

MODEL FOR THE DEVELOPMENT OF POSTDOCTORAL PROGRAMS IN FAMILY PSYCHOLOGY

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INTRODUCTION

In 1993 the Committee on Family Psychology Accreditation of Postdoctoral Training Programs and the co-sponsoring organizations, the Academy of Family Psychology, the American Board of Family Psychology, and the Division of Family Psychology approved the Model for the Development of Postdoctoral Programs in Family Psychology. In 1994 it was slightly revised by Barbara Williams, Florence Kaslow and Neil Grossman to be consistent with the Interorganizational Council for the Accreditation of Postdoctoral Programs in Psychology (IOC) terminology and to specify a knowledge base in normal and abnormal behavior in adults, adolescents, and children.

This aspirational model is intended to be a guide for the development of postdoctoral training programs in family psychology. In describing prerequisites, we have taken a middle ground because at present, there are few doctoral programs that provide extensive training in family psychology. The curriculum requirements specify what we believe to be the basic fund of information a family psychologist should possess. Since it would be difficult to teach all of this material in one or even two years, the Model suggests that this issue be addressed by establishing entrance requirements or by providing a more extensive two-year training program.

The model assumes that programs will publicly state their training goals, how they expect to meet them, and how they will evaluate the level to which these goals have been met. Programs should inform applicants of their adoption of the Model for the Development of Postdoctoral Programs in Family Psychology. Since the Model is aspirational, the program should specify what it will and will not include. Candidates should be informed regarding what knowledge base is required upon entry, what gaps are expected to be filled in during their postdoctoral training and whatever gaps may remain after they have completed and the postdoctoral training program.

The program director should hold a diplomate in family psychology, i.e., be Board Certified by the American Boards of Professional Psychology. This is considered the best criterion of validated competence in the practice of family psychology. It is hoped that by 2005, all psychologists directing postdoctoral programs will have obtained this credential.

It is urged that all postdoctoral programs in family psychology utilize the following recommendations:

1. If a candidate does not hold a doctorate in professional psychology from a program that is accredited by APA/CPA or designated by ASPBB/National Register, he or she must first complete a respecialization program from an accredited degree granting institution. This requirement is contained in the Model.
2. Programs for a single student only are not acceptable unless they also provide training in conjunction with other settings where there are other postdoctoral students.
3. Programs must train broadly in family psychology and not focus on specific populations, or on just one theoretical orientation.
4. Postdoctoral training in a Family Institute is only acceptable if the program has a segment specifically in family psychology under the direction of a supervising family psychologist who is a staff member of the Institute and provides at least the minimum required amount of supervision.
5. Of the two hours of supervision per week, one hour may be in a group format. (The IOC and Committee on Accreditation - CoA Guidelines specify two hours of individual supervision.) It is highly preferable that the group sessions be in addition to the two individual hours.

6. Additional supervision may be offered by expert professionals from other disciplines who hold doctoral degrees in their specialty area.
7. Research psychologists who are not on the core faculty may teach the research segment.

HISTORY

The Division of Family Psychology was accepted as Division 43 of APA in 1984 and became fully operational in 1985. Its predecessor organization, The Academy of Psychologists in Marital, Family, and Sex Therapy, existed for over 25 years under a variety of names. The American Board of Marriage and Family Psychologists began offering Board Certification in the early 1980's.

Family psychology was officially recognized as a specialty by the American Board of Professional Psychology in 1990, and the newly created American Board of Family Psychology became one of its specialty boards. The application submitted to the Subcommittee on Specialization (SOS) by family psychology was published in The Family Psychologist, (YEAR) 7, (4). The American Psychological Association's Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) recommended Family Psychology be recognized as a Specialty and this action was made official in February 2002.

The purpose of this document is to integrate the SOS document, the CRSPPP petition, and other materials into a structure which can guide the formation of postdoctoral training programs in family psychology. These guidelines, once accepted by the Family Psychology Specialty Council, will be used as:

1. A model for the development of postdoctoral programs,
2. The criteria for accrediting postdoctoral programs in family psychology, and
3. A template for psychologists and students who want to evaluate a postdoctoral program in family psychology.

THIS DOCUMENT

This document lists, or provides, guidelines for the training process in family psychology at the postdoctoral level. These standards are viewed as aspirational guides for the growth of postdoctoral training. We assume that these will change over time as the field develops. Therefore, the content is intentionally broad to allow for diversity in evolving postdoctoral training programs

ASSUMPTIONS

The proposed training program that follows is based on the premise that the postdoctoral applicant holds a doctorate in professional psychology from a program that is accredited by the APA/CPA or designated by the ASPBB/National Register. It is assumed that the applicant has obtained a doctorate with a focus in professional psychology and has had course work and practicum experience in family/child psychology. If an applicant has not obtained a doctorate with such a focus first, they should be directed to a respecialization program. It is assumed that the postdoctoral applicant also completed an internship accredited by APA/CPA or listed by APPIC. As the field develops, and since family psychology is now both an APA and ABPP recognized specialty, we anticipate that applicants will have substantial predoctoral, practicum and internship experience in family psychology.

PREREQUISITES

The postdoctoral resident should enter a family psychology postdoctoral program after having acquired the knowledge and skills listed below in their predoctoral program, internship, and/or recognized CE training programs. Each postdoctoral program in family psychology will be responsible for determining the criteria and procedures to

assess competence in these substantive areas. They may do this by an ABPP type oral exam, written examination; review of videotapes, or in some other acceptable manner when necessary. The program may require that any existing deficiencies be removed as a condition of admission. The areas of prerequisite skills and knowledge are:

1. Biological, cognitive, affective, and social basis of behavior.
2. Statistics, research design, and methodology.
3. Individual differences and related appropriate professional attitudes. ***ambiguous***
4. History of psychology, major systems of thought and psychology as a profession and discipline.
5. Ethical, legal, and professional standards of practice.
6. Major developmental, gender, personality and psychopathology theories.
7. Healthy functioning and abnormal behavior in children, adolescents and adults from a multicultural perspective.
8. Family life cycle and family systems theories.
9. Family dynamics, structures and functioning.
10. Psychological assessment, and skill in administering and interpreting psychological instruments and tests for adults, children, and families.
11. Intervention, using individual, group, and family methods.
12. Attitudes appropriate to the discipline.

CURRICULUM AND EXIT REQUIREMENTS: FROM CONTENT TO COMPETENCE

A postdoctoral training program in family psychology must provide training and experience in the following substantive areas:

We recognize that the skills specified in this document will be difficult to acquire in a one-year program if the resident has had little previous training. Consequently, training programs have at least two options:

1. Require applicants to have training in family psychology prior to entering the program, and offer a one-year program that expands upon prior training.
2. Accept applicants that have minimal training in family psychology and provide a more extensive two-year post-doctoral program.

CURRICULUM REQUIREMENTS

I. Professional and Ethical Issues in Family Psychology

- A. The ethics of family therapy -
 1. Definition of who is the client/patient
 2. Elements of informed consent
 3. Privilege and the waiver of privilege
 4. Confidentiality and the limits to confidentiality
 5. Record keeping
 6. Change of format
 7. Live supervision
 8. Therapeutic neutrality
 9. HIPAA requirements
- B. Knowledge of possible iatrogenic effects of family psychology
- C. Knowledge of relevant legal constraints and issues, for example;
 1. Requests for evaluation in family law cases, e.g., child custody cases and visitation, termination of parental rights, child abuse and evaluation of allegations, testamentary capacity and paternity and reverse paternity suits, etc.
 2. Handling subpoenas in marital/divorce cases and other situations when not all family members relinquish privilege
 3. Children or adults who sue parents or siblings, etc.

4. Serving as an expert witnesses
- D. Knowledge of differing rights of children, adolescents, parents, and grandparents - for example, in cases of family violence, divorce
- E. Knowledge of legal concerns of patient families throughout life cycle (from birth through death - abortion, adoption to testamentary capacity)
- F. Financial issues entailed in practice;
 1. Charging and billing for family therapy
 2. "Proper" filing for insurance

II. Marital and Family Systems Theory

The resident must acquire the following:

- A. A broad knowledge of the myriad "schools" of family therapy - including, but not limited to: psychodynamic, Bowenian, contextual, experiential, structural, strategic, systemic, functional, behavioral, communications, problem solving, solution focused, object relations, narrative/post modern, and integrative.
- B. Extensive knowledge of at least three of the main systems
- C. A broad knowledge base of the dynamics and functioning of different family forms - single parent families, nuclear families, post-divorce families, remarriage families, intergenerational families, alternative families groups, e.g., gay and lesbian families
- D. Knowledge of gender, socioeconomic, multi-cultural, multi-ethnic, and multi-religious variables.
- E. Knowledge of the family life cycle and the interface with individual life cycles, and the literature on family myths, rituals, history, stories, and restorying
- F. A personal, comprehensive and coherent synthesis, or philosophy of treatment, culled from the various schools of family therapy

III. Assessment in Family Psychology

The program should provide knowledge and training in some of the following areas consistent with the theoretical orientations offered: computerized interpretations designed for systems assessment; clinical interview formats; family oriented instruments; semi-structured approaches, such as genograms; therapy goal setting informed by family members; psychological assessment techniques; lifestyle and birth order analysis; and the limitations of each approach.

IV. Couple and Family Intervention Skills and Strategies

The program should provide experiences in the following areas and have methods to assess the residents' skills/competencies in each area:

- A. The ability to conceptualize and carry out interventions in complex marital, family, sexual dysfunction, divorce and remarriage situations consistent with their theoretical orientation such as: When they have problems revolving around extra-marital affairs, serious injury to or death of a child, chronic illness, loss of employment, financial conflicts, and other traumatic life events.
- C. The resident should demonstrate ability to utilize an ecosystemic perspective integrated with an awareness of context.

V. Educational Skills

The program should provide knowledge and experience in at least one educational skills program in the areas of parenting, marital enrichment, and "special populations," such as, Parent Effectiveness Training Programs for step-parenting; the Marriage Clinic approach of Gottman and the pre-marital enrichment training approach of Markman ; and programs regarding divorce for adults and/or children.

VI. Sex Therapy

The program should offer knowledge and skills training in the normal range of sexual functioning, sexual history taking, differential diagnosis of sexual dysfunctions, interventions for treating sexual and intimacy difficulties, transgender issues, and how to work collaboratively with gynecologists, urologists, endocrinologists, cardiologists, etc.

VII. Family Law (see I.C above)

The program should offer knowledge about family law content relevant to family psychology; custody, parental competency attachment, visitation; and family law roles such as, expert witness activities and other forensic consulting roles.

VIII. Family Research

The program should:

- A. Require a research project to demonstrate proficiency in at least one area: process and outcome or effectiveness research, family systems research, family research methodology, or clinical case analyses.
- B. Assess competence in the ability to use research to inform practice and practice to inform research.

IX. Supervision and Consultation

The program should offer:

- A. Knowledge in theories and models of supervision.
- B. Training and supervision to determine resident's competence in supervision.
- C. Knowledge regarding consultation in the area of family psychology.

X. Management (Administration)

The program should provide broad knowledge regarding how to establish and/or direct family psychology (treatment, assessment, and training) programs in public, institutional, and private settings.

GENERAL CONSIDERATIONS

The program will ensure that:

1. All service, research, teaching, and supervisory activities are conducted in accordance with the ethical principles of the American Psychological Association (APA) or the Canadian Psychological Association (CPA) and relevant state and federal law.
2. It will be committed to training personnel with due regard to psychology's knowledge about, and respect for, diversity. Diversity refers to, but is not limited to, ethnicity, gender, age, religion, language, socioeconomic status, and lifestyle.
3. It will demonstrate high regard for human dignity. Training is provided in a respectful way that protects the civil and personal rights of each resident. Residents are afforded the same respect and dignity accorded to all staff in the setting in which the program is located. Due process procedure should exist to ensure that these and other residents' rights are protected.
4. It will be under the direction of a psychologist who has overall responsibility for the program. The program director should show evidence of broad competency in family psychology by having achieved Board Certification in family psychology from the American Board of Professional Psychology and other evidence of excellence and breadth.
5. The faculty and/or staff should be qualified by experience and/or advanced training in the specific areas in which they are teaching or supervising. The majority should be psychologists.
6. It will be the equivalent of one full year of training (minimum 1500 hours) and may be completed in one year or two for those who attend part time. This training includes both didactic and clinical components. A minimum of 1000 hours should be spent in clinical activities.
7. Graduates will be expected to acquire the knowledge and skills specified by the program. If they have had prior experience, education or training in any of the areas, the program will clearly articulate a method of competency evaluation before granting credit for past training.
8. It will provide clear guidelines for supervision. Supervision should include a wide variety of methods and be based on case presentations, written case summaries, audiotapes, videotapes, one-way mirror observation, co-therapy, and group supervision. Both direct and indirect methods should be utilized. Supervision will be structured into the individual educational plan of each resident. There should be 4 hours of supervision and/or case presentations in the clinical setting per week (at least two of these hours must be in supervised.) The primary supervisor must be a licensed/certified/registered/chartered in Canada psychologist in the jurisdiction where the program exists.

9. It will provide clear standards for evaluation of the knowledge base of family psychology and clinical skills for the completion of the program. It is strongly recommended that the latter take the form of a mini-ABPP examination, particularly including the work sample preparation phase. The program should specify what procedure will be followed if a resident fails to obtain the desired level of competency.

SPECIFIC CONSIDERATIONS

Knowledge and skills to be acquired as well as evaluation procedures must be clearly specified. The settings where training takes place may be varied. Acceptable settings may include mental health centers, substance abuse hospitals, psychiatry/medical departments, psychology departments, hospitals, family institutes, family service agencies, private practices, various consortia or off-site arrangements. The critical factor is that the program, wherever it is housed, be under the direction of a person meeting the qualifications stated previously for a program director, that the specified knowledge and skills are taught, and that appropriate methods of evaluation are implemented.

The program must demonstrate that respect for cultural, religious, and individual differences is imparted to students and is reflected to the extent possible in staff/faculty diversity, student recruitment and retention, and the curriculum. The program must also demonstrate an awareness of gender differences in the acquisition of knowledge and skills, and in research interests and methodology.

CRITERIA FOR SUCCESSFUL COMPLETION

We assume that the postdoctoral resident is already eligible to sit for licensure examination with the possible exception of additional postdoctoral experience. A graduate of a postdoctoral training program designed in accordance with the guidelines agreed upon should:

1. Have fulfilled the educational requirements to be qualified to sit for Board Certification examination in family psychology offered by the American Board of Family Psychology, an affiliate of the American Board of Professional Psychology, once he/she is licensed and has met the experience and supervision requirements;
2. Be able to function at an advanced level of competence as a family psychologist in any setting in which general professional psychologists practice, as well as other specific settings which are exclusively relationship oriented, such as Family Institutes or Family Psychology independent practices; and
3. Be granted a certificate when he/she passes the exit exam and reaches the desired level of competence.