

Couple & Family Psychology
Specialty Residency Competencies
(Adopted Dec. 2017)

1) Professionalism (professional values attitudes and behavior).

- a. Demonstrate knowledge, skills, values, and attitudes reflective of professionalism and competencies in the practice of CFP, as evidenced by:
 - Application of a client-centered perspective when identifying and describing the problem, conducting the assessment, and giving feedback
 - Healthcare practice guided by principles of safe, effective, timely, and equitable care
- b. Value and communicate to the public and other health professionals one's identity as a couple and family psychologist, as evidenced by:
 - Membership and involvement in specialty organizations
 - Articulation of a plan to maintain and improve CFP competencies and contribute to the evolving CFP knowledge base
- c. Value constructive relations, including collaborative relationships with other health care professionals and within health care teams, as evidenced by:
 - Demonstration of awareness of and tolerance for differences in perspective across disciplines

2) Individual and Cultural Diversity

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

- Advocating for policies that promote equity for marginalized individuals, families, and communities

3) Ethical, Legal Standards, and Policy

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

4) Reflective Practice, Self-Assessment, and Self-Care

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

5) Relationships

- a. Demonstrate knowledge of systems theory and research about interpersonal relationships, as evidenced by:
 - Conceptualization of interpersonal interaction from systemic perspective
 - Demonstration of knowledge of systems and contexts relevant to CFP practice

- b. Demonstrate interpersonal, affective, and expressive skills in applying the knowledge and attitudes to facilitate communication and manage interpersonal conflict in all professional interactions, as evidenced by:
 - Effective development and maintenance of relationships with clients, families, trainees, supervisors, and colleagues using evidence-based strategies
 - Clear and effective communication in professional interactions
- 6) Commitment to facilitating positive and constructive interpersonal relations, as evidenced by:
- Active initiation of steps to repair ruptured therapeutic alliances and damaged relationships with colleagues, trainees, and supervisors
 - Demonstration of openness and receptivity to feedback about one's own contribution to relationship ruptures or tension
- 7) **Scientific Knowledge and Methods**
- a. Demonstrate command of epistemology and scientific knowledge underpinning the practice of CFP, including systemic concepts and theory, as evidenced by:
 - Articulation of a systemic paradigm that conceptualizes the problems of individuals and families as embedded within a matrix of reciprocal interaction between intrapersonal, interpersonal, environmental, and macro-systemic factors, including health care teams and systems of care.
 - Application of systemic orientation to all CFP competencies
 - b. Intentional inclusion of CFP concepts, scientific knowledge, and scientific methods in all aspects of specialty activity, as evidenced by:
 - Integration of relevant research findings in the practice of CFP via evidence-based assessment, treatment, and consultation.
 - Application of key systemic concepts in clinical practice
 - Incorporation of relevant CFP research findings into specialty teaching and training
 - c. Scientific mindedness: values CFP theory and scientific methods, and their application to specialty practice, as evidenced by:
 - Demonstration of scientific mindedness related to practice, including adaptation of evidence-based models to new populations and service delivery settings, and evaluation of treatment progress and outcome
- 8) **Research/Evaluation**
- a. Critically evaluate relevant CFP research related to populations served and problems encountered
 - b. Conduct research, guided by a systemic epistemology, contributing to the scientific and professional knowledge base in CFP, as evidenced by:
 - Implementation of research independently or in conjunction with team (i.e., team-based science)

- Evaluation of the effectiveness of various professional activities in health care/promotion (including quality improvement related to healthcare services), training, or consultation
- Application of CFP research skills for needs assessment, program development and evaluation
- Demonstrate command of quantitative and qualitative methods used in CFP research

9) Evidence-based Practice

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

10) Assessment

- a. Understands the nature and scope of CFP assessment methods, and the measurement and psychometrics of CFP assessment instruments, across the system levels of individuals, couples, families, and their broader contexts
- b. Competently applies assessment methods, using multiple methods of assessment appropriate to CFP and the population, as evidenced by:
 - Selection and competent administration and scoring of CFP assessment instruments appropriate to clients' sociocultural context
 - Application of both nomothetic and idiographic methods to assessment of individual, couple and family functioning
- c. Integrates assessment data to produce a systemic case conceptualization, including a client-centered problem formulation, case formulation, and treatment formulation

- d. Demonstrates a client-centered perspective in the case conceptualization and assessment processes, as evidenced by:
 - Communication of clinically meaningful assessment findings verbally and through written reports that are clear, concise, understandable to patients, caregivers, and other professionals

11) Intervention

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

12) Consultation

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

13) Teaching

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

14) Supervision

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

15) Interdisciplinary or interprofessional systems

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

- Effective management of CFP practice in the context of health care system and delivery model
- Demonstration of familiarity with various models of integrated care in health care settings

16) Professional Leadership Development

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

17) Advocacy

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

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- Health Service Psychology Education Collaborative. (2013). Professional psychology in health care services: a blueprint for education and training. *The American*

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Stanton, M., & Welsh, R. (2011). *Specialty competencies in couple and family psychology*. Oxford, UK: Oxford University Press.