

## Forum On Clinical-Child Training . . .

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To provide opportunities for the discussion of issues related to training in clinical-child psychology the *Journal* is presently accepting brief papers dealing with the topic of training for this section. Papers are to take a form similar to those appearing in the Comments section of the *American Psychologist*, and should not exceed 1000 words in length. Send all submissions to James H. Johnson, Ph.D., Associate Editor—*Journal of Clinical Child Psychology*, Department of Clinical Psychology, Box J-165, University of Florida, Gainesville, Florida 32610.

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### Addressing the Needs: Guidelines for Training Psychologists to Work with Children, Youth, and Families

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*A need exists for criteria for training psychologists who work with children, youth, and families. Recognizing that the provision of competent services is directly related to training for those services, a set of recommendations was adopted by the Executive Committee of the Division on Child, Youth, and Family Services. This paper outlines these recommended experiences and coursework with their rationale for child development and lifespan developmental psychology, child and adult psychopathology, mental retardation and developmental disabilities; specialized child assessment techniques; child psychotherapy and behavior change; parent, family, and school intervention techniques; specialized clinical practice in child, parent, and family therapy; research methods in child psychology; ethics and legal issues related to children, youth, and families; and subspecialties within psychology for children, youth, and families. Examples of training programs meeting these recommended training criteria are discussed.*

**Key words:** training clinical child psychologists, Division 37 training guidelines, services to children, youth, families

Psychological research and treatment related to children and their needs have been extant since Lightner Witmer in 1896 (Ross, 1972). Despite this early start, national interest in formally training psychologists to work with children, youth, and families has developed only in the last 10 years. During this period, various professionals articulated positions on the needs for formal specialty training and the components necessary for it. Cass (1974) outlined the changing roles of the specialty area as related to training. She also noted that no standards existed for training. Several proposals and outlines of coursework have also been advanced (e.g., Carboy & Curley, 1976; Routh, 1977; Wohlford, 1978). However, no proposal has been adopted by programs that train psychologists to deliver services to children, youth, and families.

In the absence of a consensus about specialty training, university-based programs developed a variety of plans for training under such labels as clinical child psychology, school psychology, and applied develop-

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mental psychology. These programs have tended to develop essentially idiosyncratic training philosophies and requirements. For example, Roberts (1982a) examined 15 clinical child-training programs and found that no two of them had the same requirements; some of them had particular courses or practicum experiences in common, however. Other surveys of different types of specialty programs tend to confirm the wide disparity of experiences and instruction for programs claiming to offer a child specialty (Mannarino & Fischer, 1982; Roberts, 1982b). Thus, no standards of training have existed in the past, and none currently exist for training psychologists to work with children, youth, and families.

This lack of criteria for specialty training poses professional, ethical, and social responsibility problems. Without recognized standards, psychologists may acquire brief, superficial training and claim the specialty label in order to benefit from the larger job market. From the perspective of many educators, practitioners, and consumers, this situation may lead to the provision of inadequate or even harmful interventions. The skills necessary to work with children, youth, and families are different from those necessary to work with adults and are not quickly or easily acquired. Provision of competent services is directly related to training for those services.

Because of a shortage of professionals in this specialty (Tuma, 1981), the National Institute of Mental Health has designated children and adolescents as a priority area for awarding training grants (Denham, 1979; National Institute of Mental Health, 1983). However, the grant application review panels are faced with evaluating programs and awarding training funds in the absence of standards or consensual criteria for child mental health training programming. Thus, the lack of standards hampers efforts to meet the manpower needs for psychologists in this specialty.

Recognition of these considerations led a number of concerned psychologists to begin exploring the possibility of a national conference on training psychologists to provide competent services to children and families. As detailed in Tuma (1982), a proposal for such a conference was drafted and submitted for a series of reviews by the American Psychological Association and the National Institute of Mental Health, and received favorable responses, but no financial support to bring it about. In 1984, the training conference idea was revived with a meeting scheduled for the summer of 1985 in Hilton Head, South Carolina, to be funded by participants' individual resources or university support. The conference will be sponsored by the Section on Clinical Child Psychology (Section I of Division 12) with a specific orientation to the label of clinical child psychology (Johnson & Tuma, 1983; Tuma, Johnson, Elbert, Schroeder, & Ollendick, 1983).

The Division on Child, Youth, and Family Services (Division 37 of the APA), in consideration of the need for specialty training criteria, appointed a Task Force on Training in 1981. A draft statement for the predoctoral training aspects of specialty training was prepared for review by the Division Executive Committee, revisions were made, and the final document was approved in August 1983. This document presents guidelines or recommendations for training psychologists who work with children, youth, and families. It has been presented to the Interdivisional Coalition for Children, Youth, and Families, an informal organization of APA divisions and sections interested in professional issues related to children and families. Other participants in the Coalition include representatives from Division 7 (Developmental Psychology), Division 12, Section I (Clinical Child Psychology), Division 12, Section V (Society of Pediatric Psychology), Division 16 (School Psychology), Division 27 (Community Psychology), Division 33 (Mental Retardation), and Division 37 (Child, Youth, and Family Services). The set of recommendations is currently being reviewed by each group's executive committee for possible endorsement or addition/revision.

The statement and set of training guidelines are presented in the next section of this paper. We hope that this presentation will stimulate discussion of training issues that affect the services provided for children, youth, and families. In this section, the phrase "psychologists working with children, youth, and families" is used to denote the specialty in psychology given to the provision of intervention services to these subgroups. The problem of how to label the various psychologists and their specialties recurs frequently; the present statement attempts to avoid previous controversies by using the more generic phrase "psychologists working with children, youth, and families." Furthermore, this procedure avoids entanglement with state statutes regulating the use of certain titles (e.g., clinical psychologist). It will remain for interested groups (e.g., clinical child psychology, pediatric psychology, school psychology, and applied developmental psychology) to define their titles and to add any uniquely relevant qualifications and training.

A critical consideration in defining the training standards for psychologists working with children, youth, and families as well as for defining, in essence, who can "do" psychology in this area must be the APA Ethical Standards, the Principal of Competence: "Psychologists recognize the boundaries of their competence. . ." (p. 2). In addition, for those choosing to practice professional psychology in the area of children, youth, and families, the Standard for Providers of Psychological Services 1.6 similarly applies: "Psychologists shall limit their practice to their demonstrated areas of professional competence." The present training statement

assumes that competence is directly linked to training for that competence. Consequently, the recommendations attempt to define training experiences and coursework necessary (but not sufficient) to be a competent psychologist working with children, youth, and families.<sup>1</sup>

### Guidelines for Training Psychologists to Work with Children, Youth, and Families

The Division on Child, Youth, and Family Services has been concerned by the lack of standards regarding training for psychologists working with children, youth, and families. This lack of standards for training has negative implications for the quality of services. A continuum of services is necessary for meeting the variety of needs presented by these diverse groups. Outlined in the following sections are guidelines that are considered necessary for training specialists in the delivery of services to these societal groups. These recommendations should be considered "guiding principles" for training, not as a set of procedures and standards for program accreditation.

Competence in psychology for working with children, youth, and families is directly linked to training for that competence. Consequently, these recommendations attempt to outline training experiences and coursework necessary (but not sufficient) to be a competent psychologist.

A number of psychological specialties and subspecialties are currently active in providing services to children, youth, and families. Groups of professionals utilizing specific titles or labels associated with these interests may adopt additional standards. The primary purpose of this statement is to provide a basic or minimal set of criteria for the training of these psychologists, regardless of setting and population characteristics.

### Goals of Training

The following goals of training doctoral-level psychologists working with children, youth, and families are recommended:

1. Training should provide at least minimal entry level skills for providing professional psychological services. Child-specialty professional psychologists should be capable of assessing and diagnosing children's psychological problems, understanding the broad range of their etiologies, and treating/intervening/preventing on behalf of children, adolescents, and their mentors (e.g., parents and teachers) in a range of settings (e.g., home, school, institutions, and medical clinics). Thus, training for the provision of services should provide exposure to, and experience with, different child populations, disorders, and settings for professional functioning.
2. Training should provide the scientific basis for professional psychological applications.
3. Training should include specialized research contributing to an understanding of children, families, and psychological development, as well as in the evaluation of therapeutic interventions.
4. Child-, youth-, and family-related issues should be integrated into psychology-based courses at all levels, regardless of specialty designation. For example, child therapy issues should be discussed in a course on principles of psychotherapy and behavior change; child research should be covered in the course on general research methods; child psychopathology should be covered in a general psychopathology course.

Specialized coursework and experiences are necessary preconditions for those working with these groups. They may be obtained through a general curriculum, but, more often, they may necessitate a specialty curriculum. Regardless of curriculum designation, specialized work should be fundamental to training as well as relevant to the type of functioning or specialty for which training is provided. The following topic areas may be combined or integrated in various ways to form courses and/or practica, in order to accomplish the general goals just listed:

Child Development and Lifespan Developmental Psychology  
Psychopathology: Child and Adult

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<sup>1</sup>The Task Force considered the issue of individuals in certain specialties in related areas of psychology who may possess knowledge and skills applicable to the professional practice of psychology for children, youth, and families, but who have not obtained the extent of training recommended here. After hearing considerable discussion and points, the Task Force recognized the contribution these psychologists can make to the field at large, and to children, youth, and families, in particular. Nonetheless, the recognition was also strong that these individuals may not be fully qualified to function independently as professional psychologists. (This position is consistent with the APA Ethical Principle on Competence, the Standards for Service Providers in Psychology, and the APA definitions for professional psychology.) Therefore, the Task Force recommends that one of two actions may be taken by such individuals: (1) obtain appropriate credentials through a postdoctoral training experience, or (2) function under the direction of a qualified professional psychologist. The doctoral dissertation produced by a specialty student is an important aspect of psychological work in this area. The present guidelines do not attend to this factor in training. Additional consideration by trainers may wish to refer explicitly to the dissertation as it relates to psychologists working with children, youth, and families.

Mental Retardation and Developmental Disabilities  
Specialized Child Assessment Techniques  
Child Psychotherapy and Behavior Change  
Parent, Family, and School Intervention Techniques  
Specialized Clinical Practica in Child, Parent, and Family Therapy  
Research Methods in Child Psychology  
Ethics and Legal Issues Related to Children, Youth, and Families  
Subspecialties within Psychology for Children, Youth, and Families

Each of these topics is considered in more detail in the next section with a rationale for their inclusion in such training programs.

### Topics and Rationale

**Child development and lifespan developmental psychology.** Child Development should cover theoretical and practical aspects of the physical and psychological development of the child. Developmental milestones and transitions should be taught the child specialty trainee. Topics should include perceptual, physical, cognitive, social, language, personality, and emotional development across the human lifespan. Lifespan developmental psychology should include the prenatal, neonatal, infant, toddler, nursery school, middle childhood, adolescent, young adulthood, middle adulthood, and late adulthood periods. Knowledge of normal development and behavior is essential for determining the presence of abnormal development and behavior. Child, youth, and family practice requires knowledge of the developmental process and its impact on the child as well as on the eventual adult.

**Psychopathology: Child and adult.** Abnormal development should be examined with a particular emphasis on childhood. Different theoretical viewpoints on deviant behavior need to be presented. A basis for understanding the etiology of disorders, conducting assessment, and developing a diagnosis should be provided for a range of childhood emotional, behavioral, learning, and cognitive disorders. Exposure to physical disorders with psychological concomitants (e.g., medical illness) as well as to those of a primarily psychological nature should be included.

**Mental retardation and developmental disabilities.** These areas should include coverage of etiology, assessment/diagnosis, and intervention/prevention of mental retardation and other developmental disabilities. This coverage should involve exposure to (a) significant research, (b) experiences working with developmentally delayed persons and their families, and (c) consultation for programming involving these clients. Developmentally disabled child-clients and their families represent a significant population for settings in which psychologists practice. Specialty training should be oriented to meeting the special needs of this population.

**Specialized child assessment techniques.** Accurate assessment of children and families requires special training experiences. Didactic coursework *and* practical experiences should be provided in the psychological assessment of children, youth, and family functioning. Such coverage should go beyond the training of general intelligence testing (e.g., WISC-R and Stanford-Binet) to include advanced and specialized instruments (e.g., Leiter International Performance Test, Illinois Test of Psycholinguistic Abilities, and AAMD Adaptive Behavior Rating Scale). Other assessment and diagnostic skills should include infant and developmental testing (e.g., Bayley Scales of Infant Development), personality (e.g., Personality Inventory for Children and Children's Apperception Test), achievement (e.g., Peabody Individual Achievement Test), hyperactivity (e.g., Connors' Teacher Rating Scale), learning disabilities (e.g., Hiskey-Nebraska), and behavioral and ecological methods. Training in testing should also be provided for special populations of speech and hearing impaired children, physically handicapped children, disadvantaged and minority children, mentally retarded children, and neuropsychologically impaired children. Training should be provided to aid in deciding which assessment tools are most appropriate for specific different disorders. If actual experience cannot be provided with the numerous diagnostic instruments, then information should at least be provided on the uses and availability of these tests.

**Child psychotherapy and behavior change.** This area should include the various theoretical approaches to treating children, youth, and families including (but not restricted to) behavioral, cognitive, educational, eclectic, play, and traditional therapies. A basic approach might be identified, but unbiased exposure to

alternative therapies is requisite. This topic should involve an examination of those therapies that are empirically based and those that have not been subjected to experimental validation. In addition, instruction should be given in strategies for determining the relevance of particular interventions for specific disorders and conditions. Prognosis following various therapies should be considered.

**Parents, family, and school intervention techniques.** Because the child does not live in a vacuum, didactic coursework should involve the foundations of therapeutic interventions with parents, siblings, and other family members as well as teachers and other school personnel. Treatment modalities should include family therapy, parent training, consultation, and classroom interventions.

**Specialized clinical practica in child, parent, and family therapy.** Clinical practica should be designed to complement the didactic courses in assessment/diagnosis and treatment/intervention. They should provide a variety of clinical problems and a broad spectrum of client demographic characteristics. This practicum experience would be in addition to a child and adult practicum. The practica could be conducted in a number of different settings such as schools, child inpatient units, psychological services centers and child guidance clinics, residential treatment centers, community mental health centers, pediatric/medical hospitals, and office practices. Close supervision by qualified specialty psychologists must be guaranteed in these settings. Additionally, interaction with professionals from a variety of disciplines should be encouraged (e.g., social work, psychiatry, education, and pediatrics).

**Research methods in child psychology.** In addition to a general understanding of research methodology, the student should become conversant with the various topics and techniques extant in psychology that are oriented toward child and family research. The assumption of a downward extension of adult techniques in research is not adequate. Individual case studies and group techniques should be covered with program and clinical evaluation procedures.

**Ethics and legal issues related to children, youth, and families.** Special attention should be given to the ethical and legal rights of children and youth as related to psychological activities in different domains (courts, therapy, and schools). Sensitivity to protecting children's rights should be instilled in the student in such areas as child custody hearings, psychological testing, school placement, confidentiality in therapy, and informed consent/assent for treatment and research participation. Sensitivity to the rights of the family and society in these areas is also of importance.

**Subspecialties within psychology for children, youth, and families.** Given the diversity of child research and practice, subspecialty areas have emerged and more are likely to develop. Exposure is needed to professional subareas such as clinical child psychology, school psychology, pediatric psychology, applied developmental psychology, forensic child psychology, and child neuropsychology. This exposure may come within courses devoted to the clinical phenomena of these subspecialties or as part of a course on professional issues and topics.

#### **Additional Considerations of Training**

**Faculty and students in specialty.** There should be a recognizable set of faculty and students in programs offering training for psychologists offering services to children, youth, and families. The faculty members should have a primary identity and responsibility for the area. Additional faculty may also have related interests to bolster the program. Area faculty should have relevant training and experiences in psychological research and practice for children, youth, and families. Particular attention should be given to guaranteeing optimal faculty models of professional functioning in this area of psychology. Students should be selected specifically for the specialty program. Students entering other areas should be allowed to transfer to the specialty training provided standards and quality of training are maintained. Too small a number of specialty students does not encourage development of identity or interaction conducive to skills acquisition. Too large a number may also interfere with these features, but is related to the number of available faculty. A coordinator of the specialty training should be responsible for ensuring the implementation of these guidelines.

**Clinical or school internship.** Related to the predoctoral training standards at the university level is the necessary component of the intensive internship training experience for those students. Attention should

be given by the training program to the nature and quality of the training the specialty student receives on his or her internship. A child-oriented internship should be completed. Rotation to different child and family settings should maximally provide exposure and training. Additionally, where internships (e.g., a consortium) provide training through adult and child rotations, the student should avail him- or herself of critical training opportunities, but in all likelihood would find it optimal to devote no less than two-thirds time to child-related work.

**Letter of specialization.** The coordinator of the training area should provide a formal letter detailing how each student has completed the minimal requirements of training to provide psychological services to children, youth, and families.

**Limitations on psychologists working with children, youth, and families.** A final critical consideration in defining training requirements as well as placing limits for psychologists providing specialty services derives from the American Psychological Association Ethical Standards. The Principle of Competence states, "Psychologists recognize the boundaries to their competence. . ." (p. 2). In addition, for those choosing to practice professional psychology in this area, the Standard for Providers of Psychological Services 1.6 similarly applies: "Psychologists shall limit their practice to their demonstrated areas of professional competence." Because competence is directly linked to training for that competence, the Guidelines for Training outlined herein provide guidance in defining necessary training to provide competent psychological services to children, youth, and families.

### Examples of Existing Training Programs Fulfilling the Training Recommendations

This section describes three existing training programs that fulfill the training recommendations for psychologists working with children, youth, and families. These doctoral-level, university-based programs offer training in clinical child psychology, applied developmental psychology, and school psychology. (These areas were selected for illustration; other specialty training areas might also be related). Each program described here takes a different specific professional orientation, yet all three provide extensive and quality training for the psychologist working with these groups. These program descriptions demonstrate that the training recommendations can be fulfilled regardless of specialty orientation. These descriptions also illustrate the various combinations of coursework, practica, and experiences a training program can formulate, while still subscribing to the training recommendations outlined herein. (The names of the particular programs presented here are withheld in fairness to other programs also found to fulfill the training recommendations, but for which space limitations do not allow description here.)

#### Clinical Child Psychology Training Program

Program A offers a PhD in clinical psychology with a specialty concentration in clinical child psychology within an APA-approved clinical psychology training program. A core curriculum is required of all students in the clinical program with additional requirements placed on the specialty student in clinical child psychology. Requirements relevant to specific Training Recommendations are as follows:

##### Mental Retardation

Clinical Practicum (Basic: 2 semesters)

Psychological Assessment I & II (2 semesters)

Child Development, Psychopathology and Treatment I & II (2 semesters)

Advanced Child Practicum I & II (2 semesters)

Professional Specialty Seminar (4 semesters)

Specialty students also gain additional relevant experiences in a department-based Psychological Clinic, a residential and day-treatment center for children, an early childhood day care center, and a treatment program for child-abusing parents. The training recommendations are fulfilled in the following way:

**Child development and lifespan developmental psychology.** Normal lifespan development is covered in half of the first semester in a 2-semester sequence of Child Development, Psychopathology and Treatment, required of all specialty students.

**Psychopathology: Child and adult.** This topic is covered in the equivalent of 1 semester across the 2-semester sequence required of all specialty students in Child Development, Psychopathology and Treatment.

**Mental retardation and developmental disabilities.** This topic is covered in a 1-semester course required of all clinical students, including clinical child specialties.

**Specialized child assessment techniques.** Child assessment is covered in several courses and practica:

1. Intellectual, personality, and educational testing for children is taught in the basic psychological assessment courses (2 semesters) required of all clinical students in the first year (including specialty students).
2. Specialized child techniques are taught in the Professional Specialty Seminar on a continuing basis (4 semesters are required of all specialty students) and in the Advanced Child Practicum (2 semesters required of specialty students).

**Child psychotherapy and behavior change.** Didactic and applied clinical work is covered in several courses and practica provided in the general core curriculum and specialty concentration.

1. Coursework includes a Modification of Behavior course required of all clinical students, the Child Development, Psychopathology and Treatment sequence (2 semesters) required of specialty students, and the continuing Professional Specialty Seminar.
2. Two semesters of basic clinical practicum (I & II) required of all clinical students involve treatment of child and family problems using different modalities.
3. Two semesters of Advanced Child Practicum are required of all specialty students in addition to #2.
4. Clinical child specialty students are typically placed in a 12-month paid position at a residential and day-treatment center for children run by the university as a training facility. Position involves therapy, case management, and consultation to teachers, counselors, and social workers.

**Parent, family, and school intervention techniques.** Specialty students gain experience with intervention with parents and families through Basic Practicum (2 semesters), Advanced Child Practicum (2 semesters), and the residential treatment center positions. Didactic courses that cover this topic include the Child Development, Psychopathology, and Treatment sequence (2 semesters) and the Professional Specialty Seminar.

**Specialized clinical practica in child, parent, and family therapy.** The Advanced Child Practicum (2 semesters required of all specialty students) is set in a family practice medical center (a branch of the university's medical school). The students also observe and consult with private pediatricians. Specialty faculty supervise this experience on a rotating semester basis. Additional clinical experiences are available in the department's psychological clinic and in the community mental health center.

**Research methods in child psychology.** A course in basic research methodology is required of all clinical students including specialty students. An optional 1-semester course is available in experimental child psychology. The Professional Specialty Seminar contains a "research journal club" (once a month) for review of relevant articles and topics. A master's thesis and doctoral dissertation are required of the specialty student with encouragement to do the projects on a child-related topic.

**Ethics and legal issues related to children and families.** Ethical issues regarding research are covered in the basic research methods class; issues regarding therapy are covered in a course on Principles of Psychotherapy, and in the Basic Clinical Practicum. All three courses are required on all clinical students regardless of specialty. An optional course on psychological ethics is regularly available, but not required. This topic is also covered more specifically to children and families in the Professional Specialty Seminar and in the Advanced Child Practicum.

**Subspecialties within psychology for children, youth, and families.** Exposure to, and discussion of, various subspecialties in addition to the clinical child specialty training is primarily handled through the Professional Specialty Seminar. Recent topics include discussion of the roles of the pediatric psychologist, the

diagnostic techniques of child neuropsychology, and the child psychologist in the courtroom for child custody decisions.

### **Applied Developmental Psychology Training Program**

Program B is an applied developmental training program housed in the developmental area of a department of psychology. Both applied and theoretical training is provided the specialty student through required and elective courses. Required courses and experience include:

Human Development  
Family Interaction  
Lifespan Studies  
Psychotherapy  
Research Methodology in Developmental Psychology  
Child Psychological Assessment (2 courses)  
Clinical Practicum (2 years)  
Child Psychopathology (2 courses)  
Professional Issues and Problems  
Psychopathology

The following describes how the Training Recommendations are fulfilled:

**Child development and lifespan developmental psychology.** This topic is covered in a required one-quarter course in Human Development in the first year of training and a later required seminar in Lifespan Studies. Optional courses are available on various life stages including infancy, childhood, and adolescence.

**Psychopathology: Child and adult.** Two courses on Child Psychopathology are required of the specialty student as is Psychopathology (Adult).

**Mental retardation and developmental disabilities.** This topic is covered in the courses on Child Psychopathology required of all specialty students. Additionally, an independent course on this topic is available, but not required.

**Specialized child assessment techniques.** Two semesters are required on basic child and family assessment in the first year through the course on Child Assessment. Specialized techniques are acquired in the second year of Clinical Practicum.

**Child psychotherapy and behavior change.** The student gains experience in therapeutic interventions in two ways.

1. A required didactic course covers child psychotherapy, in particular (1 quarter).
2. The second year of a required 2 years of child practicum involves psychotherapy and consultation.

**Parent, family, and school intervention techniques.** The second year of Clinical Practicum required of specialty students involves direct intervention with families. Additionally, didactic material is gained through a required course in Family Interaction and a specialized seminar in Psychopathological Families.

**Specialized clinical practica in child, parent, and family therapy.** The second year of the required 2-year clinical sequence involves specialized work with children and families through therapy and consultation.

**Research methods in child psychology.** Research methodology is covered in two courses required of the specialty students: Research with Normal Children and Research with Psychopathological Populations.

**Ethics and legal issues related to children and families.** A required course on Professional Issues and Problems covers this topic.



**Subspecialties within psychology for children, youth, and families.** The Professional Issues and Problems course exposes the student to various allied child-oriented subspecialties in addition to the Developmental and Applied Developmental focus. Students interact with a variety of disciplines in a children's hospital, in a psychological clinic, and in a mental retardation center.

### **School Psychology Training Program**

Program C offers an EdD in school psychology through the department of educational psychology in the college of education. Specialty students are required to take a set sequence of courses with additional electives. Specialty courses include:

Child Psychology  
Seminar in Developmental Psychology  
Consultation in the Helping Professions  
Seminar-Practicum in School Psychology (2 semesters)  
Marital and Family Systems  
Marital and Family Therapy

The topics outlined in the training recommendations are handled in the following way:

**Child development and lifespan developmental psychology.** Specialty students are required to take a 1-semester course in Child Psychology ranging from the prenatal period through adolescence. A required advanced Seminar in Developmental Psychology covers human development across the lifespan.

**Psychopathology: Child and adult.** A joint seminar-practicum sequence for 2 semesters is required of all specialty students and covers developmental deviations and child psychopathology.

**Mental retardation and developmental disabilities.** A course is available to students covering this topic, but it is not required. Aspects are covered in a section of the Seminar Practicum in School Psychology. Applied field work in special education frequently involves this topic.

**Specialized child assessment techniques.** The joint Seminar-Practicum requires students to undertake diagnostic procedures in a range of techniques and for differing areas of child and family functioning.

**Child psychotherapy and behavior change.** This topic is covered didactically and clinically in the joint Seminar-Practicum (2 semesters) and in field placements (1 day a week) in a school system with practicing school psychologists and classroom teachers.

**Parent, family, and school intervention techniques.** Two didactic courses are required on Marital and Family Systems and Marital and Family Therapy. These cover different theories and interventions as well as allow applied experiences in parent and family therapy through school system referrals.

**Specialized clinical practica in child, parent, and family therapy.** Clinical experience is gained in two ways with supervision by university faculty and qualified field placement supervisors.

1. The joint Seminar-Practicum requires clinical work of the student as child therapist and consultant for interventions with schools. This field work typically takes place within a school system or within a child abuse intervention center.
2. Two courses in Marital and Family Systems/Therapy contain experiential components.

**Research methods in child psychology.** This topic is covered primarily in the advanced Seminar in Developmental Psychology required of all specialty students.

**Ethics and legal issues related to children and families.** The joint Seminar-Practicum sequence covers ethical standards and the interaction of law and professional psychology with special consideration given to children's rights. Ethical issues in consultation are also discussed in a seminar on consultation in the Helping Professions.

**Subspecialties within psychology for children, youth, and families.** The seminar-practicum provides some exposure to subspecialties as alternative roles in areas such as forensic practice and clinical child psychology in addition to the program's training in school psychology.

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