

## The Future of Family Psychology:

Identity in Honoring Diversity and Acknowledging Differences



**M**ore and more of the work of Family Psychologists is extending to clients and settings that are marked more by diversity than commonality. The diversity challenges posed by clients and their contexts are significant challenges in regard to how to help, how to research, and how to understand even the role of family psychologists. In fact, to remain viable, Family Psychology needs to understand how to adapt to the diversity of client background, problem, and context. However, when it comes to the identity and future of the Profession and the Society it may be the differences among us that will be most challenging.

The degree to which the identity of Family Psychology is changing became clear to me through many different interactions I had as President. One was captured in a series of online interviews (Susan McDaniel and with Howard Liddle) regarding the future of family psychology (each was published in an issue of the TFP). Both Howard and Susan described a world of Family Psychology that was different from what it is today. It was a

world of new and exciting opportunities. Family Systems and Family Psychology offered a new way of looking at the work and a new way of seeing client and change process. In these early days, it was as if we were all pioneers breaking new ground each day in practice, research, and in developing the theoretical constructs needed to understand and explain this new view. This is the same issue so artfully described by Bill Watons's Presidential Column in TFP when he lamented the loss of the "magic." That energy and excitement was part of what engaged and motivated people to become family psychologists.

The excitement today is different. We probably won't recreate the same type of excitement that the shiny new ideas of systems and family work represented at the beginning. Today we need to find a similar uniting force in a different kind of discovery—more a discovery about who we are.

### Finding Identity in Diversity

Some suggest that it is in honoring the diversity of the clients we serve, the practices we offer,

and the contexts in which we work that we will find the unity to expand the identity of Family Psychology. At the same time, identity forms out of our differences and distinctions. In dynamic systems terms, identity springs from a choice point where a thoughtful decision influences the future of the system. I now see diversity as something we can use to find both our uniqueness and our common identity. Consider the following challenges and opportunities of diversity. In each we might find questions may help clarify steps toward a new identity for Family Psychology. These issues are likely to be part of the agenda in next year's discussions on the Future of Family Psychology as we continue our conversation to find a future identity.

#### • Diversity of Setting and the Unity of Practice.

Family Psychologists practice in medical centers, private practice settings, community mental health centers, and university based clinics. It is not the setting or the role within that setting that really distinguishes someone

as a family psychologist—it is the practices they perform that make them family psychologists. To have a common identity we will need both a common core set of practices - most likely the treatment approaches of generalists who work with a wide range of clients - and specific models of treatment practiced by specialists working with unique populations of clients. What we have yet to find is a way to identify practices that both cut across setting and organizational role and, at the same time represent the uniqueness that is Family Psychology.

If practice is a unifying force for the Society, we need to be able to define and identify those practices that are Family Psychology and which are not. To distinguish ourselves we need to have more than a group of loosely linked approaches taken with systemic intent. We need boundaries that define a common range of practices. However we draw such boundaries, we can simultaneously embrace the value in the diverse methods and apply a family psychology “standard of care” to practice. At a minimum, practices need systematic descriptions, a theoretical foundation, and attempts to determine their validity and effectiveness. But description only takes us so far. All approaches are not equal. Some help, others don’t. Some are clear and distinct while others are general and non-specific. Some work for certain problems, while others don’t. Somewhere within the diversity of practices we must identify the range of approaches that distinguishes “us” from “someone else.”

We have already started on this task. The work of the Division 43 Task Force on Evidence Based Treatments provides a comprehensive model of treatment types and the evidence that may help in finding our core practices. This system is intended to be the foundation of a series of systematic reviews of the literature that might be able to systematically inform us about the common core of practices that is Family Psychology. The model treats different practices as representing different levels of specificity, requiring different types of inquiry. It encourages evidence generated both in research labs and in community practice. The model proposed by the Task Force is inclusive of diverse approaches and diverse methods of study, encouraging systematic clinical research and the integration of research evidence into practice decisions. Finally, the proposed model suggests we consider the intervening force of client and cultural diversity in each type of practice.

- **Uniqueness of the Client and Common Principles of Change?** We are clearly faced with increasing diversity in the populations of clients we serve and the contexts in which we must work. This means we need to explore the unique needs of culturally and ethnically diverse clients here in our own country, as well as internationally. At the same time there is a movement to determine if there is something common to all change processes that cuts across clients, cultures, and problems. Might we consider how we are common, systematic, and ideographic all at the same time? Maybe we should look at the mechanisms of change and think of diversity not in terms of “whom” but in terms of “how.”
- **Model Specification with Clinical and Theoretical Adaptation.** Domains of knowledge change, as new findings are added and as thinking changes. Both the Specific and General approaches of Family Psychology, however well researched, need to be open to adaptation and change. Models with a long track record need permeability to new knowledge,

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new articulations, and advancements of both core principles and clinical applications. Like the common core of the profession, the specific model needs to be true to the very same method that helped it achieve its status: continuous study and adaptation.

- **The Evidence Base of Common and Specific Practices.** There is more commonality than difference between research and practice. Our most valuable tool in creating identity is study of current practice and specialization programs. Systematic study of what we do now and what it takes to be successful can be accomplished through a number of emerging technologies. Too often in science we study new treatments to see how they work. This is important in establishing the efficacy of certain specific ways to help clients with circumscribed problems. But, there is also a wealth of information in the general practice of family psychologists. The study of common factors is critical to clarifying the common center of practice. To do so, diverse mechanisms of research

conducted in real clinical settings with technological infrastructure for ongoing service monitoring will need to be in place.

Unfortunately, we are not in the habit of systematically monitoring and studying typical practice. But throughout the various practice settings served by family psychologists, we have the largest natural practice research network. Practice Research Networks offer the opportunity to study current practices using current technologies to:

1. gather, monitor, and provide feedback to practice
2. provide a data base for the study of service delivery, outcomes, and profiles of practice
3. examine practice patterns and the links to client profiles and clinical outcomes A PRN creates a natural database from which to do research and a useful clinical tool to improve practice.

• **Unique Approaches with a Common**

**Educational Core.** Professional graduate education is more than a foundation of learning—it becomes the primary template from which the student views much of their work for their entire career. Despite the fact that Family Psychology is a specialty practice in the American Psychological Association, no training program can as yet educate students in the field of Family Psychology. The specification of a common education core will help clarify our identity. Mark Stanton and his colleagues are already at work specifying what core knowledge base and competencies are necessary to adequately train someone in Family Psychology. Whatever the final set of core competencies and knowledge, the education core will need to bridge the requirements of the core entry training with a strong link to the state of the art in practice and research. Like existing treatment models, the common educational core will need to remain dynamic—considering both our history and the best in the world of practice and research.

- **Remaining Unique through Interconnect-**  
**edness.** Future services, settings, and roles of family psychologists will likely be in different from what we experience today. They are likely to be the result of working within systems of care with diverse service providers through a coordinated system of health records and diverse clinical decision-making. For example, the concept currently being used in the public health debate is the creation of medical “homes” or places where patients go for medical care. The “home” serves as a comprehensive

care coordination center providing the patient with quick access to the care they need through the use of comprehensive health care records, and decisions that are collaborative and systematic. The same concept could apply to behavioral health care. The “home” could be a place for assessment, generalist care, or systematic referral to specialized care with the same linking of care system through health records and collaborative treatment planning. In a system like this, the family psychologist is best equipped to serve as the family practice entry point to the behavioral health care home. The more individually focused clinical or counseling psychologist may be a better referral source for those clients with unique individually-based concerns. It is through interconnectedness that we find new domains that will further define the specialty.

**Next Steps.....**

In my columns this year, I tried to identify potential challenges that face the Profession and the Society. Rather than answers, I was more interested in identifying some of the major questions facing the profession (Family Psychology) and the Society. The goal was to encourage discussion to clarify and refocus our identity. My hope was that highlighting some of our current challenges might be the start of an action agenda next year. I am encouraged that President-elect John Thoburn agreed to take up this task in his agenda next year.

In many ways we are becoming victims of our own success. Today it is common to find many different professional organizations and specializations adopting the same core principles that founded Family Psychology. It is common to find family psychologists in diverse settings, working with a diverse range of clients, trained in many different core elements, all trying to be multisystemic. In this diversity, it is at times difficult to find the unique identity that is a family psychologist. It may be because we are at a point in the development of the profession that we need to reevaluate our identity and the degree to which it matches the current context. There are diverse perspectives on our common core mission, a specific view of practice, embracing the challenge to translate family psychology to diverse clients, and to find opportunity in the diverse new settings and systems facing the practice of family psychology. The challenge is to find a common theme in these views. A theme that defines our work in this era. One that generates a similar energy and engagement that marked the early days. ■