



Newsletter

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Academy of Family Psychology

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President's Message

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

In looking around at our professional landscape, there are at least four (and perhaps more) organizations with overlapping goals and membership: The Academy of Family Psychology, the American Board of Family Psychology (ABPP's family psychology board), Division 43 (Family Psychology) of APA, and the Family Psychology Specialty Council. AFP has been exploring ways of building strategic partnerships among these organizations.

As one step, through the graciousness of Mark Stanton, President of Division 43, there is now a regular AFP column in the Division 43 quarterly newsletter *The Family Psychologist*. Through this publication AFP can extend its reach to the large Division 43 pool of potential diplomates.

As another step, AFP's conference calls now formally include representatives from the American Board of Family Psychology (Irene Goldenberg, president, was present on the first call), Division 43

(Mark Stanton, president, was present), and the Family Psychology Specialty Council (William Watson, chair, was present).

Naturally there will be many activities involving AFP at the upcoming APA convention in Washington. AFP will host an information session concerning the ABFamP application and examination process at the Division 43 hospitality suite (which is still another example of coordinating our groups' efforts). At that time we hope to have ready for preview a new recruitment CD featuring Florence Kaslow. We hope to successfully persuade many of our colleagues to apply for the ABPP in family psychology. Please encourage your colleagues to attend.

Also in Washington, there will be an open breakfast meeting for all AFP members; watch for the announcement of time and place.

The ABPP convocation will be held on Saturday, August 20, at the Grand Hyatt Hotel in Washington.



There will be a reception immediately prior to the convocation honoring colleagues in all specialties having attained board certification within the past year. Please plan to attend.

The Council of Presidents of Psychology Specialty Academies will also be meeting during APA.

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Editor's Notes

By Jerry Morris, Psy.D, MBA, ABPP

In my first edition of our Academy Newsletter I wanted to get to know our Academy so I reviewed our web site which allows access to all the members by state. (<http://www.abpp.org/viewdir.phtm>). I was impressed with how compact our specialty remains. In my state, for instance, there are only 2 board certified Family Psychologists.

This shocked me since I have personally trained 10 post-doctoral residents in the specialty. Right then I committed to mentor one colleague per year in Missouri. I

contacted my top post-doctoral resident and we are completing his application as I write.

We really have an opportunity to take the small and potentially cohesive groups of specialists in family psychology in each state and turn them into strong personal alliances, cohesive clusters, collegial resources, and true friendships. We need to think active and cohesive subsystems state by state! We need to think mentoring, supervision, facilitating, and yes-marketing of our specialty. Our colleagues trained in family psychology but not



yet boarded need to be met with warmth, encouragement, and technical assistance to make the process of application and certification personal, fun, and efficient. They need to feel wanted! They need to understand that because we think board certification is important for their careers and for psychology that we are activists and willing to facilitate and work as activists for their certification.

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Opportunity for you!

If you have a position for a Board Certified Family Psychologist, or a position for a systems oriented family psychologist with accompanying supervision and mentorship useful for board certification, or a formal residency opening in family psychology please let us know so we can list it in the Newsletter. Through the Academy information can help colleagues find opportunities.



News From the ABPP Board of Trustees

Florence W. Kaslow, Ph.D., ABPP, ABFamP Representative

The Board of Trustees and our ABPP Central Office in Savannah, Georgia are functioning much more smoothly. We are now holding our annual December Board Meetings in Savannah so the CO staff can attend and assist us and we can get to know each other. Our 13 Diplomating Boards are working together very collaboratively, and this has enhanced our image and reputation. New applicants can download the materials they need from the ABPP website

(www.abpp.org), or call the ABPP office at 1-800-255-7792 for information and assistance. Nancy McDonald, office manager, truly attempts to be accessible and helpful.

We continue to attract new applicants in both our Senior and our regular tracks, but we are certainly asking you all to continue to encourage and recruit your most competent friends and colleagues. We believe there are many benefits that accrue to being Board Certified, and

that this is an important way to support the progress of continued professionalization in psychology.

The ABPP Meeting to which the Presidents of all of the Specialty Boards and Academies are invited will be held on Saturday morning, August 20th, at the APA Conference in Washington, DC. I look forward to being joined there by ABFamP President, Irene Goldenberg, and Academy President, John Northman. ABPP will hold a reception for all

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Biological Advances and Family Psychology

Jerry Morris PsyD, MBA, ABPP

In the fall of 2004, a closely watched Federal Drug Administration or the U.S. Food and Drug Administration (FDA) Advisory Committee on antidepressant medications recommended black-box warnings in package inserts and other product information about antidepressant medications. In the spring of 2005 the FDA issued a warning about serious side effects concerning deaths in elderly patients with behavioral disturbances prescribed atypical (second generation) antipsychotics (Zyprexa, Abilify, Risperdal, and Seroquel-www.fda.gov/cder/drug/advisory/antipsychotics.htm). The agency concluded that the problem probably extends to other atypical antipsychotics. Adderall has been cited as posing a danger for sudden death in pediatric populations (www.fda.gov/cder/drug/infopage/adderall/default.htm). Methylphenidate HCL chewable tablets used in the treatment of Attention Deficit Disorders were found to have up to three times the expected dose in distributed pills (so much for the claim that Canadian and Mexican drug manufacturers are inferior to U.S. manufacturers-www.fda.gov/medwatch/SAFETY/2005/safety05.htm). By the spring of 2004 we knew that Risperdal and other antipsychotic drugs could precipitate diabetes, diabetic coma, and death. This in addition to the classical extrapyramidal effects or major tranquilizers. Warnings were issued by the FDA (www.fda.gov/foi/warning_letters/g4628d.htm).

Clearly, the science indicates that medication only approaches to the control of symptoms of mental disorder are dangerous, and that they often dampen the effect of psychotherapy and long-term change (Antonuccio and Denelsky, 1995). Therefore, these dangerous

interventions can not be stand alone or sole interventions. We now know that the lifetime prevalence estimates of mental disorders indicate that over half of the population will suffer from a mental disorder in their lifetime (Kessler, et. al., 2005). We clearly know that hospitals and physicians and nurses are not doing a very good job of identifying, referring, and treating people with mental disorders (Kunen et. al, 2005).

We know that family therapy is an effective approach to growth and change. We know the areas of family functioning upon which we need to focus in order to change many psychiatric disorders and to establish resistance to mental disorder. For instance, there is evidence of association between negative verbalizations and negative, non-verbal expression of affect in bipolar disorder families (Simoneau, Miklowitz, & Saleem, 1998). Expressed emotion can be a powerful assessment variable which can be predictive of child emotional disturbance, especially when paired with assessment of over all family functioning and level of psychological distress (Kershner, Cohen, Coyne, 1996). It is fitting that data tells us that family-level of functioning with regard to modulation of negative affect and negative escalation pre-child is related to current marital functioning (Lindahl, Clements, & Markman, 1997), and that marital functioning is related to depression (Beach, 2001). The work on early childhood divorce is impressive evidence of how powerful family process variables are in creating, triggering expression, of mediating child adjustment or development of mental disorder. Wallerstein and her colleagues (Wallerstein & Blakeslee, 1989) have demonstrated that parental divorce during childhood and adolescence may seriously impact the adjustment of young adults. Children living in divorced or single parent families appear to have higher levels of depression and a more protracted recovery (Feldman, Rubenstein, & Rubin, 1988; Hoyt, Cowen, Pedro-Carrol, & Alpert-Gillis, 1990), and losses by death, separation, divorce, or abandonment are significant risk factors for the disorder (Kaslow, 1996). However, the effect is variable

and appears to lose much of its magnitude or be mediated by more global variables in adolescence (Summers, Forehand, Armistead, Tannenbaum, 1998), inter-parental conflict, negative parent-child relationships, and marital depressive mood have all been associated with more negative child adjustment after parental divorce (Emery & Forehand, 1994). After divorce, the ability of parents to co-parent or cooperate, refuse to triangulate each other, and to avoid or resolve conflicts positively has shown a positive impact on ensuing parent-child relationships after divorce (Margolin, Gordis, & John, 2001).

Clearly, parent education and family education are research-validated interventions that should be used by family psychologists (L'Abate, 1998) and are useful tools of an integrative approach. Family parent education known as multidimensional family therapy has been effective in reducing drug use in adolescents (Liddle & Dakof, 1995; Schmidt, Liddle, & Dakof, 1996). There are benefits to providing families conceptual and decision-making tools by teaching them an integrated theory in which they can understand their problems and communicate with the therapist (Bowen, 1978). Parent management training and multi-systemic therapy using a strong family education and parenting skills training have been effective in reducing delinquent and antisocial behavior (Borduin et al., 1995; Alexander & Parsons, 1973).

The point is that we now have the evidence that indicates that pharmaceutical approaches to mental disorder and family problems are symptom focused, dangerous, and offer limited hope for effective remediation. These approaches should be viewed as partial treatments or tools, short-term intervention to be coupled with the type of family therapy which is long-term and change focused. This is a great time for family psychologists who are armed with such research and can lead us to a more comprehensive vision of mental problems and a more comprehensive set of treatments.

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President's message

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Just as there are several family psychology organizations that benefit by coordinating our efforts, this group brings together the affiliated academies of all the ABPP specialties.

During the most recent CPPSA quarterly conference call, each academy was urged to consider ways of developing relationships with APAGS, the student organization within APA. In this way we can begin to encourage ABPP candidates among future professionals.

While many activities in conjunction with the APA convention in Washington will take place on an *organizational* level, there remains a very real challenge on the *individual* level. Unquestionably the best ambassador for board certification is another board certified psychologist. If you are reading this column you have already decided that the ABPP diploma is a valued accomplishment and asset. So let us challenge ourselves as colleagues to approach individually other colleagues and encourage them to gain the benefits of board certification in family psychology.

See you in Washington!

You Are Needed In APA Governance: Here's Why!

Stephen A. Ragusea, PsyD, ABPP

We need people in leadership who think the way family psychologists think. Not everybody "gets it." I'll explain with an historical anecdote.

Some 24 years ago, I was drinking a good deal of whiskey with Carl Whitaker at a cocktail party at Harvard Medical School. Carl and I were both teachers at the school's very first conference on family therapy. It had been a long, tiring day and we were both feasting on bacon-wrapped shrimp and Scotch at a little party organized for the faculty. I had only met him once before and I was thrilled at the opportunity to share ideas with him.

Now, for those of you who are too young to have known of Carl Whitaker, he was a pediatrician who, early in his career, discovered that he often couldn't cure his young patients alone. So, he brought Mom into the examining room. If that didn't give him enough information, he also brought in Dad. Sometimes the babysitter, Grandma, Aunt Rose or Uncle Jim were asked to come in. Sometimes he had them all in at the same time and so, he needed a larger examining room and a new name for what he did. Eventually, it was called Family Therapy. Remember, the idea of family therapy was heretical at a time

when anything remotely like psychotherapy was conducted within a psychoanalytic model. He faced a good deal of criticism, but Carl Whitaker persevered and worked as a family therapist well into his 80s. He wrote several books including *He died in 1995*.

In any case, back to the whiskey. Around the



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Editor's comments

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We need to understand that the specialty needs a core and growing group of specialists who are active in each state as well as nationally to move this vital specialty forward. We need to appreciate the opportunity that small provides!

A part of the vitality of our organization begins with states! In each state there are a handful of specialists in family psychology who can become the DNA of our organization. They can match up with other psychologists interested in family psychology and collaborate, reciprocally refer patients, join each other in research projects, provide programs to state psychological associations, and make themselves available for training and supervision. They can use electronic communication to make their state small and intimate. They can articulate the family systems point of view through their state psychological association's lobbying and legislative activities. They can contribute news about their progress in their state to this newsletter and to their state psychological association's newsletter.

We are a vital specialty! We think and integrate psychological information and data in a special way that gives great insight and power to our interventions. We have an essential point of view and style of operation. As an Academy we are philosophically linked to the many facets of the body family psychology. We can be essential leadership for divisions in APA (many of our members have been elected to leadership positions), we can have an active relationship with our colleagues in Division 43 and encourage their completion of their board certifications (the President of Division 43 has an article included in this edition of the Newsletter), and we can be very active in our State Psychological Associations.

I will endeavor to move the Newsletter in the direction of facilitation of increasing the communication among our members. I would like to include progress reports on what is happening among Academy members in each state and their work with the state association, legislatures, in professional endeavors, and in APA Divisions which can highlight family psychology. Please help me! Get your news in so the Academy can be aware of the fruits of our leadership and involvement in activities which forward family psychology. Help us crow a little (Will Rogers said, "If you've done it-it ain't braggin!") when you get elected to a position of leadership in APA or your State Association and other key influencers of the body psychology! We want to highlight how family psychologists in the Academy are bring the systems perspective to organizations and areas of psychological practice and research. Let us know when you've published something that will call attention to the systems point of view! Let us know when leadership opportunities arise for family psychologists!

Rgusea Article*(Continued from page 3)*

3rd Scotch, Carl said to me, "You know, I don't think of human beings as single entities anymore; *I think the smallest unit of human life is the family and I don't think people really exist as individuals.*"

Now, I thought that was a stunning statement in 1981 and I still think it's incredible in 2005. Consider that Carl Whitaker was a pediatrician, a physician, a baby doctor who took blood pressures, temperatures, and x-rays. For him to have made the leap across that conceptual chasm was, to me, breathtaking. I didn't agree with him then as much as I agree with him now. After a quarter century of family therapy, today I more fully grasp what Carl Whitaker was talking about.

Whether or not you agree with that particular framing of human existence, the fact that you are a family psychologist tells me that you can *appreciate* the idea. You grasp the nature of the concept and you consider it seriously. You understand there is truth in Whitaker's idea, the only question for you is probably, "How much?" That perspective, that ability to perceive human existence within a family context is, I think, not shared by many of our colleagues in psychology and certainly not by many of the leaders of the American Psychological Association. But the ability to think within that frame-

Kaslow's Column**Continued from page 2***(Continued from page 2)*

diplomats, and especially to honor our newly minted and credentialed ones, at 1:00 P.M. This will be followed by the Convocation, which is livelier and more interesting than it was in former years. Hope to see many of you there; please try to find those of us who group together in the ABFamP section. This event will be at the Grand Hyatt-Constitution Ballroom A.

I am delighted to report that an idea I have been proposing for several years has finally come to fruition, with a big boost from Mark Stanton, a family diplomat and President of Division #43. The Presidents of the four Family Psychology organizations-ABFamP, the Academy, Division #43, and the Family Psychology Specialty Council (or their duly appointed representatives), plus the BOT representative, will all be meeting together at APA for the first time to talk about shared concerns, like the forthcoming submission of the renewal application for Family Psychology's recognition by CRSPPP as a specialty, increasing active membership in all of the organizations, improving the image of and understanding of family psychology in APA, etc. Mark has kindly arranged to host this meeting in the Division suite.

So we are perking along: solvent, optimistic, collaborative and assertive.

Promote- Becoming A Diplomat in Family Psychology**By Patricia Pitta Ph.D., ABPP**

In the world of so many therapists how can a psychologist who understands and thinks in a systems manner be distinguished from other mental health professionals? Become a board certified family psychologist! What is a way to promote the attainment of this diploma? Let your fellow professionals who you hold in high esteem in the field of family therapy know about your degree and how you attained it. Share with them how it furthered your thinking and development as a family psychologist. Also talk about the collegial manner in which you were treated and interviewed by other family psychologists. Educate them about how this diploma distinguishes them

from the many therapists who say they treat couples and families. I guess you get the message by now. If you went through the process and believe in the benefits of being amongst the highest qualified family therapists in the country, now promote it so board certification becomes a known distinction when the population at large is looking for a family therapist (hopefully a psychologist). I have been absent from the APA for the past few years due to attending classes for a Pastoral Degree in lay ministry. I know that when I was active in the Academy I promoted the idea that psychologists with family backgrounds just begin to think about obtaining the Diplomat.

Just talk it up with your esteemed colleagues and plant the seed. Maybe in the near future they will forge ahead with the task. You have heard the saying, One generation plants the seeds, the next generation prospers and multiplies the fruits of your labors. Just get out there and plant the seeds and some will germinate into full blossoming diplomates.



work is important to many of the decisions made by APA. It is also needed for a more complete understanding of the way the decision making process develops within our increasingly large family of psychology. Much of psychology's decision making takes place today at the quarterly meetings of the Council of Representatives.

The Council of Representatives of the American Psychological Association is the organization's ultimate authority where most major decisions are made regarding psychology's future direction. For those unfamiliar with the process, it's hard to imagine that our profession's direction is decided in small caucus meetings and tiny little hallway interactions between two or three people, but that's really how the process works. And occasionally a subject comes before the entire Council for thoughtful consideration where family dynamics take on a larger dimension. Who better to help facilitate that process than a family psychologist?

You should be there at APA, inside your family's crucible. You should be a part of the process of guiding psychology's future. You are a part of psychology's family and your wisdom is badly needed. Be involved in APA. Run for a seat on Council through your division or state organization. Get elected to office. You'll find the experience exciting, enriching and rewarding far beyond your expectations.



Collaboration Between Family Psychology Organizations

Mark Stanton, PhD, ABPP

President Division 43

Collaboration may be defined by unpacking the compound word to its constituent parts; it means simply “to co - labor.” Of course, effective collaboration requires more than working side-by-side. I have found that it involves a shared worldview, common mission, shared vision for the future, mutual goals, joint strategies for attaining the goals, and many interpersonal competencies that facilitate the process of collaboration.

When I consult with work groups, teams, or departments in organizations (primarily hospitals or healthcare organizations), I often use an exercise that asks team members to generate a list of action terms (verbs) that describe collaboration in their setting. The goal of the exercise is increased consciousness regarding the common behaviors that require members of the team to work together effectively.

There are currently four primary family psychology organizations: APA Division 43-Family Psychology (Division 43); the Family Psychology Specialty Council, a member of the Council of Specialties; the American Board of Family Psychology (ABFamP), which is one of the post-doctoral specialty boards within the American Board of Professional Psychology (ABPP); and the Academy of Family Psychology, comprised of all diplomates in family psychology.

To this point, the four groups have worked alongside each other, with some overlap in leadership and membership, but little formal collaboration. That is about to change.

Last year at the APA Convention in Hawaii, Florence Kaslow made a formal motion in the Division 43 board meeting that was met with immediate positive response. She recommended that we try to arrange a joint meeting of the leadership of the four family psychology organizations. Formal collaboration between the four groups makes sense.

We share a common epistemology. Systems theory suggests that human behavior is best understood, assessed, and treated in context (Bronfenbrenner, 1979; Stanton, 1999). Family psychologists understand and utilize key concepts like complexity, reciprocity, adaptability, interrelationship, and nonlinearity.

We have mission statements and descriptions of our discipline that overlap. For instance, the American Board of Family Psychology (n.d.) mission statement specifies that “The specialty of family psychology is not confined to “family therapy”, but is a comprehensive application of the science and profession of psychology with families, family subsystems, and individual family members. Family psychologists stress the centrality of understanding and constructively changing the family unit or subsystems, as well as the individual. Family psychologists consider the individual, family, and human relationships from a perspective that includes systemic interactions and developmental processes over the life span and takes into account the context in which they are embedded.” We may compare the brief description of the discipline from the Council of Specialties (CRSPPP, n.d.), “Family Psychology is a specialty in professional psychology that is focused on the emotions, thoughts, and behavior of individuals, couples, and families in relationships and in the broader environment in which they function. It is a specialty founded on principles of systems theory, with the family as a system being of most central focus. The premise of practice in this specialty is that family dynamics play a vital role in the psychological functioning of family members. This applies to extended families as well as nuclear families. The practice of family psychology takes into consideration as well the family’s history and current environment (e.g., family history, ethnic culture, community, school, health care system, and other relevant sources of support or difficulty).”

We have a shared vision for the future. We see the importance of a stronger voice for family psychology within a field that often takes an individualistic approach. We anticipate extensive scientific research that evaluates the effectiveness of systemic treatment models. We envision education and training programs that prepare students well for family psychology practice. We picture a large cadre of practitioners who identify themselves as family psychologists, having completed education and training programs that provided them the theoretical knowledge and applied competencies of our discipline and having gained experience in the field that results in demonstrated capability through post-doctoral certification as family psychology diplomates. In order to accomplish this vision, we need a coordinated, sequential process for development of family psychologists (Nurse, 2005).

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

There will be a meeting of the leadership of the four groups on Friday morning, August 19, 7:30-9:00AM, in the Division 43 Hospitality Suite. The primary purpose of this meeting is to facilitate collaboration between the organizations.

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Biological Advances in Family Psychology

The point is that we now have the evidence that indicates that pharmaceutical approaches to mental disorder and family problems are symptom focused, dangerous, and offer limited hope for effective remediation. These approaches should be viewed as partial treatments or tools, short-term intervention to be coupled with the type of family therapy which is long-term and change focused. This is a great time for family psychologists who are armed with such research and can lead us to a more comprehensive vision of mental problems and a more comprehensive set of treatments.

We should support short-term interventions such as pharmacotherapy to attend to immediate symptom moderation and increasing the level of functioning. However, we should advocate for systems change which can result in long-term change in both symptoms and function and can give the family new neural connections (hard won through much repetition), new systems of joint coping and contextual management, and new relational ethics. Family therapists should advocate for change! Change in the biological cascade which is currently treated with biomechanistic approaches,

change in central processing, and change in systemic functioning.

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Treasurer's Report

Treasury duties were turned over to Wes Crenshaw late last year. In the interim, Dr. Crenshaw has been in the process of transferring funds to Central National Bank in Lawrence, Kansas, compiling an accurate mailing list, gathering email addresses to expedite future dues gathering, and at this time, developing a Quicken-based banking system.

At this time, 2005 dues statements are expected to go out in early July, pending final "cleaning" of the database. Current balance on hand is approximately \$18,300 in checking, and \$3800 in an 18 month interest-bearing CD. Dr. Morris is the current master mailing list keeper, and Dr. Crenshaw asks that you direct corrections to him to more accurately direct future dues statements(weschrenshawphd@CS.com)

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Academy of Family Psychology Newsletter Editor
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Scheduled Events of Note: Time in the Division 43 Hospitality Suite at the APA Convention to discuss ABPP and AFP info: scheduled for Sat. 8/20 from 2-3:20.

Also, there is a joint meeting between Div 43, ABFP and AFP on Friday 8/19 from 7:30-8:45