 2011

Editor's Note:

Corinne Datchi, Ph.D.



This new issue of *The Family Psychologist* continues to focus on this year's presidential theme: the fam-

ily life cycle. It includes articles that describe the developmental challenges of families with children and their relevance to family psychology education and practice. George K. Hong, President of the Society for Family Psychology, opens the conversation with an article raising questions about best parenting practices in a multicultural society. He also highlights the influence of economic and multicultural factors on the relationship between young adults and their parents. Stephen Cheung, Vice-President for Education, shows that family psychologists are well equipped to help parents and families master the many developmental tasks associated with childrearing, adolescence, and young adulthood. His article provides a detailed account of the challenges that couples and parents must meet at different stages of the family life cycle. It argues that knowledge of developmental issues should guide the selection of family-focused interventions, and thus emphasizes the importance of incorporating theoretical and practical knowledge about the family life cycle into the training of future family psychologists. Gonzalo Bacigalupe, Vice-President for Public Interest and Diversity, examines how new communication technologies may be

Corinne Datchi, Ph.D.	Editor's Note	3
George K. Hong, Ph.D., ABPP	President's Address: Exploring the Family Life Cycle: Families with Children	4
	Announcement	6
	Division 43 Executive Officers' Address	7
	Board of Directors Election 2011: Candidates' Statements	14
Deborah J. Jones, Ph.D., Editor Contributors: Edward G. Feil Donald Gordon Holly Waldron Laura Backen Jones, Chris Widdop	Research Corner: Development and Pilot Testing of an Internet-based Version of Parenting Wisely	22
Susan Regas, Ph.D.	Practice: Are Family Psychologists Prepared to Deal with Sexual Issues?	26
Neil S. Grossman, Ph.D., Editor	Family Forensic Psychology: The Children's Voice: Attorneys Representing Children in Divorce	31
Kendra C. Jones, M.A., Editor Contributor: Sarah R. Welton, M.A.	Student Corner: The Formation of Family Psychologists: Pathways in Early Career Family Psychology	33
Marina Dorian, Ph.D., Editor	Reference Corner: Books	36
	Announcements	39

used to strengthen family relationships, and help parents and teenagers master the developmental tasks of adolescence. Finally, the Research Corner presents research on the use of the Internet as a mode of service delivery. This study shows that the Internet can facilitate access for ethnic minorities to effective parenting programs.

In this issue, the TFP readers will also find information about

sexuality and family psychology practice and training; children's legal representation in divorce proceedings; and the experience of early career family psychologists. It is our hope that TFP will continue to be a resource for the members of the Society for Family Psychology as well as a forum for discussion. With this goal in mind, the editorial staff encourages you to submit articles, book reviews, and announcements for the

summer/fall issue of TFP by May 15th. The theme of this upcoming issue is families in later life. Authors may send articles and reviews directly to Michael Conner, Clinical Corner Editor, Deborah J. Jones, Research Corner Editor, Neil S. Grossman, Family Forensic Psychology Editor, and Marina Dorian, Reference Corner Editor. ■

President's Address:

George K. Hong, Ph.D., ABPP

Exploring the Family Life Cycle: *Families with Children*



Before addressing the theme of the current issue of *TFP*, I am happy to announce that our Division, the Society for Family Psychology, is partnering with APA to publish a new journal called ***Couple and Family Psychology: Research and Practice***. It will be the official journal of our Society. This is an exciting venture that will provide a venue for our members and other professionals to publish their works, as well as a forum for issues concerning all aspects of family psychology. Details are in the formal announcement in this newsletter.

Continuing with the theme of the family life cycle for this year's *TFP*, I want to focus the present column on families with children. This is a very broad term which includes what are often considered to be different life cycle stages, such as families with young children, families with teenagers, and families launching adult children", etc. (McGoldrick, Carter, & Garcia-Preto, 2011). An alternative stage or variation is families that are childless by choice or for health or other reasons.

Having children is an important change in the family configuration.

In addition to the relationship between the couple, the two now have to attend to the emotional and physical needs of their children. The impact of having children may be different depending on whether it is a planned or an unexpected pregnancy, an adoption, as well as on the age and economic situation of the couple, the sociopolitical and cultural setting of the family, and the support system. Recently, in a discussion with some interns on a case concerning a young couple with a child, someone brought up the need to help the couple "mourn" the ending of their own youth.

No doubt, the arrival of a child is a marker that one is moving onto another developmental stage. But can it be a celebration of moving onwards rather than mourning a loss? While many in the group initially agreed with the intern's comment, examination of the case suggested no evidence that the couple had such a need to mourn. To his credit, the intern who brought up the issue had the insight and openness to recognize that the comment was really a projection of his own feelings concerning his impending fatherhood. Taking care of a child could consume major portions of the parents' time and energy. It often requires the parents to give up some of the activities they have enjoyed in their days without childcare responsibilities. It could be stressful and challenging. Yet, having a child could also be a very positive and rewarding experience. As a parent succinctly said in a parenting group: "Yes, I complain a lot about the chores of childcare... but at the same time, I am so happy to have a child. I would give up anything for this child!" Giving a nod to the perspective of positive psychology, practitioners working with families need to be cautious about over-emphasizing the stress of childcare and pathologizing the experience. The responsibilities of parenting do not have to overshadow the joy of parenthood. One needs to take a balanced approach, acknowledging the difficulties but also highlighting the positives. Family psychology has a lot to offer in guiding parents at this stage of their life cycle. At the same time, we also need to prepare our younger graduate students and interns who have not experienced this stage to recognize their own values and preconceptions when they work with families with children.

Another issue that is often on the frontline of public discussion is childrearing practices. What are the proper or the best parenting practices? A cogent example of public interest in this topic is the recent controversy surrounding the book by Amy Chua (2011), Yale law professor, which described her own parenting style as being a "Tiger Mother." The issue was given wide coverage in the mass media and featured on the cover of *Time* magazine (2011, January 21). Amid concerns of stereotyping expressed by the Asian American Psychological Association (2011, January 22), some criticized the parenting style described in her book as demanding and abusive, while others defended that her style did have merits in raising successful children. The debate has also been taken onto the global level, raising the question of whether parenting styles and educational approaches in China are superior to those in the U.S. Without wading into the controversy of Chua's book, it suffices to say here that the last word on parenting styles has not yet been uttered, and the public is still keenly interested in the quest for the "best practices" in childrearing that will lead to happy and successful children.

In the multicultural setting of contemporary U.S. society, parenting in the context of mainstream and minority cultures is another important issue to examine (McGoldrick, Carter, & Garcia-Preto, 2011). Preparing children from every cultural background to live in a multicultural society and succeed in a world increasingly drawn closer together by technology and globalization is a relatively new task facing many modern families. For ethnic minority families, helping children transverse between mainstream

and home cultures, and closing the cultural gap between parents and children (especially in immigrant families) are common challenges (Hong & Ham, 2001). Clearly, family psychologists can take a leadership role in addressing these issues. Another contemporary issue involves the difficulties experienced by families that suddenly find themselves in financial stress or crises because of the economy. This is a trend reported by many practitioners. How can parents provide quality care to their children when they are under both financial and emotional stress? How does one help children adapt to the limited material resources brought on by a family's new financial constraints? What does family psychology have to offer to address these difficult situations?

Turning to the issue of launching adult children, the current literature acknowledges that this stage of the family life cycle is not always clear-cut (McGoldrick, Carter, & Garcia-Preto, 2011). In familistic cultures, launching does not have the same implications as in mainstream U.S. culture. In these communities, adult children may be expected to maintain a very close relationship with their parents emotionally, physically and financially. This may include continuing to live with their parents. This close relationship might be considered "enmeshed" in the context of mainstream U.S. culture. Hence, we need to approach the subject of launching adult children with the proper cultural lens. Interestingly, in recent years, there is a growing number of what the mass media call "boomerang children" in mainstream U.S. society. These are adult children who return to live with their parents after a period of independent living. Oftentimes, this is due

to economic considerations. How does this impact on the family processes? Is this a transient trend or is it becoming an established variation for modern U.S. families? On the flip side, there are so called “helicopter parents” who have difficulties letting go of their adult children and “hover” constantly around them. Another issue, especially in communities with familistic cultures, is the participation of grandparents in childcare. While this can provide respite for the parents, differences in childrearing style due to generational or individual preferences can become a source of friction. All of these are issues for family psychologists to examine and address.

This overview of families with children indicates that this stage of the family life cycle is a complex topic. It touches upon a multitude of factors, including psychology, culture, economy, social change, and sociopolitical considerations. While childrearing as a perennial topic has been around probably since the beginning of human history, new issues continue

to emerge while old questions still remain to be answered. Family psychologists in both research and practice have a lot to offer in shedding light on this interesting and challenging subject. ■

References

- Asian American Psychological Association (2011, January 22). Asian American stereotypes. Retrieved from <https://aapaonline.org/about/news/1-statements/47-asian-american-stereotypes>.
- Chua, A. (2011). *Battle hymn of the tiger mother*. New York: Penguin Press
- Hong, G. K., & Ham, M. D. (2001). *Psychotherapy and counseling for Asian American clients: A practical guide*. Thousand Oaks, CA: Sage.
- McGoldrick, M., Carter, B., & Garcia-Preto, N. (Eds.) (2011). *The expanded family life cycle. Individual, family, and social perspectives* (4th Ed.). Boston: Allyn & Bacon.

Announcement:

The Society for Family Psychology (Division 43 of the American Psychological Association) and the Journals Program of the American Psychological Association (APA) have joined together to launch

Couple and Family Psychology: Research and Practice, a peer-reviewed scholarly journal publishing papers representing the science and practice of family psychology.

The official journal of Division 43, *Couple and Family Psychology* will be a forum for scholarly dialogue regarding the most important emerging issues in the field, a primary outlet for research—particularly as it affects practice—and for papers exploring education, public policy, and the identity of family psychology. Unlike other journals in the field, *Couple and Family Psychology* is focused specifically on family psychology as a specialty practice, unique scientific domain, and critical element of psychological knowledge. The journal will promote the integration of the science and practice of family psychology. Submissions focusing on family

psychology’s interdisciplinary nature and international focus as well as on education and training and issues of social justice and multicultural competence will be welcomed. In addition to publishing regular articles that fit the scope of the journal, each issue will focus on a major contribution that represents one of the most current scholarly issues in the field. Each major contribution will be followed by two to three “reactions” from experts in the field solicited by the Editor. These reactions will allow for others to enhance the major contribution, make additions, and/or present alternative perspectives. This format makes *Couple and Family*

Psychology a unique place where both practitioners and researchers can discuss the relevance of emerging issues to their fields.

Mark Stanton, Ph.D., ABPP, is the Inaugural Editor of *Couple and Family Psychology*. Stanton is the Acting Provost at Azusa Pacific University, in southern California. He is co-editor of the *Handbook of Family Psychology* (with James Bray; 2009), a 54-chapter comprehensive overview of the specialty of family psychology, and author of articles and chapters on the systemic treatment of substance abuse, the epistemology of family psychology, graduate education in family psychology, and personality-guided couple therapy. He is also the author (with Robert Welsh) of a new book

titled *Specialty Competencies in Couple and Family Psychology* (Oxford, 2011) that will be released in April. Dr. Stanton is the president of the American Board of Couple and Family Psychology (2011-2013), a constituent board of the American Board of Professional Psychology. In 2007 he was recognized as the Family Psychologist of the Year by the Society of Family Psychology, and in 2005 he served as the Society's president.

The journal will officially begin receiving manuscripts on May 1, 2011. The first issue will be published in early 2012. For more information about the journal, including instructions on how to submit a manuscript, please visit the journal's website: <http://www.apa.org/pubs/journals/cfp>

Division 43 Executive Officers' Address

Vice President for Practice: Ruth Morehouse, Ph.D.



From Technician to Artist: The Use of Isomorphic Interventions in Family Psychology

Families in the middle stages of development often seek therapy for a variety of gridlocked issues around themes such as children's discipline, financial differences, sexual incompatibility, and difficulties with extended families. Today's families have many demands upon their time as well as their pocket book and systemic family psychologists can be most useful when they make effective, powerful interventions that encourage positive momentum and substantive change. Developing the clinical skill to create isomorphic interventions is challenging to the therapist but can greatly contribute to the forward trajectory in family therapy. This discussion will focus primarily on working with couples.

"**Isomorphic Interventions**" refers to devising and structuring interventions that help clients see the similar form or structure that their current, specific issues have to their overall level of personal

development. These types of interventions may simultaneously address intrapersonal issues, current conflicts between partners, and the extended family system. If carefully crafted, isomorphic interventions can help clients see how current intimacy issues, conflicts over child rearing, or control fights regarding finances can be used as a window into broader aspects of each partner's personal development, differentiation of the self, and the systemic interplay between partners and their family of origin issues. For instance, understanding the meaning of huge arguments over child-rearing requires knowing the relationship system in which it occurs. This includes the legacy that each person brings from their earlier individual and family of origin experiences and the impact that those prior experiences have had on each person's brain/mind development (Cozzolino, 2002). A well-developed isomorphic intervention requires considerable therapist skill but can be more likely to succeed than a series of therapy moves that only address a single dimension. Isomorphic interventions can facilitate optimal speed in symptom reversal as well as simultaneously providing long range interventions that are congruent on multiple levels of causation (Schnarch, 1991).

Differentiation

Why are isomorphic interventions so powerful? It is the process of differentiation that can give these types of intervention their therapeutic clout. Level of differentiation is determined by how well a client can hold unto themselves while trying to balance the inevitable tension between the drive for connection and belonging and the equally important drive for autonomy, self-regulation and a healthy degree of separateness. Many typical marital disagreements around kids, sex, family vacations, and financial expenditures are often the turf in which each partner in the relationship is working out issues of self differentiation. Yes, partners often have legitimate differences around child rearing or money management, but the emotional torque of some of these repetitive, entrenched arguments also indicates that the conflict is about more than just difference of opinion. Each person may be trying to hold unto themselves and define themselves in the relationship. If they feel they are “losing themselves in their marriage” or that their partner doesn’t respect their judgment and opinions, it becomes much harder to remain flexible and collaborative. If a person is highly dependent on a reflected sense of self from his/her partner, they may either withdraw, submit to their partner when they really don’t want to, or try to dominate their partner in order to bolster their limited sense of self. Such responses lead to continued conflict or disconnection and eventually requests for treatment. Your clients will often demonstrate behavior in their current relationship that is a manifestation of unresolved differentiation issues they were grappling with in their family of origin.

Case Example

Serena and Jake had been married for 10 years and initiated therapy because of constant arguments about discipline of their two children, Jake Junior who was eight and his little sister Mia who was five years old. Jake thought Serena was extremely controlling and obsessive about rules and discipline of their kids. According to him, she “made a federal case” out of insignificant infractions and she “needed to lighten up.” What really concerned him was the tension and high level of anxiety he perceived in his children. He felt he had to make up for her stiffness and inflexibility by making disparaging remarks about his wife in the children’s presence or countermanding her orders and conspiring with the kids to “not tell mommy.” He often “rescued the children from her sternness” by taking them out for

ice cream or fast food. This further irritated Serena because she did not want her kids developing bad nutritional habits.

Serena had a totally different take on the situation. She felt she was always relegated to the role of parent and disciplinarian by Jake’s refusal to take a stand with his children about anything. He was “like a child himself” in his constant need for their approval and to be liked by them. At first she had appreciated his playfulness and deep connection with their kids. Lately, it was a source of resentment and constant frustration. He seemed to enjoy and encourage the way the kids liked him more than her. It hurt her that her children preferred his company to hers and she often felt left out and very resentful that she always had to be the responsible one. Their arguments escalated and Serena was unhappy in her marriage and so disappointed in the chronically tense ambiance between them that permeated the household.

Jake came from a family where he got lots of attention and validation for being the “court jester of the family.” His parents were locked in gridlock for years about his father’s gambling away the family finances and they both turned their attention to him. He took on the role of diverting the anxiety and tension in the household by being funny, charming, playful and ingratiating to both of them. Both of his parents were overly involved with him and showered him with attention rather than confront their issues with each other. They almost seemed to be in competition with each other for his favor; as if it would prove that they were okay and it was the other parent who was in the wrong.

Although overtly Jake seemed very confident and sure of himself, underneath he still had a very strong need to be validated about how entertaining he was and how much he was liked. His experience of feeling loved by his parents was based on his pleasing and entertaining them. This dependence on a reflected sense of self left him constantly needing more validation. It became apparent that he was playing out similar dynamics in his current family.

Serena was the oldest child of four children with a mother who was chronically ill. Serena often took on the role of surrogate mother in her family. On the one hand, she liked the validation she got from her father and relatives about how indispensable she was to family stability. On the other hand, she felt like she missed out on her childhood and had doubts about how loveable she was if she wasn’t always being her mother’s helper.

Therapy with this couple was accelerated by

carefully timed isomorphic interventions that helped each person make the connection between their past family situations, their current level of personal development and how their individual issues of differentiation and limited ability to self validate was reiterated in their present conflict about raising their children. The therapist listens to the clients and hears their description of current problems and family of origin issues through the framework of differentiation. The therapist considers in what way could the current issue reflect earlier, ongoing issues of differentiation for each partner? The effectiveness of the intervention may be increased to the extent that the therapist has been able to develop an alliance with the client based on the expectation of collaborative confrontation by the therapist for the client's benefit. Here's just one example of an isomorphic intervention:

THERAPIST: *“Jake, I wonder if the self respect you could develop by collaborating with your wife and tolerating your children's in-the-moment disappointment could become solid enough to overcome your fear that you will not be loved unless you're being entertaining and accommodating?”*

This therapeutic move caught Jake's immediate attention. It simultaneously addressed his relationship with himself, his wife, his children and his earlier dynamics with his parents. He had never considered

that what he was doing as a father with his children could be connected to his earlier interactions with his parents. Although the therapist didn't particularly mention his parents in this specific intervention, he immediately understood the similarities to his early efforts to get validation. The question hit a chord with him because he experienced the same excruciating angst that he used to feel in trying to appease his parents. He decided he did not want to continue this pattern and was able to appreciate Serena's viewpoint instead of being defensive and critical. Jake commented to the therapist about that intervention several times in subsequent sessions and referred to it as “a real wake up call.” This intervention marked a crucial change in their therapy and led to developing a more collaborative alliance with each other. This included comparable interventions that pinpointed some of Serena's issues. Sophisticated isomorphic interventions can be directed toward one member of the couple but also have a powerful impact on the other partner, or can be equally directed toward both members simultaneously. ■

References

- Cozolino, L. (2002). *The neuroscience of psychotherapy: Building and rebuilding the human brain*. New York: W. W. Norton & Co.
- Schnarch, D. (1991). *Constructing the sexual crucible*. New York: W.W. Norton & Co.

Vice-President for Education: Stephen Cheung, Psy.D.



Being Parents in the Family Life Cycle: Implications for Education in Family Psychology

Diverse family structures have emerged in recent decades due to immigration, increased educational and health care costs, technological advancements, and globalization. These include: the traditional nuclear family with two parents and two children; remarried families; single-parent families; same-sex couples with adopted or biological children; childless families. There are also many different ways of being parents in the family life cycle and in the U.S.; “the parenting cycle now extends from early teen years to as

late as age 50 for women and 60 for men” (Carter, McGoldrick, & Petkov, 2011, p. 213).

In this article, I briefly discuss three phases of the developmental stage of being parents: (1) families with children (age 0-12); (2) families with adolescents (age 13-18); (3) families that are about to launch their children and move on in midlife (i.e., when children are 18 years of age and older). I first describe these phases and then consider their implications for education and training in family psychology.

The key developmental tasks of families with young children (age 0-12) are to accept new members into the family and to provide appropriate and necessary care for children's growth. The couple has to adjust their relationship and make space for the arrival of the children; they also have to share childrearing, household, and financial responsibilities.

In addition, they have to renegotiate their relationship and involvement with their extended families, community and social system (McGoldrick, Carter, & Garcia-Preto, 2011). Childrearing is the focus of this developmental phase. Today, only 24 percent of children in the U.S. have stay-at-home mothers; most parents work and must find appropriate childcare for their children (Carter et al., 2011). In addition, a lot of parents have to manage childcare on their own because they live away from their extended families. This can add to the already enormous stress of balancing work and family for both women and men. Parents often admit to feeling guilty for not spending enough time with their children. This sense of guilt and inadequacy as a parent is more prevalent among mothers than fathers, because of the way that men and women are socialized to believe that real men focus on their career while real women focus on mothering (Carter et al., p. 217). The characteristics of the workplace, the lack of accommodation for working mothers and the growing number of work hours for both men and women compound the difficulties associated with parenting young children. Although most parents want to nurture and educate their children to the best of their abilities, they often feel that this role conflicts with the pursuit of a career and the need to make enough money (Carter et al., 2011).

Given that couples with young children are at high risk of divorce in the first two years of marriage (Balswick et al., 2005), it is essential that we teach future family psychologists how to use knowledge about family and individual development to help couples manage the challenges of parenting. It is important that family therapists know how to validate and educate their clients. For example, family psychologists can empathize with the guilt and overwhelming feelings a mother might have; they can also acknowledge her challenges as something most parents experience in this developmental stage. Moreover, they can encourage mothers to work with their partner to better manage the tasks of this phase of life. Family therapy may help couples negotiate childcare and housework. It may also help them maintain attention to and strengthen their relationship at the same time as they focus on the growth of their young children. Because many couples do not live close to their extended families, they often need to seek support from their friends and community members (e.g., churches, temples, synagogues, clubs,). Family therapists can help them to connect with the resources of their immediate environment. It can also teach *laissez-faire* or authoritarian

parents about authoritative parenting. Authoritative parenting involves high level of support and control as well as age-appropriate monitoring and interventions (Balswick, King, & Reimer, 2005). There is a diversity of parenting styles across ethnic and cultural groups, and it is essential that family psychologists be aware of these differences. Therapeutic conversations about childrearing practices require multicultural sensitivity and competence. It is recommended that family therapists who are unsure of their multicultural competence seek consultation.

Families with adolescents (age 13-18) must change the parent/adolescent relationship to allow adolescents to move in and out of the family system. Parents must change the way they relate to adolescents in order to accommodate the youth's cognitive and emotional development. Parents and adolescents must learn to renegotiate the family rules that govern adolescents' behavior, while parents must learn to refocus on their career and couple relationship. Unfortunately, quite a lot of parents have difficulty letting go of their adolescents. Caring for elders is also an important task that parents deal with in this developmental stage (McGoldrick et al., 2011). Parents are now responsible for the care of both their adolescents and aging parents. They are what is called the "sandwich generation".

Again it is most important that future psychologists learn to use their knowledge of the individual and family life cycle to validate, educate, encourage and empower families. In addition to empathizing with the parents' feelings, family psychologists can normalize the enormous stress the family members are going through, and validate their efforts and progress. Psychologists may also help parents find solutions to their struggles and thus prevent demoralization. They can help *laissez-faire* and authoritarian parents to earn the adolescents' trust and to give adolescents room to make decisions and learn from their mistakes. If the parent/adolescent relationship is good enough, the adolescents will quite often consult their parents and ask for help when needed (Garcia-Preto, 2011). The way that adolescents differentiate from family members varies across cultural groups. A competent family psychologist should be aware of these cultural differences and should use culturally sensitive skills to assess and intervene effectively.

When children are 18 and above, parents must deal with the challenges associated with the launching of children into the world. Launching refers to the time period when children are leaving the parental home. Although it is commonly thought that

children leave home at about age 18, it is not always the case. In fact, due to increasing educational and health costs, many children often choose not to move out of the home in order to go to college; they also are more likely to return home. The tasks of this developmental stage are: (1) to develop adult-to-adult relationships between parents and grown children; (2) to renegotiate the couple's relationship; (3) to realign family relationships to include grandchildren and in-laws; (4) to provide for the needs of parents. In essence, the family has to be flexible and adjust to the many exits and entries into the system (McGoldrick et al., 2011). It is important that family psychologists know about the different impact of "the empty nest syndrome" on families. For instance, while some parents may experience a loss of roles and have sad feelings about their children having left the family nest, others may enjoy the freedom from the day-to-day responsibility of taking care of their offspring. Still others, after launching their children, realize the need to change not just their career or occupation, but also their marital relationships. This accounts for the peak in divorce rate after 25 years of marriage. When appropriate, family psychologists can help parents work through the following issues:

1. Focus on their own marital relationship to resolve past issues and enrich the relationship;
2. Learn to relate to their children as adults in order to help them have a healthy launch;
3. Develop good relationships with the child's spouse and his or her family; and
4. Resolve issues with their parents (Balswick et al., 2005; Garcia-Preto & Blacker, 2011).

In conclusion, the life cycle stage of being parents offers many opportunities for families to work on

their individual, couple, and family of origin issues as well as parenting and parent-child relationship challenges. As said earlier, it is important that family psychologists be familiar with the family and individual life cycle in order to understand, validate, and encourage families, and in order to help the family heal, grow, and thrive. ■

References

- Balswick, J. O., King, P. E. & Reimer, K. S. (2005). *The reciprocating self: Human development in theological perspective*. Downers Grove, IL: InterVarsity Press.
- Carter, B., McGoldrick, M., & Petkov, B. (2011). Becoming parents: The family with young children. In M. McGoldrick, B. Carter, & N. Garcia-Preto (Eds.), *The expanded family life cycle: Individual, family, and social perspectives* (4th ed., pp.211-231). Needham Heights, MA: Allyn & Bacon.
- Garcia-Preto, N. (2011). Transformation of the family system during adolescence. In M. McGoldrick, B. Carter, & N. Garcia-Preto (eds.), *The expanded family life cycle: Individual, family, and social perspectives* (4th ed., pp. 232-246). Needham Heights, MA: Allyn & Bacon.
- Garcia-Preto, N., & Blacker, 2011. L. Families at midlife: Launching children and moving on. In M. McGoldrick, B. Carter, & N. Garcia-Preto (Eds.), *The expanded family life cycle: Individual, family, and social perspectives* (4th ed., pp. 247-260). Needham Heights, MA: Allyn & Bacon.
- McGoldrick, M., Carter, B., & Garcia-Preto, N. (Eds.). (2011). *The expanded family life cycle: Individual, family, and social perspectives* (4th ed.). Needham Heights, MA: Allyn & Bacon.

Vice-President for Public Interest & Diversity: Gonzalo Bacigalupe, Ed.D., MPH



Families, Emergent Technologies, and Adolescence

Information communication technologies (ICTs)—email, social networks, mobile phones, and video games—have the potential to help families meet the challenges of the life cycle.

Families are wired. Internationally, Internet use rose from 13.7% in 2004 to more than 26.8% in 2009. Mobile/cellular technology is the most popular and widespread personal technology with an estimated 4.6 billion subscriptions world-wide. More than a quarter of the world's population used the Internet in 2009; a quarter –1.9 billion people—had access to a computer at home (ITU World Telecommunication, 2009).

Anthropological research suggests that the rapid

adoption of ICTs may respond to a deep cultural need to maintain and strengthen family intimacy and community ties. For the most part, clinical research and mass media have been alarmist and even technophobic rather than curious about ICTs' potential to strengthen families (Bacigalupe & Lamb, 2011; Harris, 2011; Ito et al., 2010). This fear of new technologies is not new (Sturken, Thomas, & Ball-Rokeah, 2004). The literature on the impact of television also has been abundant although not conclusive.

The parents of an 11-year-old boy decided to give their son a cell phone so that he may text them and inform them about his whereabouts, and he had agreed. Both parents were employed, and knowing where their son was after school was a safety concern. Using a cell phone increased their overall sense of security. However, after hearing alarming news about cyberbullying, the parents started to have doubts about their decision. Scared by the media, they imposed restrictive rules on their son's phone use. These harsh rules led the teen to fight for more privacy, which conflicted with the original goal of the family. Moreover, this diminished the family's capacity to make decisions collaboratively; the family was now caught in a traditional generational struggle.

A significant portion of research has examined the negative impact of ICTs, with a focus on the safety of children (for a review see: Biegler & Boyd, 2010). Safety issues are paramount for families. Parents fear that their children and adolescents will access inappropriate content such as pornography, or become potential victims of sexual abuse (Palfrey, Boyd, & Sacco, 2010). Parents also may be concerned about text messages with sexual imagery ("sexting") that are exchanged by adolescents. Cyberbullying is another concern among parents, teachers and professionals (Lenhart et al., 2010). Cybersex addiction in adolescents and the use of the Internet for sexual exploration have also been core subjects of psychological research (Delmonico & Griffin, 2008; Hertlein & Webster, 2008; Whitty & Quigley, 2008). Some research, however, suggests that conversations held by adolescents on the Internet are pro-social and caring rather than the source of risky behaviors (Anderson-Butcher et al., 2010).

It is premature for parents and clinicians to draw conclusions based on mass media's pessimistic view of ICTs' influence on adolescents. The negative tone of clinical and media discourses is particularly notable in the case of cyberabuse and learning problems (Kirschner & Karpinski, 2010). For example, the US media describe sexting (the dissemination of

sexual messages via cell phones) as morally hazardous; they also represent youth as impulsive, libidinous, and lacking self-control (Lynn, 2010). Lynn's study examined 93 articles, published in leading U.S. newspapers, on the topic of sexting. These articles stereotyped parents as ignorant, technologically inept, and unable to control their children. They also recommended that parents adopt authoritarian parenting strategies to address sexting.

ICTs have limitations and can be a source of problems. Digitally mediated communication lacks non-verbal cues (Rosenblatt & Li, 2010). In some cases, the use of technologies may be problematic when family members, especially adolescents, remove themselves from family activities and spend more time in their room connected to the Internet (Lenhart & Madden, 2005; Livingstone, 2009). The relationship between adolescents' Internet use and family cohesion varies over time: "Activities that may be negatively associated with family cohesion at one stage in the family life cycle may become positively associated with it at another stage" (Mesch, 2006, p.135). Mesch (2006) found that the relationship between family conflict and adolescents' Internet use was moderated by the type of Internet use. The relationship was positive when adolescents used the Internet for social purposes (online games and social networking). However, there was no association between Internet use and family conflict or cohesion when youth used the Internet for educational purposes. A few studies have shown that families' adoption of technologies varies according to family dynamics and developmental stage (Bryant & Bryant, 2006; Gora, 2009; Lanigan, 2009); yet findings are inconsistent and more research is needed to further understand the impact of ICTs on family interactions.

Emergent technologies are part of the social and cultural context in which individuals and families live. Families' adoption of ICTs seems to advance at a fast pace, and ICTs are becoming a central dimension of the various stages of the family life cycle. It is crucial that couple and family clinicians challenge their traditional view of family relationships in which virtual communication is considered insufficient to establish good communication. Families are being transformed by the adoption of emerging technologies; providing them with more flexibility to support and strengthen their relationships. The developmental task of adolescence—the negotiation of privacy, autonomy, and independence from parental control—can become a central issue of teen-technology interactions.

New technologies pose psychosocial and ethical

dilemmas that are complex to address for both families and clinicians. Pressing a few computer keys cannot solve how families address and define issues such as confidentiality, privacy, control, and safety. It requires a thoughtful process that can balance the risks of creativity, imagination, and discovery, with security, stability and predictability. This is a balancing act, not so different from the dilemmas that families and clinicians face every day.

What are your thoughts on the impact that emerging technologies have on families and your practice? Collaborate with this survey at <http://bit.ly/grrC1w> to help a team of researchers address this question. ■

Gonzalo Bacigalupe, EdD, MPH, is Ikerbasque Research Professor at the Department of Personality, Evaluation, and Psychological Treatment, University of de Deusto in Bilbao & Associate Professor at the Family Therapy Program, University of Massachusetts Boston. Direct correspondence to gonzalo.bacigalupe@umb.edu

References

- Anderson-Butcher, D., Lasseigne, A., Ball, A., Brzozowski, M., Lehnert, M., & McCormick, B. L. (2010). Adolescent weblog use: Risky or protective? *Child and Adolescent Social Work Journal*, 27(1), 63-77.
- Bacigalupe, G., & Lambe, S. (2011). Virtualizing intimacy: Information communication technologies and transnational families in therapy. *Family Process*, 50(1), 12-26.
- Biegler, S., & boyd, d. (2010). *Risky behaviors and online safety: A 2010 literature review (draft)*. Unpublished manuscript. Retrieved from <http://www.zephoros.org/files/2010SafetyLitReview.pdf>
- Bryant, J. A., & Bryant, J. (2006). Implications of living in a wired family. In L. H. Turner, & R. West (Eds.), *The family communication sourcebook* (pp. 297). Thousand Oaks, L.A.: Sage.
- Delmonico, D. L., & Griffin, E. J. (2008). Cybersex and the E-teen: What marriage and family therapists should know. *Journal of Marital and Family Therapy*, 34(4), 431-444.
- Gora, Y. (2009). Information and communication technologies (ICT) and effects on 'togetherness' in family households. *Communications, Policy, & Research Forum*, University of Technology, Sydney (UTS) on 19-20 November.
- Hertlein, K. M., & Webster, M. (2008). Technology, relationships, and problems: A research synthesis. *Journal of Marital and Family Therapy*, 34(4), 445-460.
- Horst, H. A., & Miller, D. (2006). *The cell phone: An anthropology of communication*. Oxford: Berg.
- Ito, M., Baumer, S., Bittanti, M., Cody, R., Herr-Stephenson, B., Horst, H. A., Pascoe, C. J. (2010). *Hanging out, messing around, and geeking out: Kids living and learning with new media*. Cambridge, MA: MIT Press.
- ITU World Telecommunication. (2009). *The world in 2009: ICT facts and figures: A decade of ICT growth driven by mobile technologies*. Geneva: Market Information and Statistics Division Telecommunication Development Bureau International Telecommunication Union.
- Kirschner, P. A., & Karpinski, A. C. (2010). Facebook® and academic performance. *Computers in Human Behavior*, 26(6), 1237-1245. doi:10.1016/j.chb.2010.03.024
- Lanigan, J. D. (2009). A sociotechnological model for family research and intervention: How information and communication technologies affect family life. *Marriage & Family Review*, 45(6-8), 587-609.
- Lenhart, A., & Madden, M. (2005). *Teens and technology: Youth are leading the transition to a fully wired mobile nation*. Washington DC: Pew Internet & American Life Project.
- Lenhart, A., Purcell, K., Smith, A., & Zickuhr, K. (2010). *Social media & mobile internet use among teens and young adults*. Washington DC: Pew Internet & American Life Project.
- Livingstone, S. (2009). On the mediation of everything. *Journal of Communication*, 59(1), 1-18.
- Lynn, R. (2010). Constructing parenthood in moral panics of youth, digital media, and 'Sexting'. *105th Annual Meeting of the American Sociological Association*. Atlanta, Georgia.
- Mesch, G. S. (2006). Family relations and the internet: Exploring a family boundaries approach. *Journal of Family Communication*, 6(2), 119-138.
- Palfrey, J., boyd, d., & Sacco, D. (2010). *Enhancing child safety and online technologies: Final report of the internet safety technical task force*. Durham, NC: University of North Carolina Academic Press.
- Rosenblatt, P. C., & Li, X. (2010). Hazards to family relationships from cell phone usage while driving. *Family Science Review*, 15(2), 84-93.
- Sturken, M., Thomas, D., & Ball-Rokeah, S. J. (2004). *Technological visions. The hopes and fears that shape new technologies*. Philadelphia: Temple University Press.
- Whitty, M. T., & Quigley, L. L. (2008). Emotional and sexual infidelity offline and in cyberspace. *Journal of Marital and Family Therapy*, 34(4), 461-468.

President Position

Candidate #1: Barbara Fiese, Ph.D.



It is indeed an honor to be nominated for President of the Society for Family Psychology. I consider Division 43 my APA home, with its longstanding commitment to advancing practice, research, education, and policy that serves the family system as a whole. Like many other family psychologists, I

value the Society because I can get straight to work without explaining (or defending) why families are important. From 2008-2010, I was fortunate to serve on the Division 43 Board as Vice President for Education. In that capacity, I learned firsthand the importance of the collaborative process for our society and some of the key issues facing family psychology and APA. Further, I served as Chair of APA's Committee on Children, Youth, and Families which gave me not only a deep appreciation of the complexities of APA's organizational structure but also the potential for our Society to have an impact on the lives of families on a grand scale. I am currently Associate Editor of the *Journal of Family Psychology*, which gives me the privilege and responsibility to access cutting edge research in the field. Our Society has matured into an active and flourishing division with strong connections to the American Board of Couple and Family Psychology, Committee on International Relations in Psychology, and the Interdivisional Health Council. It is important that the Society continue to work closely with other boards and committees to advance education and practice that considers the family as a whole. The next few years will be a pivotal time for considering the extent to which family psychology is represented in graduate/internship/postdoctoral education, training early career psychologists, and advancing the voices of families at the policy level.

I am the Director of the Family Resiliency Center at the University of Illinois. Our multidisciplinary

center seeks to identify practices that can improve the lives of families meeting daily challenges associated with chronic health conditions, hunger, and accessing quality care. Increasingly I find myself in roles that extend beyond my initial training at the Family Institute at Northwestern University. On a regular basis, I consult with nonprofit organizations such as the Food Bank, United Way, and healthcare groups to find ways to get the "family" front and center when considering allocation of limited resources. These conversations have resulted in developing whole family approaches to addressing childhood hunger, obesity prevention, and accessing care. I believe that these successes are built, in part, on my training as a family therapist. I am keenly aware how patterns of communication, alliance formation, and systems thinking can promote change on a grand scale. This work is also conducted in a social and cultural context, knowing that families are embedded in and influenced by their culture and communities.

I believe my experiences serving on the Board of the Society for Family Psychology, APA committees, and commitment to advancing the health and wellbeing of families in multiple contexts has prepared me to serve as your President. I would dedicate my time in three ways.

First, I would provide continuity to Marianne Celano's initiatives on professional development for early career psychologists. Across the profession, early career psychologists are struggling with their professional identity and how to allocate their time and resources to professional organizations. It is incumbent upon the leadership of our Society to reach out and provide a welcoming and responsive environment to the needs of early career family psychologists. Specifically, I would call upon the expertise of both senior and early career psychologists to create mentoring circles around seminal topics such as work/life balance, navigating the complexities of a new funding world, and creating a professional identity in medical settings.

Second, I would increase opportunities for continuing education in family psychology across multiple media platforms. In my role as VP for Education, the Society began taking active steps to develop a continuing education program specific to the needs of family psychologists. The Society is uniquely poised to offer a rich array of subject matters that emphasize a systems approach including ethics, close relationships, and working across systems of care. A targeted strategy that incorporates multiple media platforms including webinars, archival podcasts, and the integration of new media (e.g., social networking) with traditional lecture formats has the potential to not only increase offerings for our own members but to increase the knowledge base of

family psychology across the profession and beyond.

Third, I would dedicate a part of my time to connecting with members of our Society and across APA Divisions to coordinate efforts in highlighting family strengths and resiliency. The economic recession has brought home how fragile family life can be and at the same time the incredible strengths and resources that families have brought to bear to meet these challenges. The field of family psychology has an incredible opportunity to share lessons learned about strength and resiliency that can inform practice, education, research and policy.

These are exciting times for our Society and family psychology. I would appreciate your support. ■

Candidate #2: Kristina Gordon, Ph.D.



I am honored to be nominated for President Elect of the Society for Family Psychology. My previous experience as Vice-President of Science has been one of my most gratifying professional experiences and I would welcome the opportunity to serve the Society as President-Elect.

A Tar Heel born and bred, I received my doctorate in clinical psychology from UNC-Chapel Hill in 1999 and I am currently serving as an Associate Professor and the Associate Director of Clinical Training in the Department of Psychology at the University of Tennessee. I received the Distinguished Service Award from the Society for Family Psychology after serving two terms as Vice-President of Science for Division 43 and as Chair of the Task Force on Evidence Based Couple and Family Treatments. I also served as co-president of the Association for Behavioral and Cognitive Therapies Couples Research and Therapy Special Interest Group. Recently I was elected to be part of the inaugural class for the Leadership Institute for Women in Psychology, which was a fantastic experience that provided excellent mentorship and preparation for further leadership positions.

While in graduate school, I developed my enduring interest in researching and treating what the late Neil Jacobson called “the Dark Underbelly” of intimate relationships: betrayal, infidelity, and

intimate partner violence. With my colleagues Donald Baucom and Douglas Snyder, I developed and tested a treatment for couples recovering from an affair. This experience led me to co-author two books on how to help couples recover following infidelity and numerous other articles on forgiveness, infidelity, intimate partner violence, and couple distress. Recently, my interests have branched out to address the intersection between couple functioning and health behaviors, and I am currently a co-investigator on a five-year grant from the National Cancer Institute investigating a couples-based smoking cessation intervention with Latino males. Finally, I believe in the scientist-practitioner model, and thus I also maintain a small private practice in Knoxville, TN, which significantly informs my research.

Previous presidencies have focused on clarifying family psychology’s identity; if elected, my presidency would focus on the next step in our development, which is finding our voice. Consequently, I would like to see our group continue to forge stronger relationships with other APA Divisions and with other family-related groups outside of APA. For example, within APA, the Child and Adolescent Psychology and Pediatric Psychology Divisions have been our natural allies, and we have had joint meetings with these Divisions in the past. However, we might benefit from also strengthening our relationships with divisions that have traditionally been less systemically oriented, such as the Health Psychology, Society of Clinical Psychology, and Psychotherapy divisions. The goal would be to raise the profile of Family

Psychology within APA and to ensure that we have appropriate representation and can provide our valuable perspective in relevant policy-making.

I also am concerned that whereas family psychologists' research and clinical experience has demonstrated that dysfunctional family systems are highly likely to cause and maintain a wide range of mental disorders, researchers and clinicians who are addressing "individual" disorders seldom take family systems into account when developing their treatments. Similarly, few insurance companies will pay for couple and family therapy without a struggle, and there are almost no funding sources to study and develop new treatments that are solely for family and couple dysfunction. By raising Family Psychology's profile and highlighting our relevant research and treatments across APA, I hope to bring attention to this woeful state of affairs and develop a more effective advocacy program for securing more funding in family psychology, both for researchers and for clinicians.

Along these lines, there are other family groups outside of APA, such as the American Association of Marriage and Family Therapist, the American Family Therapy Association, the ABCT Couples Research and Therapy Special Interest Group, and the National Council on Family Relations. The Society has a number of liaisons to these groups; I would like to make greater use of these groups to forge common goals and interests. For example, we could join with these groups to lobby for family psychology related issues both from government organizations and from insurance companies.

On a weekly basis, my job moves between teaching, research, and practice, and this epitomizes the beauty of our profession. Psychologists have such a breadth of skills to offer society – and family psychologists have particular talents and knowledge that are needed now more than ever. As we better know who we are, we will need to find our voice and share our perspective with the wider field. My presidency, should I be elected, would be devoted to achieving that end. ■

Vice-President for Practice Position

Candidate #1: Christopher P. Tobey, Ph.D., ABPP



I am very grateful for the opportunity to support and enhance the Society for Family Psychology if elected to serve as Vice President of Practice for Division 43. I have served on the continuing education committee for the past year and recently accepted the position as chair of the committee.

Most recently I have served as the interim secretary for the American Academy of Couple and Family Psychology.

If elected I want to pursue and support all psychologists becoming board certified. Our profession has developed to the point that I believe it is imperative that as psychologists we embrace the notion of specialization through board certification. I believe family psychology can and should greatly influence collaborative patient-centered care and should lead

the way from a systemic perspective providing efficacious treatment to integrating psychology, primary health care and other specialties. I will work to pursue this integration.

My focus of practice has been systemic and family focused for many years. My beginnings started in residential treatment at Ryther Child Center in Seattle where I had the opportunity to participate in staffings and consultations with Dr. Edith Buxbaum. Dr Buxbaum's theoretical orientation was psychoanalytic, and I recognized its importance in the field of psychology and it greatly influenced my thinking. This was followed by the opportunity to study at the University Of Michigan School Of Social Work where I came to recognize the importance of understanding individuals within the context of significant and meaningful relationships: A biopsychosocial approach to understanding. My education continued at Seattle Pacific University where I completed my doctorate in Clinical Psychology with a

systemic and family focus. Once again I had the opportunity to be mentored by great minds and keen clinicians. By serendipity this was followed by post doctoral training at the University Of Washington's Parenting and Evaluation Treatment Program.

At this point in my career I am personally and professionally ready to give back to my colleagues and my profession. Please give me your vote in the race for Vice President of Practice for the Society for Family Psychology. ■

Candidate #2: Ruth Morehouse, Ph.D.



It is an honor to be nominated for a second term as Vice President of Practice and I hope to win in order to continue spearheading the initiatives started in my first term. I have learned much about navigating the complex system of APA governance and the role of Division officers in that intricate process. I welcome further

opportunity to make use of that knowledge and experience and believe that board continuity for Division 43 in the area of practice will be beneficial to all members of the Society for Family Psychology. If re-elected, I will do everything possible to represent the entire membership. I bring with me solid understanding of the needs and interests of family therapy practitioners, and fresh ideas, based on my experience as an organizer and innovator in positions of responsibility.

I have been immersed in the practice of family, couples, and sex therapy for over 30 years. My experience in family psychology includes training therapists at all levels of experience and meeting the requirements of practitioners at various stages of practice development. For seventeen years I have been Co-Director of the Marriage and Family Health Center (MFHC) of Evergreen, Colorado, home of the systemically-based Passionate Marriage® Crucible Approaches® to integrated sex and marital therapy. Previously, I had ten years experience as Chief Psychologist at a large inpatient-outpatient, family-centered psychiatric facility in New Orleans, which involved expanding Psychology Services, and introducing psychological consultation to medical hospitals. I have first-hand experience in all aspects of practice development covering a wide range of psychology services. Sharing knowledge of successful practice development with family therapists who I

have supervised or consulted with over the years has been a major component of my professional life.

My other associations include AAMFT, as well as being a member of AFTA and the IFTA. I am a certified sex therapist (Diplomat Status) with AASECT and am currently serving a two-year elected term on AASECT's elections committee. I also hold membership in the International Society for the Study of Women's Sexual Health.

Upon being elected to a first term, I was encouraged by the president and Division 43 board to help develop human sexuality as a more visible, current area of interest within the Society for Family Psychology. In canvassing our general division membership, there was widespread enthusiasm and support for this idea. In the last year, our Society has made significant progress in this area including the following:

- Offering a Sexuality Symposium at the 2010 Annual Conference with three nationally known speakers in the field. This symposium focused on training and research as well as therapy practice.
- Additionally, at the 2010 conference, the Presidential Address for SFP on Sexual Desire and Interpersonal Neurobiology was presented by an internationally known expert to a standing room only audience.
- Provided feature article in summer/fall TFP on sexuality in family psychology.
- Developed the Human Sexuality Committee (HSC) for the Society for Family Psychology whose 8 members include a variety of family psychologists with sexual therapy expertise.
- Started the Human Sexuality Forum for members only on Division 43's website with discussion themes developed by the HSC members.
- Developed plans to offer division awards to be given in the area of sexuality; one for student research and/or program development; and one

for professional excellence in teaching, research, theory/ program development in the area of sexuality/sex therapy. These awards will be formally announced soon.

With solid momentum in the sexuality arena, I am now focusing more attention on other areas of practice for family psychologists:

- Development of a Profiles feature on the Practice website which is presented in interview form, and introduces practitioners in Division 43 to each other and highlights the interface between practice, science, and education.
- Initiating Web column on advances in Family Psychology.
- Initiation of a practice forum on Division 43's website for discussion and exchange about Family Psychology.
- Article in TFP on issues/therapy in the early stages of family development and a second article on advanced intervention in family therapy.

- Additional plans include further development of the Practice Website by recruiting more volunteers to take responsibility for different segments of the website and expanding website offerings based on readers' needs and preferences.

I have recently become the SFP representative to the Board of Professional Psychologists (BPP). In my current tenure I have also been highly involved in SFP's new continuing education committee. Recently I agreed to chair our Division committee to promote the creativity and development of our new website for all elements of Family Psychology. I strongly advocate the continuing expansion of a vibrant, useful website that helps all of us coalesce as a group, expand discussion and sharing of systemic family thinking, and further provide opportunities to get better acquainted with individual members. Please consider voting for me. ■

Vice-President for Science Position

Candidate #1: Beatrice Wood, Ph.D., ABPP



Thank you for the opportunity to run as VP for Science for the Society of Family Psychology (Division 43). I have been a member for 15 years. In 2000, I was selected, along with others, by the Division to receive an "Award for Distinguished Contribution to the field of Family Psychology and Health." I now

hope to reciprocate by contributing to the division my efforts to support its science initiatives.

I am currently a Diplomate, ABPP, Family Psychology, and a Fellow of the Academy of Family Psychology. I am proud to be a family psychologist, and I have brought that area of expertise and focus to my academic career and research. I became interested in family systems theory when I was a graduate student at the University of Pennsylvania (circa 1978). For my prelim exam paper I presented a "systems theory of family," which I had developed based on my reading of general systems theory and

cybernetics. During my oral exam a professor asked me if I had ever heard of the Philadelphia Child Guidance Clinic. I said, "No, why?" He replied "Because, my dear, family systems theory has already been invented." Horrified, I wondered if that meant I failed my exam. He said no, but I better get myself across the street and learn something from the real family theorists. So I did. I completed my internship and doctoral research there and joined the faculty in 1981. In 1992 I relocated to the University of Rochester, where I received invaluable research mentorship from Lyman Wynne, and taught family psychology in the Division of Child and Adolescent Psychiatry. In 1996 I moved to the University at Buffalo, where I developed the Family Psychiatry didactic series for General Psychiatry, and Family Assessment and Intervention training for Child Psychiatry. I also continued the NIH funded research program which I began at UR, examining family relational stress as it impacts child psychological and physical well being, focusing on asthma. This work served to test and further develop the Biobehavioral

Family Model of stress related illness. I believe that this model has been useful to family psychology, and I am honored to be presented the American Family Therapy Academy Award for Distinguished Contribution to Family Research, largely because of this model.

I would like very much to bring my effort and skills to collaborate with others to maintain our tradition of leadership in providing the essential knowledge base to support family psychology as a specialty, and as a central scientific discipline within, and outside of, psychology. As full Professor I now have time, and presumably expertise to do so.

Specifically I would help support Dr. Celano's initiative to engage and excite family psychologists across the spectrum of professional development. I agree that APA should accredit graduate programs in family psychology, and family psychology theory/research could play a strong role in supporting the credibility of such efforts.

I also strongly endorse the Division's proposed use and continued development of a web-based portal for facilitation of collaborative research. Such a portal could serve to disseminate exciting new findings which would increase the clarity and professional identity of family psychology as a scientifically grounded specialty. In addition, this portal could be used to encourage exchange between senior and junior investigators, and thus support the development of research careers and trajectories of research. I would also strongly endorse Dr. Cheung's proposal

for a fresh initiative in developing a mentoring program for students at the APA convention. I propose that such a mentoring program could also offer on-site research consultation, which could be continued through the website.

Dr. Bacigalupe's resolve that we need to attend to inequities and disparities that shape the fate of families strongly resonates with my work, which focuses upon disadvantaged minority children with severe asthma. It is clear that the chronic stress of these families contributes to higher prevalence and morbidity. We need more research in this area to strengthen the efforts to change and shape public policies. Continuing the strong tradition of family psychology research would support these goals.

Several years ago there was pressure to "prove" that family therapy is effective. Tremendous effort, time, expense and expertise have been brought to bear to respond to this challenge. Great gains have been made. However, focus was drawn away from research examining factors and relational processes that disrupt or support family function. We now know that family therapy works, but we do not know much about how it works or how to prevent disorder. Family Psychology can lead the charge towards strengthening the scientific base underlying prevention and intervention of family distress and disorder. No one else is going to do it. I would like to contribute to this effort through service on the Board of the Society for Family Psychology as VP for Science. ■

Candidate #2: Galena Rhoades, Ph.D.



The work family psychologists do, as researchers and practitioners, is important to nearly every member of our society. As such, I am honored to have been nominated for the position of Vice President for Science for the Society of Family Psychology.

In my own research at the University of Denver, I focus on romantic relationships. I have specific interests in commitment processes, the development of aggression, how adult relationships impact children, statistical approaches in family research, and the effectiveness of

community-based relationship education. In addition to this research, I am a licensed clinical psychologist and I maintain a small private practice in which I see couples, adults, and children. I also supervise doctoral students on therapy cases in our university clinic and regularly provide consultation to community organizations wishing to offer relationship education. In these ways, the line between my research and my applied work is fluid; they inform and balance one another.

I have several goals for my term as Vice President for Science, should I have the honor of being elected. First, members of Division 43 are the top scholars in the area of family research and I see part of my role as a messenger of this work. I will help disseminate

the important work members do and make it more easily available to other researchers, practitioners, the public, and the media. Second, I intend to increase the visibility of Division 43 and its members' research within other organizations that are focused on family and couple issues, and encourage collaborations with such groups. Third, I plan to spearhead the creation of a network that could provide support for family scholars interested in obtaining funding for their research. Details about these goals follow.

Dissemination of research findings. It is much easier for researchers at universities to gain access to research findings than it is for practitioners. The general public and the media also have limited access to research conducted by family psychologists. One of my goals for my term is to continue to develop the outlets for the dissemination of family-related research that the outgoing Vice President for Science, Erika Lawrence, worked to put in place. Specifically, I would like to continue developing a comprehensive clearinghouse for findings related to family research. I would also like to help researchers translate their findings to make them accessible and applicable to people outside of the research field. Along these lines, I intend to work with the media to make our research

more visible. I have worked with journalists and reporters on many newspaper, magazine, and television stories and believe I can be helpful to others in terms of making research findings available through such outlets.

Collaborations with other organizations. In addition, I believe it makes sense to increase our cross-collaborations with other organizations that focus on families and couples. As an example, I am a member of the Association for Behavioral and Cognitive Therapies Couples Research and Therapy Special Interest Group (www.abctcouples.org). Although there are some researchers and practitioners who are members of both Division 43 and this Special Interest Group, I believe more dialogue and collaboration between the groups could be both fruitful and efficient. I intend to work to encourage and support such collaboration. Similarly, there are several other groups of scholars and clearinghouses that are dedicated to work related to family psychology, such as the National Center for Family and Marriage Research (www.ncfmr.bgsu.edu) and the National Healthy Marriage Resource Center (www.healthymarriageinfo.org). I am involved with both of these organizations and I believe there are ways members of Division 43 could benefit from collaborating

with groups like these and contribute to them. The important work of family psychologists is not always represented in these multidisciplinary centers, even though they are often the places practitioners, policy makers, and the media turn to for information on family issues.

Support for family research. Lastly, funding for family research, particularly from federal entities, has become more difficult to obtain in recent years. I intend to provide support for family scholars interested in funding by creating a network for sharing funding-related information. I look forward to working with other Division 43 members to come up with the best strategies, but I envision a website or listserv family psychologists could use to learn about funding opportunities, to connect with colleagues for possible collaborations, and to receive feedback on research ideas and approaches.

I would be honored to serve as the Vice President for Science for Division 43. I am eager to begin working with other members of the Board and the Division on issues related to research and science. For more information about my research and publications, please see www.du.portfolio.edu/grhoades. To learn about my practice, please visit www.rhoadesconsulting.com. ■

Secretary Position

Candidate #1: Amanda Edwards-Stewart, Ph.D.



I am excited and honored to be considered as a nominee for the position of secretary of Division 43. I am currently the program chair and served as the hospitality chair for the 2010 APA convention. I became a member of the division as a student and have continued as an active member since that time.

My professional identity is grounded in family psychology, driving my research interests and clinical practice. I currently work for the National Center for Telehealth and Technology as a Clinical Psychologist. In this position, I am involved with research supporting the psychological health of Service Members and their families. My research interests involve the application of systemic interventions to Service Members suffering from posttraumatic stress disorder. Further, my interests also extend to providing psychological support to trauma survivors in an international context, where family psychology is the norm. The combination of PTSD and family relationships has always been central to my research involvement and makes up the majority of my clinical practice.

In the past, I have worked both at the University

of Washington Tacoma (UWT) and Princeton House Behavioral Health where I integrated my interest in trauma and family systems in both settings. At UWT, although I largely taught undergraduate core classes, I always included looking at psychology not only from the traditional western, individual perspective but challenged students to consider how psychological principles would be altered or changed in an international setting where systematic thinking is necessary to understanding families and culture. At Princeton House, I worked with female trauma survivors who came from a variety of ethnic backgrounds in a group setting where much of my focus was on systemic/interpersonal functioning.

I look forward to the possibility of serving as the Secretary of the division. I understand that the role of secretary is to record minutes of meetings and facilitate communication within the division and I would be honored by this opportunity. As secretary, I would bring enthusiasm and energy to expanding interest in the relationship between military families and the impact that trauma has on their relationship and life satisfaction. I believe that Division 43 should take a leadership role in this area and I am uniquely positioned to assist with this. I ask for your support to elect me to become a part of the division's leadership team. ■

Candidate #2: Anthony Chambers, Ph.D.



I am truly humbled and honored to be nominated for the position of Secretary of Division 43 – the Society for Family Psychology. I am an Assistant Clinical Professor of Psychology and Staff Licensed Psychologist at The Family Institute at Northwestern University. I am also a member of the core faculty in our Marriage and Family Therapy

graduate program at the Center for Applied Psychological and Family Studies at Northwestern University.

My professional activities include a thriving clinical practice comprised of 90% couples; teaching undergraduate and graduate courses on marriage and research methods; and researching the unique factors that explain the disproportionately low marriage rate and high divorce rate among African American couples. I also conduct research focused on understanding how families and couples change in therapy. In terms of my involvement in the Society, I was the 2009 APA Convention Program Chair for Division 43, I am currently on the Student Awards committee for the Society, and I am the current Secretary for the Society.

The role of Secretary is more than just keeping the minutes. It is a position that garners and organizes the historical achievements and milestone of the division. In my role as Secretary, I have realized the importance of modernizing the position. With the advent of technological advances, many important communications and decisions are now occurring between board members over email more than ever before. Thus, I have strived to keep up with that technology by archiving these important online discussions and decisions. If elected, I will continue to further develop ways to ensure our history is preserved in a way that is consistent with the 21st century world we live in.

In addition to being the repository of information, being a board member means participating in important discussions aimed at growing our Society. As mentioned in this issue of *The Family Psychologist*, 2011 marks my 7th year post Ph.D. Thus, starting in 2012 I will have made the transition from an early career to a mid career Psychologist. Given how important the early years has been for me in solidifying my identity as a Psychologist committed to strengthening families, I will continue to support President-elect Marianne Celano's mission of institutionalizing policies aimed at supporting ECPs. If elected, I will continue serving on the Student Awards committee and work closely with our Student Representative to discuss ways to increase

ECP programming at the Convention. I have and will continue to work with our current student representative to develop and solidify a formal mentorship programming for graduate students and ECP. Such a program will provide a pipeline for the next generation of leaders of our Society, which is critically important given that our average membership age is nearing 60! As a board member, I will also continue to bring up ideas and vote on policies aimed at branding our Society and solidifying our position within the broader umbrella of Psychology.

My past and current roles in the Society have afforded me the opportunity to work with the full gamut of our membership ranging from graduate students to new professionals to seasoned Division 43 board members. If privileged to serve another two-year term as Secretary, I will continue to work tirelessly with the other Board of Directors to build on the distinguished legacy of Division 43. I will also continue to bring to the position of Secretary the same level of dedication, organizational and communication skills necessary to grow the division.

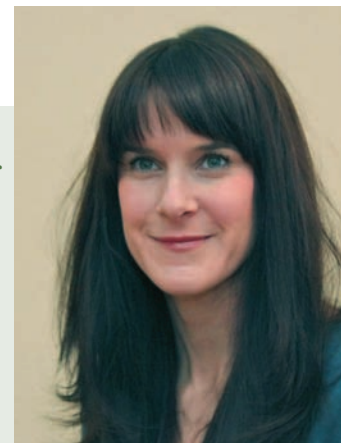
The membership of Division 43 is comprised of many talented, passionate and dedicated individuals all committed to the mission of the Society for Family Psychology. It is my hope that you will again permit me the opportunity to be one of the ambassadors for actualizing your goals! ■

Research Corner:

Deborah J. Jones, Ph.D., Editor

In a recent review, Kazdin and Blasé (2011) highlighted the increased opportunities afforded by technology, including the internet, to reduce the burden of mental illness for adults and children. Consistent with their call for innovative uses of technology to better reach those in need of services, the current article presents the findings of an internet-based version of one behavioral parent-training

program, Parenting Wisely (Gordon, 2000), adapted for ethnically diverse families of teens and pre-teens with disruptive behavior disorders. This article is the second in a series on the role of technology in family psychology started by Steve Beach and, as you will see, Feil and colleagues' pilot results suggest a promising role for the internet as a strategy to disseminate parenting programs to diverse groups.



Development and Pilot Testing of an Internet-based Version of Parenting Wisely

Edward G. Feil, Donald Gordon, Holly Waldron¹, Laura Backen Jones, and Chris Widdop Oregon Research Institute and Family Works

The delivery of Behavioral Parent Training (BPT) for disruptive behavior disorders (i.e., Oppositional Defiant, Conduct Disorder, Drug Abuse) (Kazdin, 1995; Taylor & Biglan, 1998) is often hampered by lack of access to validated programs, the high cost of professional facilitators, and time and travel by parents to attend meetings (Spoth & Redmond, 2000). Such obstacles are compounded in ethnic minority populations, who are especially disadvantaged with respect to risk for child behavioral problems, barriers to participation, and access to culturally sensitive interventions (Amaro, Arévalo, Gonzalez, Szapocznik, & Iguchi, 2006; Carroll et al., 2007; Copeland, 2005; Shillington & Clapp, 2003; Smedley, Stith, & Nelson, 2003; Sue, Fujino, Hu, Takeuchi, & Zane, 1991). Moreover, research has found a link between having culturally similar video examples and the likelihood for change (Orleans et al., 1989). Hence, the inclusion of a culturally diverse group of parents may be critical to strengthening the adoption of the program and effecting behavior change in ethnic minority families.

With the aim of addressing the issues of access for ethnic minority families, our research group capitalized on the meteoric rise in the use of the internet (Madden, 2006) to offer one BPT program, Parenting Wisely (PW; Gordon, 2000) to Hispanic, African-American, and non-Hispanic White parents with children ages 10 through 17 exhibiting disruptive behavior problems. PW was originally delivered on CD-ROM, has been translated to an Internet-based delivery system, and has been shown to effectively reduce child problem behaviors and improve parenting skills (e.g., Cefai, Smith, & Pushak, 2010; O'Neill & Woodward, 2002; Segal, Chen, Gordon, Kacir, & Gyls, 2003). PW is video-based, showing vignettes of positive and negative parent-child interactions to teach critical parenting skills. For this project, our research group teamed with a group of three ethnically diverse experts (Latino, non-Hispanic White, and African American) at research institutions in the field of conduct disorder, to revise and update the program for ethnic minority families. Updates included the following: (1) Revision of issues targeted to be more contemporary, (2) several new skills (e.g., self talk, prompting, planned ignoring), and (3) new concepts and related practices (e.g., mindfulness to improve the quality of the parent-teen relationship and neuroscience to explain and remedy the conflict between parents and teens (e.g., Duncan, Coatsworth,

& Greenburg, 2009; Seigel, 2007; Siegel & Hartzell, 2003). The revised PW version was piloted with a culturally diverse sample of parents to assess increases in parent-reported child behavior.

Families of youth with a score in the clinical range (over 15) on the Eyberg Child Behavior Inventory were recruited from family service agencies, middle schools and online announcements. All contact with participants was either via phone or computer via the Internet. Of the 111 people who called, 91 (82%) were eligible and 65 (71%) of these completed the pre-assessment (71%) and 53 (58%) completed both the pre- and post-assessment. Participating families' annual income was fairly well distributed (with 26% below \$30,000; 43% between \$30,000 and \$60,000; 31% above \$60,000). The majority (47%) of the sample reported having some college (37% had a college degree; 13% high school or equivalency; 3% less than high school). Most participants (61%) were married or living with a significant other (30% divorced or separated; 9% single). Parent reported race was as follows: 27% Hispanic or Latino; 35% African-American; 32% White; 2% Asian; 1% American Indian; 1% Native Hawaiian; 4% other; 25% not reported. Most (77%) participants were mothers (or step-mothers) and 23% were fathers (or step-fathers) with one foster parent. Parents' average age was 41.23 (SD=8.35). Most parents accessed the program at home (95%); work, library and community resource agency provided access for 5%. Children were 60% male and 40% female with an average age of 13.92 (SD=3.93). Children's mean problem behavior rating on Eyberg was 24.64 (SD=5.19).

Examining gains from baseline

to post assessment, all measures of child behavior reported by the parent improved. On the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997), parents reported a highly significant reduction in problem behavior ($t=3.91, p<.001$) from 19.80 ($SD=6.64$) to 16.58 ($SD=7.00$) resulting in a medium effect size of .46. On the Parenting Scale (PS; Arnold, O'Leary, Wolff, & Acker, 1993), Lax subscale, we found a reduction ($t=1.28, p=.20$) from 29.90 ($SD=12.12$) to 28.29 ($SD=10.24$) with a small effect size of .13. On the PS Overreactive subscale, we found a significant reduction ($t=2.28, p<.05$) from 30.32 ($SD=10.08$) to 27.89 ($SD=8.92$) resulting in a small/medium effect size of .24. Satisfaction subscales increased significantly ($t=-3.01, p<.01$) from 35.17 ($SD=8.78$) to 37.67 ($SD=8.72$) with a small/medium effect size of .28. The Efficacy PSOC subscale also increased significantly ($t=2.28, p<.05$) from 33.56 ($SD=7.46$) to 35.60 ($SD=6.92$) with a small/medium effect size of .27. The effects are all in the expected direction showing significant improvements in parent reported child behavior and parenting.

Overall satisfaction with the program was high (Range 0-6; mean=1.37, $SD=.56$) and parents found the program easy to understand (mean=1.38, $SD=.59$) and easy to use (mean=1.50, $SD=.71$). Parents found the PW program materials engaging (mean=1.44, $SD=.65$), provided new ideas about how to work with their children effectively (mean=1.32, $SD=.60$), and increased their motivation to improve their relationship with their child (mean=1.40, $SD=.65$). Parents reported that they were likely to use the strategies in the PW program (mean=1.40, $SD=.563$). Parents

wrote many positive statements such as, "I am a little surprised that I found it helpful, we have been to therapists, counselors, etc., and didn't expect to hear anything I haven't already heard."

The results of this pilot study of the revised Parenting Wisely (PW) program were very encouraging. All measures of parent reported (a) child behavior and (b) parenting showed good prosocial gains after receiving the revised PW program. The high level of satisfaction and usability supports the likelihood that parents like to use PW online and will be motivated to use it. The diverse sample of parents provided a very good test of the revised program in real-world conditions. Moreover, the appeal of the program across parents from various ethnic cultural groups is consistent with our goal of making the video more culturally salient to a wider group of parents and may result in better program adoption and improvements in parenting and child behaviors. Although this was not a randomized control trial, prior controlled research with PW (e.g., Cefai et al., 2010; Kacir & Gordon, 1999; Lagges & Gordon, 1999) showing similar strong effects increases our confidence that PW caused the improvements, and our primary interest in the current trial was demonstrating feasibility and satisfaction. We are currently preparing for a RCT with a usual-care comparison group in order to determine the efficacy of PW.

As practitioners are keenly aware, there are major obstacles to delivering parent training, including the lack of medical coverage, absence of public or reliable transportation, lack of child care, difficulty leaving work (e.g., DeLeon, Wakefield, & Hagglund, 2003; Nordal, Copans, & Stamm, 2003; Stamm et al., 2003), scheduling

conflicts and missed appointments, and the ever increasing cost of travel. Getting parents to attend parenting groups is difficult (Ouellette & Wilkerson, 2008) and the drop-out rate for parenting classes frequently reach 50% or more (Heinrichs, 2005). In addition, the lack of professionals is especially problematic in rural areas (Roberts, Battaglia, & Epstein, 1999). Delivery of the parenting program via Internet increases accessibility by overcoming obstacles to parent participation and decreasing the costs of intervention. The revised PW program and delivery system have the potential of being highly disseminable and cost-effective when traditional in-vivo treatment is not feasible. ■

Correspondence regarding this article should be sent to Edward Feil, Ph.D., Oregon Research Institute, 1715 Franklin Blvd., Eugene, OR 974031983; Ph: 541/4842123; Fax: 541/4841108
E-mail: edf@ori.org

References

- Amaro, H., Arévalo, S., Gonzalez, G., Szapocznik, J., & Iguchi, M. Y. (2006). Needs and scientific opportunities for research on substance abuse treatment among Hispanic adults. *Drug and Alcohol Dependence*, 84(Supplement 1), S64-S75.
- Arnold, D. S., O'Leary, S. G., Wolff, L. S., & Acker, M. M. (1993). The parenting scale: A measure of dysfunctional parenting in discipline situations. *Psychological Assessment*, 5(2), 137-144.
- Carroll, K. M., Rosa, C., Brown Jr., L. S., Daw, R., Magruder, K. M., & Beatty, L. (2007).

- Addressing ethnic disparities in drug abuse treatment in the clinical trials network. *Drug and Alcohol Dependence*, 90, 101–106.
- Cefai, J., Smith, D., & Pushak, R. E. (2010). The Parenting Wisely parent training program: An evaluation with an Australian sample. *Child and Family Behavior Therapy*, 32, 17-33.
- Connell, S., Sanders, M. R., & Markie-Dadds, C. (1997). Self-directed behavioral family intervention for parents of oppositional children in rural and remote areas. *Behavior Modification*, 21, 379-408.
- Copeland, V. C. (2005). african americans: disparities in health care Access and utilization. *Health & Social Work*, 30(3), 265-270.
- DeLeon, P. H., Wakefield, M., & Hagglund, K. J. (2003). *The behavioral health care needs of rural communities in the 21st century*. In, H. B. Stamm (Ed.), *Rural behavioral health care: An interdisciplinary guide* (pp. 23-32). Washington DC: American Psychological Association.
- Duncan, L., Coatsworth, J., & Greenberg, M. (2009). A Model of Mindful Parenting: Implications for Parent–Child Relationships and Prevention Research. *Clinical Child and Family Psychology Review*, 12(3), 255-270.
- Eyberg, S. M. & Ross, A. W. (1978). Assessment of child behavior problems: The validation of a new inventory. *Journal of Clinical Child Psychology*, 7(2), 113-116.
- Gibaud-Wallston, J., & Wandersman, L. P. (1978). Development and utility of the Parenting Sense of Competence Scale. Paper presented at the meeting of the American Psychological Association, Toronto.
- Giedd, J. N., Blumenthal, J., Jeffries, N. O., Castellanos, F. X., Liu, H., Zijdenbos, A., Rapoport, J. L. (1999). Brain development during childhood and adolescence: A longitudinal MRI study. *Nature Neuroscience*, 2(10), 861-863.
- Goodman, R. (1997). The Strengths and Difficulties Questionnaire: A Research Note. *Journal of Child Psychology and Psychiatry*, 38, 581-586.
- Goodman, R. & Scott, S. (1999). Comparing the Strengths and Difficulties Questionnaire and the Child Behavior Checklist: Is small beautiful? *Journal of Abnormal Child Psychology*, 27, 17-24.
- Gordon, D. A. (2000). Parent training via CD-ROM: Using technology to disseminate effective prevention practices. *The Journal of Primary Prevention*, 21(2), 227-251.
- Heinrichs, D. W. (2005). Chaos and clinical theory. *Philosophy, Psychiatry, & Psychology*, 12(3), 243-246.
- Johnston, C., & Mash, E. J. (1989). A measure of parenting satisfaction and efficacy. *Journal of Clinical Child Psychology*, 18, 167-175.
- Kazdin, A. E. (1995). *Conduct disorders in childhood and adolescence* (2nd). Thousand Oaks, CA: Sage Pub.
- Madden, M. (2006). Internet Penetration and Impact. Retrieved from Pew Internet & American Life Project website: http://www.pewinternet.org/pdfs/PIP_Internet_Impact.pdf
- McMahon, R. J., & Estes, A. M. (1997). Conduct problems. In E. J. Mash and L. G. Terdal (Eds.), *Assessment of Childhood Disorders* (3rd ed, pp. 130-193). New York: Guilford Press.
- Nordal, K. C., Copans, S. A., & Stamm, H. B. (2003). Children and adolescents in rural and frontier areas. In H. B. Stamm (Ed.), *Rural behavioral health care: An interdisciplinary guide* (pp. 159-170). Washington, DC: American Psychological Association.
- O’Neill, H., & Woodward, R. (2002). Evaluation of the Parenting Wisely CD-ROM parenting training programme: An Irish replication. *Irish Journal of Psychology*, 1-2, 62-72.
- Organista, K. C., Muñoz, R. F., & Gonzalez, G. (1994). Cognitive-behavioral therapy for depression in low-income and minority medical outpatients: Description of a program and exploratory analyses. *Cognitive Therapy and Research*, 18(3), 241-259.
- Orleans, C. T., Strecher, V. J., Schoenbach, V. J., Salmon, M. A., & Blackmon, C. (1989). Smoking cessation initiatives for Black Americans: recommendations for research and intervention. *Health Education Research*, 4(1), 13-25.
- Ouellette, P. M., & Wilkerson, D. (2008). ‘They won’t come’: Increasing parent involvement in parent management training programs for at-risk youths in schools. *School Social Work Journal*, 32(2), 39-53.
- Roberts, L., Battaglia, J., & Epstein, R. S. (1999). Frontier ethics: Mental health care needs and ethical dilemmas in rural communities. *Psychiatric Services*, 50(4), 497-503.
- Segal, D., Chen, P. Y., Gordon, D. A., Kacir, C. D., & Gylys, J. (2003). Development and evaluation of a parenting intervention program: Integration of scientific and practical approaches. *International Journal of Human-Computer Interaction*, 15(3), 453-467.

- Siegel, D. J. (2007). *The mindful brain*. New York: W. W. Norton.
- Siegel, D. J. & Hartzel, M. (2003). *Parenting from the inside out*. New York: Penguin.
- Shillington, A. M., & Clapp, J. D. (2003). Adolescents in public substance abuse treatment programs: The impacts of sex and race on referrals and outcomes. *Journal of Child and Adolescent Substance Abuse*, 12, 69–91.
- Smedley, B. D., Stith, Y., & Nelson, A. R. (2003). *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington DC: National Academies Press.
- Spoth, R., & Redmond, C. (2000). Research on family engagement in preventive interventions: Toward improved use of scientific findings in primary prevention practice. *Journal of Primary Prevention*, 21(2), 267-284.
- Stamm, H. B., Piland, N. F., Crouse, B., Boulger, J., Davis, G., Ide, B. A., & Tidwell, K. (2003). Essays from the field. In H. B. Stamm (Ed.), *Rural behavioral health care: An interdisciplinary guide* (pp. 11-20) Washington DC: American Psychological Association.
- Sue, S., Fujino, D. C., Hu, L., Takeuchi, D. T., & Zane, N. W. S. (1991). Community mental health services for ethnic minority groups: A test of the cultural responsiveness hypothesis. *Journal of Consulting and Clinical Psychology*, 59, 533–540.
- Taylor, T., & Biglan, A. (1998). Behavioral family interventions for improving childrearing: A review of literature for clinicians and policy makers. *Clinical Child and Family Psychology Review*, 1(1), 41-60.

Practice Corner:

Susan Regas, Ph.D.

Are Family Psychologists Prepared to Deal with Sexual Issues?

Sexuality is a collective human experience and an important aspect of people's lives. It plays a significant role in general psychological well-being, quality of life, and relationship satisfaction (Bancroft, 2009). Yet many people experience temporary or persistent sexual response difficulties, lack of sexual fulfillment, or unsatisfying sexual relationships. Prevalence rates for sexual problems in the general population have been reported as high as 31% for men and 43% for

women in a large-scale epidemiological study done in the United States (Laumann, Paik, & Rosen, 1999). In a community psychology clinic, 79% of men and 87% of women scored within the clinical range for at least one sexual difficulty (Reissing & Cherner, 2009).

Because of this high incidence, psychologists are likely to see clients with sexual concerns. They will also encounter clients with sexual difficulties because sexual problems are often symptoms of psychological disorders, notably

depression and anxiety, and are often common side effects of many psychotropic medications. Sexual problems can occur as side effects of various illnesses and the medications used to treat them. Developmental changes such as birth of a child, increased life stress, and aging may lead to sexual problems. Many clients come to therapy for other reasons that may not be related to sexuality, yet they are experiencing sexual difficulties (Wincze & Carey, 2001). Wiederman and Sansone

(1999) suggested that given the pervasiveness, sexual problems as a group might be second only to substance-abuse-related problems in clinical psychology. Sexual difficulties are at least as prevalent as anxiety or depression.

Furthermore, psychologists are the main referral source for physicians and other health care providers for patients presenting with sexual concerns (Haboubi & Lincoln, 2003). It makes sense that 78% percent of psychologists surveyed said clients requested information about sexuality (Di Giulio & Reissing, 2004). All family psychologists should be able to respond to these significant sexual issues and feel competent in offering the level of care that is needed.

Graduate Academic and Internship Training in Sexuality

Psychology graduate students report limited sexual education and training. In 1999, less than 11% of APA-approved doctoral programs offered a comprehensive course devoted to healthy sexuality, assessment of sexual dysfunction, and sex therapy (Weiderman & Sansone, 1999). This deficit has not improved over time (Miller & Byers, 2008). With respect to didactic training, only one third of psychologists in the Miller and Byers (2008) study had taken a graduate level course in sexuality. Although California requires 10 hours of human sexuality prelicensure, not all states do so, and these 10 hours do not integrate theoretical knowledge and clinical practice. Coursework that doesn't include sexual assessment, interventions, demonstrations, direct experience applying the skills, and feedback on one's work is not adequate training.

Even if there is little room in the busy doctoral psychology curriculum, adding readings about sexuality and sexual issues, inviting discussions of sexuality-related topics into broader assessment and intervention courses, demonstrating how to address sexual topics with clients in interviewing courses, and allowing students to practice these skills and get feedback can greatly increase students' levels of confidence in working with clients. Although sexual topics are incorporated into general psychology courses in 50% of the APA-approved doctoral programs, for the most part, exposure to sexuality is superficial and not covered very well (Miller & Byers, 2010). It is unthinkable that students would leave graduate school without an introduction to anxiety disorders; however, it is very likely that they leave without an overview of sexuality.

The lack of training is not corrected in predoctoral internship training. In fact, a majority of internships offer no sexuality-related training (Miller & Byers, 2008). Research by Wiederman and Sansone (1999) found that some graduate school administrators believed that proficiencies learned in general theory, assessment and intervention courses adequately prepared students to address sexual issues with clients. Evidently, administrators of psychology programs do not fully appreciate how difficult it can be for clinicians to focus on sexual issues with a client. General psychology or family psychology training that is not specific to sexuality is insufficient to help students feel self-assured enough to work with sexual issues. Miller & Byers (2008) found that clinical psychology graduate students with training specifically related to sexuality have more confidence in their capability to offer interventions related to sexuality over and above the effect of general training. The more secure students are in dealing with sexual issues, the more willing they are to work with clients and not refer out clients with sexual concerns.

Psychology programs may be deficient in sexuality training because their faculty members lack the expertise and comfort to provide this education. Graduate programs and internship sites with faculty who specialize in areas related to sexuality offer more courses related to sexuality (Wiederman & Sansone, 1999). If psychology programs desire to enhance the amount of sex education and training they provide to students, faculty with proficiency in this area need to be hired and present faculty need to gain more expertise and comfort in working with clients with sexual problems.

Continuing Education Doesn't Fill the Gap

Sex education and training at the graduate level are sparse (Di Giulio & Reissing, 2004; Miller & Byers, 2008). There was hope that continuing education (CE) programs may make up for this lack. Miller & Byers (2008) discovered that psychologists who take sexuality CE courses are more likely to ask clients about sexuality. Yet on closer look, CE accounted for less than 15% of the variance when it comes to asking about and treating clients' sexual concerns and problems at some point in therapy. Also, CE courses are unrelated to asking about sexual issues during intakes and assessments. Furthermore, participants with more sexuality CE courses are not more knowledgeable about sexuality than those with fewer CE courses.

Why doesn't continuing education make up for

the lack of graduate school training? Presently, many of those who go to sexuality CE courses are already devoted to or intrigued by the field of sexuality and have often had graduate training in sexuality. As a result, it is important to create workshops that are designed for, and marketed to, clinicians with a general family psychology practice. It is critical to reach those who do not consider themselves capable of doing sex therapy or working with sexual concerns and to provide education and training in this area. Even when psychotherapists attend CE workshops to learn how to assess and intervene with clients with sexual issues, they rarely have an opportunity to see live or video sessions that address sexual concerns or to practice and get feedback. Furthermore, CE courses rarely encourage participants to deal with their personal reactions to the sexual material. Family psychologists need access to competent graduate and postgraduate training in sexuality that can have a positive outcome on their knowledge and behavior.

What Are the Ramifications of Current Graduate, Internship, and CE Training?

Silence. Although it is clear that clients have sexual concerns, many psychologists do not ask their clients about sexual issues. In doing intakes, clinicians should be assessing sexual well-being, sexual orientation, past sexual trauma, sexual concerns and problems, and sexual symptoms specific to a psychological or physical disorder or to medication. Psychologists in the Miller and Byers (2008) study, however, discussed these issues in only half of their intake/assessment sessions, and a third of psychologists never

asked any questions related to sexuality during an intake. Moreover, psychologists participating in the study only asked 21% of their clients about sexual issues during treatment. Given the frequency of sexual complaints, it is highly improbable that 80% of the clients did not have any sexual concerns. Equally disconcerting, 20% of the psychologists in the study had never asked a single client about sexual concerns or problems.

Clearly clinicians may have difficulty in asking about and treating sexual issues if they have worries about their own knowledge and skill level related to sexuality. Even professionals who have adequate training in sexual knowledge and skills are often unable to address certain sexual issues or to help a client because of their own anxiety (Jones, Weerkoon, & Pynor, 2005). Therapists' own anxieties about sex may render them silent. Psychologists' whose training did not focus on increasing participants' comfort level regarding sexuality are not inclined to tackle clients' sexual issues. Furthermore, if therapists are not openly asking about sexuality, clients are less likely to feel at ease discussing their related concerns or problems (Metz & Seifert, 1990).

Individuals, couples, and families that evade conversation about sexuality need a non-anxious therapist to initiate these discussions. When therapist or client anxiety increases, sexuality and other uncomfortable topics are often avoided. Bowen theory (Kerr & Bowen, 1988) consistently highlights the importance of a therapist being a non-anxious presence during anxious times in session. Perceived sexual knowledge apparently does not directly influence sexuality discussions with

clients (Miller & Byers, 2008). Psychologists who initiate conversations are those who are able to handle the anxiety of taboo subjects. Without the mediating variable of comfort and anxiety tolerance, there is no difference between those who have had training and those who haven't. Research has shown that graduate students with more negative emotional and cognitive responses related to sexuality, including anxiety and self-doubt, are less comfortable and able to treat clients with sexual concerns (Fisher et al., 1988). Family psychologists should work to be comfortable dealing with this ubiquitous aspect of life.

Ethical issue. Regardless of a lack of or limited training, many practicing psychologists do provide services to individuals, couples, and families with sexual concerns and problems, even during graduate training. Although 50% of psychologists say they haven't had training, many practice sex therapy interventions (Reissing & Di Giulio, 2010). This isn't surprising given the frequency with which clients in therapy have sexual concerns. Unfortunately, these psychologists may unintentionally fail to follow good practice guidelines.

Psychologists are only to practice within the boundaries of competence based on their education, training, supervision, consultation, and study (American Psychological Association, 2002). Clinicians need training that enables them to recognize whether sexuality-related service is within the boundaries of their competence. Without sexuality training, many are unable to recognize that their skills are lacking. For example, a man with erectile problems may be treated as if he had a fear of intimacy when he has not been

assessed for diabetes mellitus.

Refer out. On one hand, it is unethical to treat clients whom a psychologist is not prepared or trained to deal with; however, there are some significant consequences when psychologists refer out to a specialist who deals with sexuality rather than knowing how to deal with those sexual concerns themselves. Automatic referrals for sexual issues may be experienced as dismissive or may convey the message that “I am not comfortable talking about sexuality.” Furthermore, referrals often isolate sexual issues from relationship issues, psychological difficulties, and important life matters (such as cultural, religious, developmental, and medical issues). It is an error to think that one family psychologist can deal with general life, relationship, and family matters, while the other psychologist addresses sexual concerns. Given the frequency with which clients enter our therapy offices with sexual complaints, psychologists are obligated to learn how to assist them.

What Are We Missing When We Won't Deal with Sexuality?

It is mandatory that clinicians have a knowledge base and comfort level regarding sex when talking to clients; however, much more is required of therapists. Sexual behavior is not simply a physical act. When treatment focuses on sexual frequency, sexual behaviors, and techniques for orgasm and erection, we miss many opportunities. When therapy separates sex from personal development, disregards the meaning present in sexual interactions, or ignores how the relationship is reflected in the way the couple has sex, we fail to help clients use sexual problems as an opportunity

for personal and relationship transformation.

In order to facilitate this change, clinicians must undergo similar growth as their clients. Family psychologists must be able to recognize their own personal vulnerabilities that are affecting their handling of the couple, family, or sexual issues and resolve them. Clinicians' own sexual aliveness or deadness, values, beliefs, and preferences, like those of their clients, are influenced by their ethnicity, race, gender, class, culture, and sexual orientation. This may influence how psychologists define, identify with, ask about, and intervene with sexual issues. Therapists must have the maturity to explore their own cultural beliefs, suppositions and stereotypes as well as those held by the dominant culture (McGoldrick, Loonan & Wohlsifer, 2007). Therapist growth is relevant to client growth and therapy outcomes. Helping the couple is not just a function of sharing sexual knowledge or providing techniques; it involves the therapist reaching a higher personal level of differentiation. A client cannot develop beyond the maturity level of the therapist, and the therapist can only facilitate a client's development within the confines of his or her own level of differentiation (Kerr & Bowen, 1988; Mander, 2004; Schnarch, 1997/2009).

The personal development and intimacy tolerance of the therapist have implications for how well a clinician can help individuals on their sexual journey. Clinicians' therapeutic effectiveness will be limited or enhanced by their ability to be fully present and engaged with clients, ability to self-soothe, and ability to be nonreactive during therapy. It takes personal development of both clients and therapists to make a fundamental

change and move positively toward sexual expression (Schnarch, 1991).

When psychotherapists are lacking in maturity and differentiation, the opportunity to study clients through their sexuality and to use their sexuality to facilitate personal growth is lost. Sexual issues are inevitable in human development. Sexual problems push people to grow. The treatment of sexual problems can be a medium for—and a reflection of—personality development, personal development, and integrity. The idea that sexual problems are fertile ground for transformation is not new (Schnarch, 1991), yet the field of family psychology must take it more seriously. Few individuals and couples enter therapy knowing that they have not yet differentiated and grown enough to enjoy long-term intimate connections. The process of knowing who you are in a relationship, thinking for yourself with thoughtfulness for your partner, soothing your own anxiety, and acting with self-respect, responsibility, and honesty will allow for a more connected and intimate sexual life. In addition, as a couple creates a more profound relationship, they are often more interested in improving relationships with parents and children. Thus, changes in intimate and sexual relationships can impact the broader family (Schnarch, 1991).

Conclusion

Sexuality is practically invisible in the broad-based organization of the American Psychological Association. There are more than 50 divisions, but no sexuality interest group exists—with the possible exception of Division 44, whose important function is to advocate for lesbian, gay, bisexual men and

women, and transgendered people. There are more than 50 APA journals and no mention of sexuality in the title. The incorporation of sexuality into Division 43 is welcomed and essential.

Sexuality is a crosscutting competency and should be integrated into other family psychology competencies. Clinicians need to be prepared to address sexual issues proactively and capably with all of their clients. Psychologists must have sexual knowledge, a framework in which to approach sexual issues, as well as the comfort and ability to apply this information. But most importantly, the emotional and personal development of graduate students and therapists must be fostered in order to use sexual issues to make fundamental changes in people's lives. ■

Susan Regas is Professor & Chair of Family and Couple Clinical Psychology at the California School of Professional Psychology-Los Angeles and at Alliant International University. She may be contacted at sregas@alliant.edu.

References

- American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist*, 57, 1060-1073.
- Bancroft, J. (2009). *Human sexuality and its problems* (3rd ed.). London, England: Elsevier.
- Di Giulio, G., & Reissing, E. (2004, September). *Evaluation of clinical psychologists' provision of sexual health care needs*. Paper presented at the meeting of Canadian Sex Research Forum, Fredericton, NB, Canada.
- Fisher, W. A., Grenier, G., Waters, W. W., Lamont, J., Cohen, M., & Askwith, J. (1988). Students' sexual knowledge, attitudes toward sex, and willingness to treat sexual concerns. *Journal of Medical Education*, 65, 379-385.
- Haboubi, N. H., & Lincoln, N. (2003). Views of health professionals on discussing sexual issues with patients. *Disability and Rehabilitation*, 25, 291-296.
- Jones, M. K., Weerakoon, P., & Pynor, R. A. (2005). Survey of occupational therapy students' attitudes toward sexual issues in clinical practice. *Occupational Therapy International*, 12, 95-106.
- Kerr, M. E., & Bowen, M. B. (1988). *Family evaluation: An approach based on Bowen theory*. New York, NY: W. W. Norton.
- Laumann, E. O., Paik, A., & Rosen, R. C. (1999). Sexual dysfunction in the United States: Prevalence and predictors. *Journal of the American Medical Association*, 281, 537-544.
- Mander, G. (2004). The selection of candidates for training in psychotherapy and counseling. *Psychodynamic Practice*, 10, 161-172.
- Metz, M. E., & Seifert, M. H. (1990). Men's expectations of physicians in sexual health concerns. *Journal of Sex & Marital Therapy*, 16, 79-88.
- McGoldrick, M., Loonan, R., & Wohlsifer, D. (2007). Sexuality and culture. In S. Leiblum (Ed.), *Principles and practice of sex therapy* (4th ed.). New York, NY: Guilford Press.
- Miller, S. A., & Byers, E. S. (2008). An exploratory examination of the sexual intervention self-efficacy of clinical psychology graduate students. *Training and Education in Professional Psychology*, 2, 137-144.
- Miller, S. A., & Byers, E. S. (2009). Psychologists' continuing education and training in sexuality. *Journal of Sex & Marital Therapy*, 35, 206-219.
- Miller, S. A., & Byers, E. S. (2010, April). Psychologists' sexual education and training in graduate school. *Canadian Journal of Behavioural Science*, 42, 93-100.
- Reissing, E. D., & Cherner, R. (2009). *Survey of sexual difficulties in clients presenting to a community psychology clinic: Prevalence, distress, and likelihood to initiate discussion*. Unpublished manuscript.
- Reissing, E. D., & Giulio, G. (2010). Practicing clinical psychologists' provision of sexual health care services. *Professional Psychology: Research and Practice*, 41, 57-63.
- Schnarch, D. M. (1991). *Constructing the sexual crucible: An integration of sexual and marital therapy*. New York, NY: W. W. Norton.
- Schnarch, D. M. (1997/2009). *Passionate marriage: Keeping love & intimacy alive in committed relationships*. New York, NY: Owl Books.
- Wiederman, M. W., & Sansone, R. A. (1999). Sexuality training for professional psychologists: A national survey of training directors of doctoral programs and predoctoral internships. *Professional Psychology: Research and Practice*, 30, 312-317.
- Wincze, J. P., & Carey, M. P. (2001). *Sexual dysfunction: A guide for assessment and treatment* (2nd ed.). New York, NY: Guilford Press.

The Children's Voice: Attorneys Representing Children in Divorce



A recent controversy (Howe & McIsaac, 2008) has led the legal system to change the role of attorneys representing children in divorce-related proceedings. Attorneys used to advocate for the child's best interests; they now must represent the child in the same way they represent adult clients. This new role is intended to level the playing field for attorneys but it creates challenges in the way children are represented in court.

Importance of children having a voice regarding important aspects of their lives

In the past, children were viewed as property and as such had few if any rights. Children may feel disenfranchised when they have minimal input regarding decisions affecting their lives. However, their status and their rights as a person are gaining recognition at the local, national and international level (Melton, 1995). We have come to understand that it is important for all people, including children, to have a say in what happens to them. The adoption of "the best interests of the child" as a standard in legal proceedings stem from that understanding. This standard was recommended by the United Nations Convention on the Rights of Children in 1989 (Howe & McIsaac, 2008).

Divorce has a major impact on children who are and feel excluded from the divorce process (Kelly, 2002). Having a voice reduces this negative impact. Most children want to have a voice and want to understand what is happening when their parents divorce; yet they do not want to be forced to make

custody decisions (Smart, 2002). They are capable of thinking about ways they can remain involved with both parents; yet their ideas are seldom considered by parents and the courts (Kelly, 2007).

Limitations society places on children making decisions

Children have different physical and cognitive abilities than adults. Society has designed laws that take into account these differences and that are designed to protect children and communities. For example, we have laws that specify what age adolescents can apply for a driver's license, purchase alcohol, marry, and vote in civic elections. We also have child labor laws that protect children from exploitation. These laws are age-specific, and ignore differences in cognitive and emotional development among children of the same age. Thus, they restrict children's ability to make decisions regarding important aspects of their life.

Children's legal representation

According to the United Nations Convention on the Rights of Children, children capable of forming their own views should also have the right to express their opinion either directly or indirectly. Society and the Law should take children's perspective into consideration based on their age and maturity. Legal representation is one way to ensure that children are heard in divorce cases. Lehrmann (2007) proposes that children be involved in the phases of divorce, yet protected from parental conflict and direct exposure to the adversarial legal process.

Because children's interests may be different from their parents, it is necessary that children be represented by a separate lawyer. Until now, law guardians or attorneys ad litem (this title may be different in various jurisdictions) have served as children's lawyers; their role was to represent the child's best interests. (In some jurisdictions the guardian ad litem did not have to be an attorney.) Law guardians were viewed as neutral parties. They would contact various people, coordinate custody evaluations, and file a report for the court's consideration. Although helpful, it is believed that this neutral role created problems. For example, many attorneys who served as law guardians also had a law practice where they represented adults in divorce cases. These attorneys were thought to have special access to the court as law guardians, and thus to be at an advantage because they had had the opportunity to build a relationship with judges.

To create a level playing field for attorneys, the American Bar Association and the American Academy of Matrimonial Lawyers have changed the role of the law guardian now called the "attorney for the child". The attorney for the child represents the child's wishes during negotiations and trial. There are exceptions to this mandate. The attorney for the child does not have to represent the child's wishes if it is believed that the child lacks the maturity to make sound judgments. For example, it is unlikely that the attorney for the child would represent the wishes of a 3 year old or those of a 15 year old who wants to live with a parent that physically or sexually abused them. Although the attorney for the child may not argue for the child's wishes, he or she is still required to inform the court of the child's opinion.

Unforeseen consequences

Attorneys for children must now determine if their child clients are competent to make decisions

about their best interests. They are responsible for evaluating the child's competency, that is, their ability to make sound judgments based on a good understanding of the situation. They also are responsible for determining if the child is subject to undue influence by one or both parents or by a relative. Attorneys are not trained to meet this new responsibility. Drews and Halprin (2002) discuss the challenges that attorneys for children are facing: Divorce cases are complex, and it is difficult for most professionals to form an accurate picture of the family situation and its impact on children. For example, Grossman (2008a) described the case of a girl who ran away and falsely accused her father of being abusive. In this situation, it is likely that the girl's strong attachment to her mother together with the mother's rejection of the girl prompted the girl to make this false report.

We have to be careful not to give children too much power through legal representation. Some children are likely to misuse that power to manipulate the legal system. For example, a 15-year-old boy who wanted to live with his father claimed that he was afraid of his mother. The father reported the son's complaint to Child Protective Services, and as a result the mother was required to participate in supervised visitation. After the father gained full custody, the boy continued to say that he was afraid of his mother, although there was no basis for this, and the court continued to require supervised visitation.

That children be heard in divorce proceedings is a central issue that deserves careful consideration. How and the extent to which children should exercise the right to be heard is equally important, as the processes by which children's best interests are represented may have unintended consequences for all parties. I have suggested that children may misuse the power associated with legal representation to their own disadvantage. This is the reason why I personally support restricting attorneys' role to providing input about the child's best interests rather than advocating for the child's wishes. ■

References

- Drews, M. D. & Halprin, P. J. (2002). Determining the effective representation of a child in our legal system: Do current standards accomplish the goal? *Family Court Review*, 40(3), 383-402.
- Grossman, N. S. (2008). How consideration of family dynamics adds to the understanding of family forensic cases. *The Family Psychologist*, 24(2), 26-27.

Howe, W. J. & McIsaac, H. (2008). Finding the balance: Ethical challenges and best practices for lawyers representing parents when the interests of children are at stake. *Family Court Review*, 46(1), 78-90.

Kelly, J. B. (2002). Psychological and legal interventions for parents and children in custody and access disputes: Current research and practice. *Virginia Journal of Social Policy and Law*, 10(1), 129-163.

Lehrmann, D. H. (2007). The child's voice: An analysis of the methodology used to involve children in custody litigation. Unpublished manuscript.

Melton, G. B. (1995). Bringing psychology to Capitol Hill: Briefing on child and family policy. *American Psychologist*, 50(9), 766-770.

Smart, C. (2002). From children's shoes to children's voices. *Family Court Review*, 40(3), 307-319.

Student Corner:

Kendra C. Jones, M.A., Student Representative & Editor

As student representative, I strive to bring to light themes and issues relevant to students interested in family psychology. In past columns, I have discussed issues around graduate training in family psychology. To continue with this theme, and to coincide with issues around the formation of family, this column will focus on the transition into early career, or the formation of family psychologists. To prepare for this column, my fellow student member Sarah Welton and I interviewed three early career family psychologists: Anthony Chambers, Ph.D., Amanda Edwards-Stewart, Ph.D., and Corinne Datchi, Ph.D.



The Formation of Family Psychologists: *Pathways in Early Career Family Psychology*

Kendra C. Jones, M.A., & Sarah R. Welton, M.A.

To begin, we will introduce our interviewees, who are involved with clinical, academic, research, and professional responsibilities. **Dr. Anthony Chambers** graduated with a Ph.D. from the University of Virginia in 2004. He is a staff licensed clinical psychologist at The Family Institute at Northwestern University (NU) where he sees 25-30 couples a week. He is also an Assistant Clinical Professor in the Psychology Department and a member of the Core Faculty for the Marriage and Family Therapy (MFT) program at the Center for Applied Psychological and Family Studies at NU, where he holds administrative roles, teaches marriage and family psychology courses,

and supervises MFT students. Dr. Chambers also conducts research and other scholarly work on marital and couple relationships, and serves on the Board of Directors of the Society for Family Psychology as Secretary. **Dr. Amanda Edwards-Stewart** graduated with a Ph.D. from Seattle Pacific University in 2008. Dr. Edwards-Stewart is involved with clinical, academic, research, and professional responsibilities. She is a licensed clinical psychologist, and currently works for the National Center for Telehealth and Technology. She has a private practice where she sees mostly couples with trauma issues, and has been employed as a full-time lecturer at the University of Washington Tacoma. Her research focuses on

PTSD and TBI, and brings a family perspective to the treatment of veterans affected by these symptoms. She is the current program chair for the Society. **Dr. Corinne Datchi** graduated with a Ph.D. from Indiana University in 2009. She is Research Associate at the Center for Adolescent and Family Studies at Indiana University-Bloomington. In this role, she has both clinical and research responsibilities, including supervising doctoral students and community providers in Functional Family Therapy (FFT), working within the criminal justice system to implement systemic, evidence-based approaches, carrying a caseload of family clients, and conducting research. She is the editor of *The Family Psychologist*.

Pathways

Our interviewees described widely varying pathways leading up to their current roles as early career family psychologists. We found it hopeful for current students (including ourselves) to realize there are so many different paths leading to dynamic and exciting careers. **Dr. Chambers** named four major experiences that influenced his work in his current role as a family psychologist. First, he attended a graduate program known for family studies and was exposed to prominent family psychologists and family research methodologies. Second, he obtained extensive couple and family therapy training during his practicum experiences. Third, he sought out internship and post-doctorate opportunities in family psychology; he completed a combined internship and clinical residency at Harvard Medical School & Massachusetts General Hospital where he specialized in couples therapy. Finally, he completed a two-year post-doctoral fellowship at The Family Institute at NU before being hired on in his current position. It was during this time that Dr. Chambers became involved with the Society as well. **Dr. Edwards-Stewart** knew early on in graduate school that she wanted to incorporate an interpersonal perspective into any work she did as a psychologist and recognized that mentorship was a huge factor in her development as a systems psychologist. In addition to the mentorship she attained from past president Dr. John Thoburn, she sought mentorship in trauma work while on internship at Princeton. Dr. Edwards-Stewart credited the active role she took in seeking out support and mentorship as major factors in opening up her career opportunities. During graduate school, **Dr. Datchi** was trained in FFT and participated in research on FFT with couples.

She became passionate about FFT and family psychology during that time. After she completed her pre-doctoral internship in July 2008, she was offered a research faculty position at the Center for Adolescent and Family Studies where she previously had worked with Dr. Thomas Sexton, 2009 president of the Society. Dr. Datchi earned her Ph.D. in January 2009 and elected to remain at Indiana University in order to gain additional experience in family psychology research and practice.

Themes

Two main themes emerged in our interviewees' roles in family psychology. For example, our interviewees described their perspectives on how family psychology fits into our nation's movement toward health care reform/ integrated health care. First, an emphasis was placed on the utility of thinking systemically within a medical model of care. **Dr. Chambers** noted that family psychologists are ideally suited to be key players in integrated primary health care, as they are trained to incorporate the impact of multiple health care providers on the treatment of the individual. To illustrate this, he described that although he is not working in a medical setting, when he sees a couple and one or both members of the couple have individual therapists, he will often actively collaborate with their therapists to ensure the treatment plan is consistent across multiple providers. In some cases, he will invite the other providers to participate in a session. He also maintains frequent contact with psychiatrists to discuss the impact of medication on his clients. **Dr. Edwards-Stewart** echoed this emphasis on collaboration among multiple providers, adding that many other cultural groups in the world view the family system, rather than the individual, as the unit of care. Embedded into our health care model is the expectation that an individual can get better independently. Family psychologists are well positioned to influence health care providers' expectations of their patients. **Dr. Datchi** has found that a systems perspective can also be extended to other institutions of care. In her work in the criminal justice system, she brings a systems perspective to bear on treatment formulation. Within this framework, she provides a family focused approach to the treatment of criminal offenders. As such, she seeks to intervene in the relationships that serve as risk and protective factors, including those at the level of the

correctional system. The second theme centered on growing opportunities for family psychologists to contribute to the improvement of our current system of health care. **Dr. Chambers** asserted that one of the breakdowns in the current healthcare system has been the lack of integrated communication between providers. With this in mind, he makes a concerted effort in his supervisory role to teach his students to appreciate that a patient's psychological and/or physical health problem cannot be understood or treated in isolation from their families. As such, systems interventions are well positioned to help speed an individual's treatment and recovery from an illness. With this training, family psychologists have a unique ability to advocate for the inclusion of family interventions within the health care system. **Dr. Edwards-Stewart** noted that an emphasis of family-oriented interventions has not been present in all of the propositions for health care reform. She called for an increased acknowledgement of the influence that couple and family functioning plays in emotional well-being. Currently, family psychology is a smaller voice in the movement toward integrated care. She encouraged family psychologists to be advocates for this position and seek to be a strong, unified voice in the ongoing development of health care legislation. **Dr. Datchi** also views family psychologists as integral to our nation's transition toward integrated health care. She states that family psychology's systemic lens provides a unique perspective on individual health and behaviors; it emphasizes the relational context in which individuals are embedded and calls attention to the interdependence of individual, interpersonal, and environmental factors. "I have been using the systemic lens to understand people in their context," she says, "and applying it to a variety of issues, including criminal behaviors because I believe that it helps to identify powerful solutions to social problems." The systemic lens will also help to identify opportunities for improvement in the health care system.

Messages to Graduate Students

Our interviewees had insightful responses when asked, "What should current graduate students know?" We will leave you with their messages.

Dr. Chambers: I can't state strongly enough what every academic advisor recommends which is to get experience publishing early. Even if you are interested in being primarily a clinician, having exposure and training to publishing as a graduate

student will prepare you for publishing scholarly articles and books as a clinician. I'm currently working on a textbook for marriage, and the publishers look favorably on having a track record in publishing. Networking is also critical, but the most important part of networking is showing up! You can't network if you don't show up. So, look for opportunities to present at a conference like APA. Posters, for instance, are a great way to have more in-depth conversations with people interested in your work. As another great way to get noticed, submit your poster to Division 43 and then submit it for our student award! Being a good family psychologist also means that we have a solid, diversified clinical foundation. Some of the most important training that I use as a family psychologist comes from understanding Axis I and Axis II disorders. I gained that knowledge by spending two years working in a psychiatric inpatient admissions ward and spending a year working in a psychiatric ER. That training has been critical to my conceptualization of a couple or family who may have a psychiatric illness. Finally, see your classmates as future colleagues. I'm giving an invited colloquium at Indiana University, which is a prestigious psychology department; because a fellow student in my graduate program at UV remembered my work and thought others in his department would like it as well. Realize that your classmates will be a valuable network for you!

Dr. Edwards-Stewart: When looking for internships, it is important to assess your fit in their institution. If you value the opportunities to bring a systems perspective to your clinical work, be sure to bring that up during interviews to ensure they will foster, or at least accept, your perspective. Regardless of the setting in which you practice, it is your responsibility to bring a systems perspective to the table. Additionally, wherever you end up, the relationships you make are important. However, you are not defined by your placements. You can affect a lot of change on your own if you make an effort to advocate for yourself and your treatment perspective. You can tailor your career to anything you want. Actively create your own niche. Finally, never be timid in asking your professors and mentors for support after you graduate.

Dr. Datchi: I remember being a graduate student and wondering where I would work and what I would do after I earn my degree. These were questions that were not easy to answer because there were many factors out of my control, such as my family situation and a limited job market. Looking back, I am not sure I had a definite idea about what

my interests were. I was leaving the door open and seizing every opportunity available to me to explore the psychology profession and make a determination. It was a good choice for me. And now I would say to students who have not made career decisions yet, "Try not to worry as much about knowing what

you want to do; look for varied experience; seize the opportunities that are offered to you; explore, learn, and be open to new experiences; explore your interests and make choices about career directions based on a process of elimination." ■

Reference Corner:

Marina Dorian, Ph.D., Editor

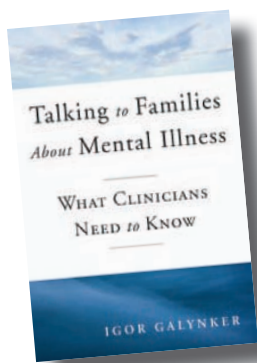
This issue of *The Reference Corner* includes reviews of two books relevant for working with families with mental illness. The reader will find something of interest among these two related books, *Talking to families about mental illness: What clinicians need to know* and *Talking to families about child and adolescent mental illness*, which fill a void in professional training related to

educating and collaborating with families of the seriously mentally ill.

If you are interested in serving as a reviewer for *The Reference Corner*, please email me your areas of interest. Contributors retain a complimentary copy of the book. If you are the author or editor of a new or upcoming book in family psychology that seems appropriate to review in

this column, please send a copy to me to be considered for review as closely as possible to the publication date. Send books and galleys to: Marina Dorian, Ph.D., *The Reference Corner* Column Editor, Alliant International University, California School of Professional Psychology, 10455 Pomerado Road, San Diego, CA 92131; E-mail: mdorian@alliant.edu.

Book Reviews



Galynker, I. (2011). *Talking to families about mental illness: What clinicians need to know*. New York: Norton (270 pp). ISBN: 978-0-393-70600-0. \$32.95 (hardcover).

Reviewed by Michelle D. Sherman, Ph.D., and Juli Vierthaler, Psy.D.

With the number of individuals seeking treatment for mental health related problems increasing, primary care physicians have become one of the main sources of treatment for individuals with mental

health disorders. Family members play a significant role in the recovery and treatment of individuals with mental illness. However, there is limited literature on helping providers understand and address the familial experiences and anxieties surrounding mental illness. The questions and concerns of family members often are addressed indirectly or not at all. *Talking to families about mental illness: What clinicians need to know*, by Igor Galynker, M.D., Ph.D., aims to address this gap in the literature by providing guidance for professionals working with families of individuals with mental illness.

Dr. Igor Galynker has a M.D. specializing in psychiatry and a Ph.D. in chemistry. Galynker is the founder of the Family Center for Bipolar Disorder in New York and is a Professor of Clinical Psychiatry at the Albert Einstein College of Medicine. He specializes in the treatment of affective disorders.

This 270-page guide written for primary care providers, mental health professionals, and caregivers of individuals with mental illness is organized into four main parts. These sections address four general topics related to communicating with families about mental illness: general rules and approaches, diagnosis and treatment, common disorders, and real-life issues. Throughout the book, the author uses clinical case examples from his own practice to demonstrate techniques used when communicating with family members about symptoms, medications, commonly asked questions and potential treatment options. He outlines the course of specific disorders (schizophrenia, bipolar disorder, major depressive disorder, generalized anxiety disorder and panic disorder, obsessive-compulsive disorder, and personality disorders) and the implications of the disorders on an individual's relational functioning. The overall premise of the book is that "it is through clear, compassionate communication that we can provide superior support to families in crisis, leading to a transformation in how patients and their families feel about and respond to mental health treatment" (p. 2).

The book has numerous strengths, including covering a broad range of important topics, clear organization, and being accessible to the reader in tone and content. It is clear that Galynker has worked extensively with families living with mental illness (especially bipolar disorder), and his expertise is apparent in the numerous examples provided throughout the text. Primary care providers and medical students could greatly benefit from the introductory text in enhancing their understanding of the challenges faced by families. The numerous clinical

vignettes include specific quotes of useful information providers can share with families. Notably, Galynker highlights cultural issues throughout the text which is a real strength of this book. He also identifies his own belief systems overtly; for example, he indicates that "psychotropic medications should be prescribed by psychiatrists only...non-psychiatrists simply do not have the training necessary to know when psychotropic medications will do more harm than good" (p. 89) and they should tell the family they are choosing "inferior treatment" by not seeing a psychiatrist (p. 91). Another approach he takes involves his stated "ethical and moral responsibility to support the couples' relationship" (p. 48) by advocating they do not divorce. These views are controversial and may be met with various reactions by readers, but it is helpful that he overtly explains his stance.

However, several limitations are noteworthy. First, a major source of support for families dealing with mental illness is the National Alliance on Mental Illness (NAMI, www.nami.org) who provides free classes (Family to Family Education Program) in 49 states, Canada, Mexico and Puerto Rico. Numerous publications have reported the utility of such programming in improving family member empowerment and self-care, decreasing their worry, decreasing their displeasure with their consumer, and increasing knowledge about mental illness and the mental health system. Galynker may consider educating the reader about such free, easily accessible sources of support for families in a future edition. In particular, families may need support if their consumer refuses to seek psychiatric care, a common occurrence.

Second, the book does not refer to any of the evidence-based family interventions for serious mental illness, namely Behavioral Family Therapy (Mueser & Glynn, 1999) or the Multifamily Group Model (McFarlane, 2004). Both of these models have a strong literature base with documented longitudinal positive outcomes for the consumer and family, cost savings, and improved family relationships. Helping the reader gain awareness of existing interventions for families would be a useful addition to a future edition.

Third, Galynker indicates that the book has three audiences: primary care providers, mental health professionals, and families themselves. Although the primary care audience seems fitting, the book does not seem suitable for either mental health experts or families as the book is written for general providers. Marketing the book to families themselves would not seem appropriate.

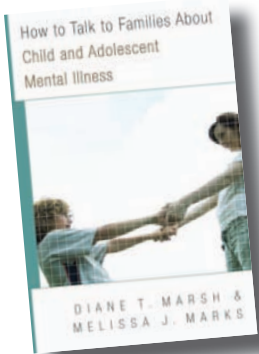
Fourth, some key issues were not addressed in the book that arise often in working with families, such as confidentiality (and its limits) and wellness (e.g., importance of regular sleep, nutrition, exercise). Galynker does not address trauma/PTSD at all in the text which is a limitation, both in light of the considerable prevalence of PTSD as well as the high comorbidity between trauma/PTSD and other serious mental illnesses. Finally, instead of describing patients and family members as "sick," Galynker may consider using "people first language" in future issues of the book. A stronger emphasis on recovery and the recovery movement would strengthen the text considerably.

Despite these limitations, the book makes a contribution to the

small literature on helping providers understand the family experience of mental illness. Due to the ripple effects of emotional difficulties on the family, educating and supporting loved ones is a crucial, often neglected task. ■

Michelle D. Sherman, Ph.D. is a psychologist and director of the Family Mental Health Program at the Oklahoma City Veterans Affairs Medical Center and is a professor at the University of Oklahoma Health Sciences Center. She also writes books for teens whose parents have experienced deployment, mental illness, or trauma (www.seedsofhope-books.com).

Juli Vierthaler Psy.D., is a postdoctoral fellow at the Oklahoma City Veterans Affairs Medical Center.



Marks, M. J., & Marsh, D. T. (2009). *How to talk to families about child and adolescent mental illness*. New York, NY: W. W. Norton & Company, Inc. (252 pp). ISBN-13: 978-0-393-70570-6. \$21.95 (pbk).

Reviewed by Micol Gonella, M.A., and Marina Dorian, Ph.D.

In the United States today, many families are affected by mental illness. Statistics from the Surgeon General report that as much as 20% of the child and adolescent population suffers from a form of mental illness, not including the impairment caused by learning disorders. Too often, mental illness is conceptualized and treated as an individual disorder. When working with children and adolescents it is important not to ignore the family system. When a child has a mental illness, both the child and the family members must adjust to changes in the route of education, as well as possible changes in their family dynamics. Although it is impossible to predict exactly what ways a family will be affected by their child's mental illness, certain experiences are common to many such families, and books which help clinicians become familiar with such work are few and valuable. In *How to talk to families about child and adolescent mental illness*, authors Diane Marsh,

Ph.D., and Melissa Marks, Ed.D. use their combined knowledge of psychology and the ins-and-outs of the education system to construct a multifaceted guide for clinicians and educational professionals who work with families affected by child mental illness. This duo has teamed up to write a text organized in four sections. The first covers the impact of mental illness on children, adolescents, and families; the second covers ways to help families cope with mental illness; the third covers helping families understand and cope with specific mental disorders; and the fourth covers family-professional collaboration. Throughout the book the authors weave in rich case material to highlight family work with a specific disorder.

This book is designed to enhance the effectiveness of practitioners working with families that include a child or adolescent suffering from mental illness, specifically mood disorders, anxiety disorders, and schizophrenia. While this book offers a condensed resource incorporating current theory, research, clinical application, and case material, it is meant as an introduction to the topic summarizing only some of the extensive, updated resources available on the Web and in other books and articles. The authors are able to achieve a brief introduction and orientation to each topic, with the exception of the section on navigating the education system. Here the authors provide clear definitions and descriptions of special education services for both clinicians and parents unfamiliar with the educational system and educational rights. These chapters focus on collaboration and provide the information needed to inform and empower parents and clinicians seeking out specialized education. The authors clearly explain individualized education plans and the various roles of different school and mental health professionals that a family might come in contact with while setting up services for their child. They also provided a very clear step-by-step guide to what a parent should do once their child is diagnosed with a mental illness, and even long-term plans for the child's future into adulthood. This section is useful, clear, and is a vital tool for any clinician who plans to work with children in a school setting. The authors readily include other resources for clinicians to guide parents to further information about the treatment of mood and anxiety disorders as well as schizophrenia. A missing element is information about commonly co-occurring disorders, developmental disorders, or learning disorders.

The book provides basic and essential information about specific mental disorders and their treatment,

but the focus is on working with children and families rather than on the disorder. In highlighting the experiences of families dealing with mental illness, the authors are able to address some challenges faced by families and the mental health and educational services available to meet their needs. The authors are mindful of the family burden that accompanies early onset mental illness, yet they acknowledge the potential for resilience and encourage family adaptation. Family-focused services are briefly outlined with regard to professional competencies, professional issues such as confidentiality, and family intervention models for working with serious mental illness, yet there is little mention of evidence-based practices other than family psychoeducation. Thus a major limitation of the book is the lack of reference to specific family therapy approaches. The authors do refer the reader to the National Alliance on Mental Illness (NAMI) for more information on family education.

While the authors state that this book is intended as a resource for mental health and educational

professionals, parts of the book could be read as self help for families confronting child mental illness. The authors hope to promote family resilience and the capacity to prevail over adversity through information, action, empowerment, and collaboration with service providers. Despite the brevity of much of the material, the text is useful for therapists in training and anyone helping families with a mentally ill child navigate both the educational and mental health systems. ■

Micol Gonella, M.A., is a doctoral candidate at the California School of Professional Psychology at Alliant International University in San Diego, California with an emphasis in child and family therapy. Her clinical experience has included working with children and adolescents with behavioral and emotional problems as well as learning differences in a school setting.

Marina Dorian, Ph.D., is a psychologist and an assistant professor at Alliant International University in San Diego.

Announcements:

Federal Advocacy Update

Jerry R. Grammer, Ph.D., Federal Advocacy Coordinator

House passes repeal of health care reform law

The House voted [245-189](#) on January 19 to pass legislation that would repeal the health care reform law enacted in 2010. All 242 Republicans and three Democrats voted for the bill, and 189 Democrats voted against it. While Senate Minority Leader Mitch McConnell (R-KY) has indicated he will try to force a vote in the Senate, the bill is highly unlikely to advance further due

to strong opposition from Senate leaders and the White House.

As House leaders begin to shift their efforts to making sub-

stantive changes incrementally through the legislative process, the APA Practice Organization will strategically focus its energy and resources and engage legislators on both sides of the aisle to promote psychology's priorities and protect critical reforms we worked hard for and won enactment of, including:

- Essential plan benefits that include mandatory mental health and substance use services;

- Mental health and substance use parity requirement for exchange plans;
- Within the private health care system, a grant program integrating mental health into primary care with the establishment of interprofessional, interdisciplinary health teams to support primary care practices;
- Chronic care coordination fostered through a Medicaid state plan option allowing beneficiaries with one or more chronic conditions (including mental health disorders) to designate a health home, and permitting the designation of a community mental health center as an eligible health home; and

- Extension of the 5% Medicare psychotherapy payment restoration through the end of 2011.

President signs legislation halting 25% SGR Cut

Congress sent legislation to the President halting the 25% Sustainable Growth Rate (SGR) cut for one full year through the end of 2011. Thanks to the tireless work of grassroots psychologists and our team in Washington, I am thrilled to inform

you that the measure includes the continuation of \$30 million in Medicare reimbursements for 2011. The bill also provides a hard-fought one-year extension of the 5% psychotherapy payment restoration. This will ensure financial resources to the Centers for Medicare and Medicaid Services (CMS) to process backlogged payments for claims since January 1, 2010 to which the restoration will be retroactively applied.

The Medicare and Medicaid Extenders Act of 2010 (HR 4994)

The Medicare and Medicaid Extenders Act of 2010 (HR 4994) passed the Senate by unanimous consent on December 8 and the House 409-2 on December 9. The President has expressed his support and is expected to sign the bill shortly.

Considering Board Certification in Couple and Family Psychology?

Mark Stanton, Ph.D., ABPP

I would like to encourage readers of *The Family Psychologist* who are engaged in professional practice to consider pursuing post-doctoral board certification in Couple and Family Psychology from the American Board of Professional Psychology (ABPP). Board certification in Couple and Family Psychology focuses on verification of education, training, and experience in our specialty as well as demonstration of the foundational and functional competencies of the specialty.

“Couple and Family Psychology is a broad and general specialty in professional psychology that is founded on a systemic epistemology, including explicit awareness of the importance of context, diversity, and developmental perspectives, to understand, assess,

and treat the comprehensive issues of psychological health and pathology, including affective, cognitive, behavioral, and dynamic factors across individuals, couples, families, and larger social systems. The crucial element of the specialty is a thorough systemic conceptualization and the application of systemic concepts to human behavior. CFP includes a body of knowledge and evidence-based interventions that require specialty competence” (Stanton & Welsh, 2011).

If you are a psychologist interested in board certification in Couple and Family Psychology, I would encourage you to go to <http://www.abpp.org/i4a/pages/index.cfm?pageid=3359> in order to download and review the ABCFP materials. There are three pathways to demonstrate specialty education, training, and experience, including the Senior Track for individuals with over 15 years of experience who meet specified criteria. Our board is committed to creation of a positive and professional application and examination process. If you decide to pursue board certification, you may have a mentor assigned to assist you through the process, if you so desire.

If you are a clinician involved in educating and

training psychology students in a predoctoral or postdoctoral venue that includes a Couple and Family Psychology emphasis, we invite you to consider AB-CCFP board certification. *If you are a faculty member in a doctoral program that includes a Couple and Family Psychology track*, we encourage you to consider board certification as a demonstration of your competence in the specialty and as part of your modeling of postdoctoral certification.

If you are a pre-licensure individual (student or recent graduate) of a program that included a track or emphasis in Couple and Family Psychology, we encourage you to start the process of progression

toward board certification through ABPP at a reduced fee. See information on the Early Entry Program at: <http://www.abpp.org/i4a/pages/index.cfm?pageID=3299> and start the process now.

We appreciate your interest in board certification in Couple and Family Psychology. Please contact us if you have any questions or concerns about the process. We are happy to respond to your inquiries.

—Mark Stanton, PhD, ABPP
President, ABCFP
mstanton@apu.edu