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Welcome to the Spring 2010 issue of TFP. It’s time once more to read about the candidates for offices on the Board of Directors of Division 43. Also in this issue, find reflections on the coming year’s work from our new President, Dr. John Thoburn, and exciting new developments in Family Psychology research and practice. If you have news you’d like to share about your work - or if you have been recently recognized for outstanding contributions to the discipline, please let us know. We’d like to share your updates in TFP.
The Society for Family Psychology celebrated its 25th anniversary in 2009. This year is the first of the next twenty-five years in the life of the Society, and coincidentally, the first year of a new decade. So it behooves us to take stock; to look back in order to get a clearer look ahead.

The discipline of family therapy swept through the mental health fields in the decades of the seventies and eighties like the redefining paradigm that it was. It drew from a systemic and ecological epistemology that overthrew the conventional individualistically oriented epistemologies that harkened back to the days of Freud and insisted that human thought, behavior, and feelings could only be understood within the broader context of family, community, and society. The Society of Family Psychology (Division 43) was created in 1984 to provide a home for psychologists in family research, family medicine, family therapy, and family education. The division was initially developed out of its precursor, the Academy of Psychologists and Marriage, Family, and Sex Therapy which had convened in 1958. The Journal of Family Psychology made its debut in 1987. At the inception of Division 43, Liddle (1987) defined family psychology as using a systemic perspective that broadens psychology’s traditional emphasis on the individual, with a primary emphasis on marriage and the family, but utilizing a systemic view that included examining the nature and role of individuals in primary relationship structures and the social ecology of the family. Further, Kaslow (1987, p. 88) noted that family psychology includes basic and applied research, diagnostic testing and evaluation of family dynamics, the co-evolution of individual family members and the family as a unit throughout the lifecycle, as well as optimal and pathological functioning. Her definition delineated the differences between family therapy and family psychology.

Specific achievements of Division 43 over the past 25 years include, but are not limited to: (1) the development of a group of practitioners who clearly define themselves as family psychologists; (2) the achievement of specialty status with the American Psychological Association; (3) the development of a board specialty, couple and family psychology, for certification with the American Board of Professional Psychology; (4) the development of a strong evidence based research platform for treatment; (5) the development of objective assessment tools and the development of psychologically-oriented treatment theories and protocols; and (6) the development of a strong fellows category in the division and a presence on Capitol Hill over the past decade and a half in the service of family oriented legislation, especially with regard to family medicine.

Many of these achievements occurred in the halcyon early days when there was a kind of revolutionary fervor funneled and amplified through family therapy training institutes. But revolutions, like adrenaline, can only be sustained so long. While there are notable exceptions, in the past decade or so, family therapy training institutes have declined.
in number and family psychology has sought to find its way, by and large, through the traditional forms of research, education, training, and service delivery (i.e., the university system, traditional psychology venues for pre-doctoral and post-doctoral training, and the broader health care system). The Society has focused its attention on solidifying its gains and carving an identity for itself through its work with marriage and family life.

Many miss the fervor of earlier days; membership in the Society while up in recent years is still nowhere near what it was in the mid-eighties and, while family psychology has been declared a bona fide specialty in psychology alongside clinical, counseling, and school, it is often treated as a sub-specialty within those other specialty areas. The truth, of course, is that we cannot go back to the way things were; we must move on, and to do so we must be clear about where we are now. The field started in revolution, but has evolved, developed, and matured – we must recognize and understand the evolution from the revolution and now take action from that vantage point.

So, to use our crystal ball for the future we must crystallize our understanding of family psychology at this point in its evolution. I want to suggest four areas of vital interest to family psychology that currently hover on our horizon and some specific ways to begin to implement expression of those areas in the coming year.

First, we need to agree that there has been too great a focus in years past on family psychology being defined by population rather than epistemology. The feature that made family therapy so revolutionary was not that clinicians were seeing families, but that psychology was conceptualized from a systemic and ecological perspective. From that perspective it was deemed logical to treat couples and families as well as individuals. The field of psychology as a whole, the American Psychological Association, and our own membership need to focus our attention back to the paradigm – how we think about how we think. That’s not to say that population isn’t important, but it is epistemology that defines a specialty. Clinical is defined by the medical model, Counseling by the strengths and resources model, and Family should be defined by the systems model. Some who recognize the significance of epistemology have suggested that we change our name to Systems Psychology, but I think that is not necessary. The systems model drives us towards a family systems perspective, working with different populations in our research and treatment. There has been recently, a stronger emphasis on family psychology as epistemologically based, rather than population based. Bray and Stanton’s (2009) Handbook of Family Psychology included several chapters discussing the importance of epistemology to the field (Kaslow, Celano, & Stanton, 2009; Stanton, 2009). This focus has led to attempts at new definitions for family psychology that highlight systems, context, and ecology in understanding treatment for individuals, couples, families, and communities (Ezzo, 2006; Stanton, 2010).

Secondly, we need to diligently and single-mindedly pursue accreditation for family psychology programs as well as pre-doctoral and post-doctoral training programs. There are many obstacles. There are extant programs in clinical family psychology that at some point will need to apply for dual accreditation and students will need to indicate in their APPIC materials that they are looking for family systems training. This is understandably scary for programs and individuals, but it is absolutely necessary for family psychology to be taken seriously as a specialty. There are training programs that will need to strongly identify with family psychology and concomitantly offer challenging training in the field. Students will need to confidently identify their desire to seek pre-doctoral and post-doctoral training in family psychology so that they can competently treat individuals, children, couples, and families from a systems perspective.

Currently, the Family Psychology Specialty Council (FPSC) which is comprised of representatives from the Society for Family Psychology, The American Board of Couple and Family Psychology, and the American Academy of Couple and Family Psychology, has convened a working group seeking to make application to the Committee on Accreditation of APA. The FPSC has developed a Council of Doctoral Programs in Family Psychology comprised of graduate doctoral training programs that have an emphasis (five or more courses) or specialty (ten or more courses) in family psychology. If you are aware of a program that meets these criteria, please let me know – we would like to help your institution

The truth of course is that we cannot go back to the way things were; we must move on, and to do so, we must be clear about where we are now.
become a member of the Council.

Thirdly, we need to create a unified voice between researchers, teachers, trainers, and practitioners. The Society for Family Psychology is often perceived by practitioners as being primarily interested in research, teaching, and training. My students and I went back through issues of the Journal of Family Psychology, and while the emphasis of articles in the Journal is definitely on research, there was in at least half of the articles a strong focus on practical application. The private practitioner part of me, however, believes that we can do more, especially for early career psychologists. The developing new Division 43 website that Tom Sexton has been spearheading will be a place with many resources for practitioners working in various venues in the healthcare field, including group and solo private practice. We see researchers such as Erika Lawrence, who has already made significant contributions to the website, creating content useful to practitioners. We see a mentoring program for early career psychologists pursuing board certification in couple and family psychology. We see networking options and continuing education courses in family psychology on the website. We also see discussion forums where practitioners can help educate researchers and educators on trends in the field. We’re hoping the website will be one avenue among several that promote fruitful interaction between family psychology professionals.

Fourthly, family psychology needs to develop stronger working relationships in the healthcare world. The 2009 APA president’s summit within a summit identified healthcare and organizational psychology as two of the major areas of growth for psychology as a whole. There are tremendous opportunities for family psychology to work within the healthcare system. Working with family medical practitioners is a natural place of interface; primary care physicians tend to think biopsychosocially and sometimes systemically. Family psychologists joining multidisciplinary teams appear to be one of the venues for the future. Family psychologists working in organizational psychology also seems a natural fit. A systems perspective can be highly useful in increasing corporate functionality.

So, family psychology is moving from revolution to evolution (Goldenberg & Goldenberg, 2009). In a teleological sense, we are becoming what we actually already are, a field defined by both a systems epistemology and a population; a unique perspective on research, teaching, training, and practice with individuals, couples, families, communities, multidisciplinary teams, and organizations. I believe the family systems model offers a unique voice that combines the best of other models (i.e., the pathology model with the strengths and resources model) and will likely become the defining paradigm in the field of psychology in the decades to come. III

References
President-Elect:

Marianne Celano, Ph.D., ABPP

I am honored to be nominated to run for President Elect of the Society for Family Psychology. Like other candidates, I have been involved in the leadership of the Society over many years, serving as continuing education committee chair (1999-2001), hospitality suite co-chair (2002), program co-chair (2003), and treasurer (2007 – present). I have enjoyed working collaboratively with members of the Board on a variety of projects promoting family psychology.

Originally trained in clinical/community psychology, I “fell into” family psychology after my clinical experience and teaching efforts demonstrated that the systemic lens worked best for my patients and trainees. I recently attained board certification by the American Board of Professional Psychology in couple and family psychology. In my position as Associate Professor in the Department of Psychiatry & Behavioral Sciences at Emory University School of Medicine, I am actively engaged in clinical training, practice, and research in family psychology. My research has been in the areas of: (a) family processes associated with child maltreatment and pediatric asthma, and (b) family interventions for poorly controlled pediatric asthma. My training efforts have focused primarily on teaching culturally competent interventions for low-income children and families, and articulating foundational and functional competencies related to family psychology training.

For many years, Division 43 has been a professional home for those of us who bring a systemic perspective to our clinical practice, research, and training efforts. Family psychology now has strong research and practice traditions, with burgeoning developments in training and education. However, family psychology’s unique identity has been challenged by the widespread penetration of family therapy and biopsychosocial conceptualizations in psychology practice, research, and training. Several leaders have raised the question of whether family psychology has become a victim of its own success. What unique product or service do we have to offer clients, students, colleagues, and the public? Last year, Tom Sexton rejuvenated conversations about the future of family psychology with the goal of crafting a modern identity for the profession that recognizes the complexity of biopsychosocial systems across the lifespan in culturally diverse contexts. Our current President, John Thoburn, plans to continue these discussions to formulate an action agenda that will raise the visibility of family psychology as a separate specialty rather than a subspecialty of clinical or counseling psychology. If elected President, I will continue the process of examining and refining our professional identity, particularly as it pertains to the related areas of training/education and membership services.

If family psychology is to thrive as a specialty, it must engage and excite psychologists across the spectrum of professional development. Graduate programs in family psychology should be accredited by APA; therefore, I am supporting and assisting the group led by Terry Patterson to prepare the application to the Commission on Accreditation for
family psychology as a developed practice area in professional psychology doctoral programs. Family psychology training at the internship and post-doctoral fellowship level should be guided by the essential components of the foundational and functional competencies in professional psychology that are consistent with family psychology’s core ideas and practices. Continuing education (CE) in family psychology should meet the needs of both student/early career and senior psychologists, researchers/scholars, and practitioners. I believe that a focus on training and education in family psychology should be integrated with a renewed commitment to membership services so that the Society can continue to recruit, retain, and inspire a new generation of family psychologists. These services may include: mentoring and leadership development opportunities, CE and discussion forums through a web-based portal, and development of practice-based networks for collaborative research.

Greater clarity about our professional identity can lead to growth and excitement in family psychology research, practice, and training, stirring new generations of family psychologists to action. A broad and diverse base of committed members will be needed to continue family psychology’s role in bringing a systemic perspective to public policy development. A strong Society will be able to take on the challenge of applying family psychology ideas and practices to emerging frontiers in the field, such as integrative medicine.

**Deborah L. Cox, Ph.D., ABPP**

I am deeply honored to be nominated for President of Division 43. The late Edwin Friedman writes in his book, *A Failure of Nerve*, about the problem of leadership in this age of rampant anxiety. According to his premise, a leader (whether parent, therapist, or president), needs to be keenly aware of the emotional process of the institution. Most modern systems try to avoid anxiety by seeking safety and certainty – eschewing novelty and creativity. But when leaders become aware of this process, they can differentiate, infusing a calm and well-defined presence into the system. This presence comforts. It counters anxiety. It builds a platform for innovation and dynamic connections, within and between groups: us and the outside world.

I believe this concept speaks to our most central question as a Society. *How do we survive and grow as an institution?* Can we infuse our own calm and well-defined presence in the larger systems we occupy? What if Family Psychology is a natural leader among specialties?

The last four years have been a collage of experiences for me. Here with our Division 43 Board, I took part in conversations about *who we are* as family psychologists and how we could better serve our peers. I gave thought to the research-practice dialectic and pondered what felt like unnecessary division between aspects of our work. With my colleagues, I watched the undulations of our membership roster and wondered at the real meaning of the *Society* for Family Psychology. Back home in Missouri, I made big changes. I quit my tenured academic job and ramped up to full-time family psychology practice. I put my research projects on hold and joined a fiction writers group. I made friends who have nothing to do with mental health. I threw caution to the wind and bought a really fine piano. These changes may look like some kind of professional derailment. But frankly, I’m having fun now. And yes, I’m struggling like most practitioners with the vicissitudes of billing and Medicare. Even so, I’m happy to get up in the morning.

These changes make me think in parallel process about Division 43. I wonder what would happen if we, the *Society*, studied the emotional process of our institution. Whose creative ideas would rise to the surface? Would we become sharper, more distinct as an entity? Would we notice interpersonal processes that undermine our progress? Would we strengthen our bonds with each other, drawing peripheral members closer? Would we move into a more self-sustaining (albeit risky) existence?

Something that became clear to me over the past four years, as I worked to promote practitioner interest, was a sense of disconnection experienced by many among us. Full time practitioners and full time academics alike often expressed the sentiment: “my way of working means little to the group as a whole.” Some said: I don’t feel connected to APA anymore, or, it’s just not friendly anymore. I understood them but it surprised me that so many people felt as I did. My new friend Wes Crenshaw (2010), a member of Division 43, said it like this.

. . . we can’t expect kids to be more (fill in the blank) than adults are. Same with psychologists. I think we see a general breakdown of civility in our
world, and rather than imagine ourselves a force of healing in that regard, we act out.

At one level, this problem seemed trivial and non-academic. I hesitated mentioning it. Why would we put more energy into connecting? Why would we listen to those among us who don’t speak of concrete evidence but who work as artists in our discipline? Wouldn’t that be a step backwards? Aren’t there more pressing, more grown-up issues to address now?

I don’t think so. Friedman says that organizations, like families, tend to look at mostly technological or managerial solutions to problems. Yet, unless structural interventions come with changes to the institution’s multigenerational emotional processes, the group eventually regresses. I take this to mean that embracing the art along with the science of family psychology – the emotion along with the data – the circles as well as the squares – will make us more fully who we are. If elected to the position of President, I would concentrate on improving the interpersonal connections within our Society by increasing opportunities for us to examine our process. How we relate to each other matters. How we attend to the diverse patterns, textures, and stories within our work matters. How we promote a relational atmosphere matters. It matters, not just as an interesting aside, but as the very foundation of our existence as a professional organization.

References

VP for Education:

Stephen Cheung, Ph.D.

I am honored to run for Vice President for Education of Division 43. I have been a family psychologist and an active Division 43 member for eighteen years. Within the division, I have served in various capacities, such as the hospitality suite co-chair (2000), the convention program co-chair (2001), a program proposal reviewer (2000-2010), and the membership chair (2006-2010). When elected as Vice President for Education, I would, in line with our division’s strategic plan, promote the recognition of family psychology as a specialty in APA on the one hand, and would develop future family psychologists on the other.

For eighteen years, I have been practicing, supervising, and teaching family psychology; I am therefore fully committed to its clinical practice, education, and research. In the first twelve years after my doctorate, I served as a family psychologist and program director in both the adult and the children and family services departments of a large, multicultural, multidisciplinary, and comprehensive mental health center in Los Angeles. I also served as their training director for ten years. During my tenure at the mental health center, I maintained a small private practice as well. Between 1994 and 2004, I taught graduate courses in family psychology and therapy part-time in several educational institutions. I have, moreover, presented on various topics in family psychology at the APA convention in the past ten years. In addition, I have provided and organized training at different levels of family psychology education. For instance, I have been a founding member of the Consortium on Asian American Mental Health Training in Los Angeles, which has been providing annual training conferences with APA approved Continuing Education Units (CEU) for licensed mental health professionals for sixteen years. I have specifically contributed to their APA-approved CEU process.

I am currently Associate Professor at Azusa Pacific University (APU), where we offer an APA-accredited Psy.D. program in Clinical Psychology with an emphasis in Family Psychology. Aside from teaching, I coordinated our Psy.D. students’ practica as their associate director of clinical training for four years. I have focused my research and scholarly activities on immigrant mental health and on integrating modern psychotherapy approaches with post-modern ones in treatment. My recent publications include a book chapter on solution-focused brief therapy in Bray and Stanton’s (2009) Handbook of family psychology, Asian American immigrant mental health: Current status and future directions, in Jean Lau Chin’s (2009) Diversity in mind and in action, and Strategic and Solution-focused couples therapy, in Michele Harway’s (2005) Handbook of couples therapy.

As membership chair in the past four years (2006-2009), I have collaborated with several membership committee members, vice-presidents, and presidents to focus on recruiting, retaining, and serving division members. Although APA membership
numbers have continued to decline across all divisions over the past decade, division 43 members have increased in the past three years (i.e., the calendar year of 2007-2009), while I was membership chair.

When elected as Vice President for Education of Division 43, I would bring my experience to further enhance the quality of family psychology education. First, I would firmly support our division’s strategic plan of establishing family psychology as a specialty in APA. To operationalize my support, I would create a Continuing Education (CE) committee in order to provide online workshops with APA approved CEUs for our members. I would further support our efforts to start a division-owned journal in family psychology to solidify our professional identity as family psychologists. Second, in collaboration with the membership committee, I would launch a fresh initiative in developing a mentoring program for students at the APA convention. Third, I would facilitate communication and collaboration among different accreditation bodies, family psychology programs, and APA offices, so as to establish clear and sound competency standards for different levels of family psychology education and training. Lastly, I would actively represent our division to other APA divisions, such professional organizations as National Council on Schools and Programs of Professional Psychology (NCSPPP), and the general public, in order to promote the recognition of family psychology as a specialty.

Corinne Datchi-Phillips, Ph.D.

I am honored to be a nominee for the position of Vice President for Education of Division 43; and I look forward to the possibility of carrying out the mission of the Division by serving on the Board of Directors. If elected, I would continue to support the recognition of family psychology as a specialty. I would also strive to expand the practice, study, and influence of family psychology by promoting the view, within APA, that family psychology is a core component of the training of all psychologists at different stages of their careers.

I am currently a faculty member at Indiana University-Bloomington where I hold a research associate position at the Center for Adolescent and Family Studies. I participate in research focusing on family-based interventions as well as train doctoral psychology students and community-based practitioners in the implementation of an evidence-based family therapy model for at-risk populations. I would bring to the position of Vice President for Education the knowledge I derive from my personal involvement with practice, training and research. In particular, I would bring my understanding of the research-practice dialectic and my interest in the study of educational strategies and innovative training techniques in family psychology.

To carry out the mission of the Division, I would focus my efforts on the following goals:

1. Continue to support the development of standards and guidelines for doctoral and post-doctoral education in family psychology—I would create forums for division-wide discussions as well as organize a task force responsible for facilitating communication with credentialing organizations and for identifying the core competencies of family psychology.

2. Foster psychology students and early career psychologists’ interests in family psychology—I would create opportunities for diverse mentoring activities to take place in different venues, using different approaches. I would also work closely with the student representatives of the division to support the development of a multi-faceted mentoring program.

3. Increase the profession’s, as well as the general public’s, understanding of family psychology by providing web-based educational resources (e.g., materials for instruction, information about evidence-based practices that improve learning), and by actively representing the Society to the APA Education Directorate and other professional and credentialing organizations.

In the past two years, I have been very pleased to hold the positions of Hospitality Suite Chair (APA convention 2009) and Program Chair (APA convention 2010) for Division 43. I am excited about the prospect of serving the Division in a different capacity and of actively contributing to the increased visibility and influence of family psychology.
Thank you for the opportunity to run as Vice-President for Diversity and Public Interest of the Family Psychology Division (Div. 43)! I am a clinical psychologist and family therapist first trained in Chile who came to the United States to complete a doctoral degree in family therapy at the University of Massachusetts Amherst during one of the most exciting decades in the development of family therapy and systemic thinking. Soon after finishing my degree, I became part of the Latin American diaspora. However, my graduate education did not end with that doctoral degree. A few years ago, while working as a faculty member, I completed a masters of public health with a focus on family and community health degree at Harvard University.

Since 1996, I have been a faculty member of the Department of Counseling and School Psychology at the University of Massachusetts Boston. Presently, I am an Associate Professor and the Director of the Family Therapy Program. My work as family therapy program director has also included the launching and coordination of an e-learning family therapy program that has already graduated two student cohorts. I am also Adjunct Research Professor at the Department of Family Medicine & Community Health, UMASS Medical School, and hold a faculty appointment with the Psychotherapy Post-Degree program at National University at Distance in Spain (UNED).

My research includes transnational families and couples, political and family violence, refugees and immigrants’ health and health disparities (chronic pain, medication strategies and literacy, and asthma). In 2004, I was a Senior Fulbright Research Fellow at the Autonomic University of Barcelona, studying the experience of immigrant families with the health care system. My work also included consulting with faculty and students at AUB Master Family Therapy Program. Beginning next academic year, I will be carrying on research in the Basque Country, Spain, with funding from the Ikerbasque Research Foundation in the areas of family health and family therapy, immigrant and transnational families, and the impact of social technologies on families. The integration of transnational and intercultural family dynamics is the focus of my clinical practice and scholarship. Bringing in social context in a collaborative fashion informs this clinical practice, teaching, and research.

As editorial board member of the Journal of Marital & Family Therapy and the Journal Qualitative Research in Psychology, and the Associate Editor of Families, Systems, & Health, I am particularly interested in the development of scholarship that makes a difference in the work of clinicians working with ALL families. I have held several elected governance related positions, in particular as former member of the American Family Therapy Board and also as part of the AAMFT governance. I am particularly interested in contributing with my skills in the use of social media and other technologies to continue strengthening and enhancing the Division’s ability to communicate among its members and the public.

Why would I want to add a new service activity to my full academic and professional dossier? My interdisciplinary experience and keen sensibility towards the invisibility of the immigrant experience, the discourse of people of color, and the need to challenge inequity within our own organizations is core. Governance work is often slow but offers the opportunity of learning while contributing. I bring an outside voice as someone who has not been involved in Division 43; an other who also has had the privilege of accessing graduate education and is privileged to be an educator of clinicians. It is my responsibility to bring a piece of what continues to be silent in our conversations, policies, and practices.

The Presidential Summit on the Future of Psychology Practice: Collaborating for Change, where I was a discussant, reaffirmed the need to bring into psychology the ideas that all members of this Division take for granted: context defines everything. My work at the intersection of psychology, family therapy, and public health is truly informed by context. However, context is not just the family process or even the close community that contains this family. We need to pay attention to the meta-context: the large inequities and disparities that continue to shape the fate of the families we work with (and ourselves). Engaging the larger context through shaping public policies, embracing productively the evolving digital technologies, understanding the demographic shifts, and being able to have honest conversations about inequity will be our challenge. It is in this spirit that I accept your nomination. --Thank you!
Treasurer:

Steven Del Chiaro, Psy.D.

I am truly honored for the nomination for the position of Treasurer for the Society for Family Psychology. I have had the pleasure of being involved with Division 43 since 1999. I have served for two years as the National Student Representative, assisted with the Hospitality Suite at the San Francisco Convention and served as the Hospitality Suite Coordinator.

I earned a PsyD in Counseling Psychology from the University of San Francisco and have been on the faculty of the Department of Psychology at San Jose State University (SJSU) for the past six years. During this time I have been selected twice to address the psychology students at the annual convocation and received the AS55 Award for Service and Commitment as a faculty member. I advise and monitor the budget for the psychology coalition, which is comprised of the psychology club and Psi Chi. I have recently accepted the position of Associate Director of the Peer Mentor Program and MUSE, which are programs designed for student retention. In addition to my work at SJSU, I serve as the director for the undergraduate psychology program at John F. Kennedy University at the Campbell Campus and am an Associate Professor. At this branch campus I am responsible for the day-to-day operations of a psychology completion program. These positions have helped me learn to balance different positions and work with diverse budgets and budgeting issues.

In addition to my work in academia, I am completing the process to be licensed as a psychologist in the state of California (knock on wood) and work primarily with sheriff and correctional officers. In this setting, I have found my training and experience in working with the Society for Family Psychology invaluable, as I work mostly with the officers and their families.

If elected to this position I hope to continue the standards set forth by past treasurers through successful management of the divisions finances, keeping accurate records, and making timely reports. One way in which I would complete this is by working with division leaders to develop and adhere to a budget that would support the division, but not deplete its resources.

Thank you for your consideration for this honor and opportunity.

Robert K. Welsh, Ph.D., ABPP

The Society for Family Psychology is a special community of professionals in the American Psychological Association that is uncommonly welcoming, diverse, and graced with generativity. I am honored to accept the nomination for Division 43 Treasurer and believe deeply in the mission and spirit of the division.

I am a relatively recent convert to systems thinking following training and practice in a largely individually oriented psychology. Like many in the division, I found that linear and mechanistic psychology could not adequately address some of the problems of being human in a complex society. Systems theory provided a methodological framework for seeing the problems from a different angle. Following this conversion I have structured my professional life around family psychology. Even though I am board certified in forensic psychology, I consider family psychology my central professional identity.

I am an Associate Professor and Chair of the Department of Graduate Psychology at Azusa Pacific University. As part of my departmental responsibilities I serve as Program Director for the PsyD in Clinical Psychology, which has a strong emphasis in Family Psychology. I have been a member of Division 43 for six years and since that time have become involved in several Division-related opportunities. I am currently the doctoral program representative to the Family Psychology Specialty Council, and recently coordinated the successful recertification of Family Psychology as a specialty practice through the Commission on the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP). I am deeply interested in promoting systems thinking in professional psychology through teaching, training, and scholarship, and look forward to serving the Division in the role of Treasurer if elected.
**Council Representative (2nd seat):**

**Michele Harway, Ph.D., ABPP**

I am honored to be invited to run for election for Division 43’s second seat on the Council of Representatives, and excited about the possibilities.

I joined Division 43 when my face was unlined and my hair its own natural color, in fact I grew up as a professional while serving as a “warrior” for the Family Psychology cause.

My term as President of the Society in 2000 capped several years of effort on the part of many to get our discipline recognized by the mainstream of APA. That was the year that, thanks to the leadership of Roberta Nutt, CRSPPP had finally recognized Family Psychology as a specialty area. Prior to my presidential year, I was chair of various divisional committees, served as membership chair, was on the board as secretary and was selected as 1998 Family Psychologist of the Year. Since rotating off the Society’s board, I have served as chair of the Family Psychology Specialty Council (FPSC; the group bringing together the various entities representing Family Psychology—namely the Society, the Couple and Family ABPP board, and the Academy). The FPSC has been successful in getting several of our members in leadership positions on APA’s Council of Specialties, in collaboratively preparing the document which led to the successful renewal of our status as a specialty within CRSPPP, and we are now working on getting Family Psychology recognized as an emerging practice area which can be accredited by APA’s Commission on Accreditation (CoA). The latter effort is being coordinated by Terry Patterson.

Also, since leaving the board, I have earned the diploma in Couple and Family Psychology (ABCFP) and have been serving as Treasurer to the ABCFP Board. In addition to becoming wise to the APA alphabet soup, I have learned a great deal about APA as an organization and I am now eager to navigate that admittedly most political of entities within APA—the Council of Representatives. I know that I have good role models and mentors in Florence Kaslow and Susan McDaniel, both of whom have held or still hold the Council Rep position.

Outside of APA, I am Chair of the Doctoral Program in Clinical Psychology with a Family Psychology emphasis at Antioch University, Santa Barbara. As a new program, we are in the process of getting accreditation, which has provided me with another learning opportunity of APA. I have previously served as site visitor for other programs seeking reaccreditation but have learned that getting initial accreditation is no easy feat. I also learn daily about the politics inside my multi-campus university and the outside world. This has taught me a great deal about diplomacy and getting what I want for my constituents. In my other professional responsibilities, I work with dissertation students at the Fielding Graduate University and have a very small private practice. My scholarship has focused on interventions with families and couples (two edited books on those topics), domestic violence (three books) and gender (more books). In the distant past, when I was a full-time researcher, I also published two edited volumes on longitudinal research. I am now trying to pull together my disparate interests and am co-editing two books, one focused on engaging men in couples therapy, the other on the process by which people navigate across multiple identities. In my spare time, I hike, do yoga, meditate, and engage with my two grown children.

Those who have served with me on boards and task groups know that I am a hard worker: I like to challenge myself and others. I am dedicated to systems views of the world and believe that Family Psychology has much to offer the larger discipline of Psychology. If elected as Council Representative, I am hopeful that I can make a difference in getting the Family Psychology message out to the rest of our field.

**Margaret Heldring, Ph.D.**

I am delighted to be a candidate for our second seat on APA’s Council of Representatives and I ask for your vote. First of all, congratulations to the members of the Society for gaining back our second seat. This is a tremendous acknowledgement of the vital place family psychology’s voice must have in shaping APA policy.

I would bring three important perspectives to this legislative body. One, I am a past president of our Society (2008) and have a thirty year history in teaching and practicing family systems both as a clinical faculty member in the Department of Family Medicine at the University of Washington and as an
independent practitioner who practices collaborative care. I am excited by the renewed energy of our Society, our growing diversity, and our quest to refine our identity. I love our breadth—from outstanding researchers and teachers to practitioners and those engaged directly in the public interest. As a recent leader in our society, my primary efforts have been to strengthen the link between family psychology and public policy and to promote integrated health care, principally in family medicine.

My second potential contribution flows from my background in public policy. I served as a staff member in the U.S. Senate and was the lead staffer for two successful legislative efforts. One was the Newborns’ and Mothers’ Health Protection Act of 1996 that provided mothers and babies a safe haven of time in the hospital following childbirth. The second was an amendment (Domenici-Wellstone) that assured mental health parity in the Child Health Insurance Program (CHIP) at the time of its original passage. Both have clear family agendas. I served as director of health policy for a 2000 presidential campaign, founded and directed a national nonprofit that led a key national post 9/11 study investigating the health and mental health impacts of that event, served as co-chair of former first lady Rosalynn Carter’s Report Card on Family Caregivers Project, and continue to speak and write about psychology, especially family psychology, and public policy.

My third potential asset for the Society is my broad and deep knowledge of APA. I have chaired or co-chaired two presidential initiatives, served as chair of the Board for the Advancement of Psychology in the Public Interest, served as president of two divisions, and as chair of the Committee of State Leaders. APA is soon to introduce its first ever strategic plan and it will be helpful to have strong, experienced voices on behalf of family psychology as the plan is further developed and funds are allocated for implementation.

I view the role of council representative as a trusted one. There is duty to represent the singular strengths of systems thinking and a family focus, particularly to serve as communications and advocacy link between the Society, the rest of psychology, and the larger environments that impact our work and which we may, in turn, impact as a means to promote a healthier society for all.

### Announcements

**Applications are invited for members to be recognized for**

**Outstanding Contributions or Performance in the Field of Family Psychology**

You will need to provide the following:

- Completed APA Fellow application
- Your updated vita
- A statement of your accomplishments
- Support letters from three Fellows (two of whom are Div. 43 Fellows)

**Deadlines** for application, updated vita, and statement of accomplishments:

- **Anytime** for fellows of other divisions who are not fellows of Division 43 &
- **December 10, 2010** for new fellows

**For assistance:**

*Please contact G. Andrew H. Benjamin, J.D., Ph.D., ABPP Fellows Chair for Division 43, gahb54@u.washington.edu, (206)328-840*
These workshops, the first ABPP has ever sponsored, feature topics of interests to those in all specialties. They are intended for those interested in acquiring additional knowledge in preparation for their ABPP examinations as well as for those who are already board certified and who want to be updated on current developments in their own or another specialty. Please note the offerings in Couple and Family Psychology. We urge you to attend one or both of these and to encourage others to do so. All workshops are expected to be “state of the art.”

Florence Kaslow, Ph.D., ABPP

American Board of Professional Psychology Summer Workshop Series

July 6 – 10, 2010 Hilton Hotel & Executive Towers Portland, Oregon

Tuesday July 6

HALF Day Morning Workshops
3.5 CE credits each
08:30 – 12:00

Ethical Considerations in a Multicultural World
Melba J T Vasquez, PhD, ABPP

Key Trends in Couple and Family Psychology: Theory Update, Contemporaneous Issues and Clinical Populations.
Florence Kaslow, Ph.D., ABPP

FULL day workshop
7 CE Credits each
08:30 – 5:00

Integrating Psychopharmacology into Clinical Practice: Current Trends
Morgan T. Sammons, Ph.D., ABPP

HALF Day Afternoon Workshops
3.5 CE credits each
1:30 – 5:00

The Ethics of Self Care: Burn out Prevention for Psychologists
Melba J T Vasquez, PhD, ABPP

Ethical Issues and Challenges in Couples & Family Psychology:
From What is Confidential to Dealing with Affairs & Other Intimate Matters.
Florence Kaslow, Ph.D., ABPP

Wednesday July 7

FULL day workshop
7 CE Credits each
08:30 – 5:00

Neurobehavioral syndromes in older adults:
What psychologists should know.
John A. Lucas, PhD, ABPP

Hypnosis for Pain Control
David R. Patterson, Ph.D., ABPP

Current Ethical Conflicts in Psychology
Donald N. Bersoff, Ph.D., J.D., ABPP
Character Strengths and Positive Psychology: On the Horizon in Family Therapy

I was first introduced to the field of positive psychology at the Evolution of Psychotherapy Conference in 2005 during a series of talks presented by Martin Seligman, Ph.D. Over the next five years I immersed myself in the literature, attended training, and began to apply the principles of positive psychology to my life, practice, and work with families. I am very pleased to bring this article and resource to the field of family psychology and family therapy.

Michael Conner, Psy.D.

Positive psychology is the scientific study of what is best and strongest in individuals, families, and society. The best positive psychology is that which integrates with, complements, or improves traditional psychology. Positive psychology has exploded in the last decade with hundreds of scholarly articles, dozens of research groups around the world, hundreds of university courses, and hundreds of millions in grant dollars devoted to its pursuits. Perhaps the biggest initiative to emerge from this burgeoning science is the rigorous VIA Classification of character strengths and virtues that arose from years of historical analysis and study by 55 scientists. The result was a comprehensive typology of six virtues—wisdom, courage, humanity, justice, temperance, and transcendence—and 24 corresponding strengths of character (Peterson & Seligman, 2004). Figure 1 outlines what is commonly referred to as the “6 and 24,” referring to the six virtues and 24 strengths. These have been determined to be universal across cultures, nations, and belief systems, and readily found in some of the most remote areas on the planet (Biswas-Diener, 2006). The VIA Survey a free measurement instrument designed to assess the 24 character strengths has been taken by well over a million people and has been used in over 150 scientific articles. Many practitioners find that working with a client’s character strengths is one of the most exciting areas in the field.

Sheridan and Burt (2009) argue for a family-centered positive psychology that focuses on problem-prevention and is strengths-based, the latter of which builds on the family’s existing competencies and promotes the family’s motivation toward growth. This approach emphasizes “collaborating with” rather than “treating” families. The idea of working with strengths is not a new concept to most family therapists, however, working with a system of strengths and a validated assessment tool in a more systematic way brings a new dimension to most practices.

While character strength applications are a more recent area of study, here are a few examples of applications for the family therapist to consider.

First, consider your general
Shelly Gable has noted that the character strengths involved in this process are love, social intelligence, and self-regulation. Look to exemplars in movies. Turning to movies for role models of healthy families, good communication, or character strength portrayals can add a new perspective for learning and growing together (see Niemiec & Wedding, 2008). A recent film displaying several healthy family decisions and interactions is *The Blind Side* (2009). Movies engender opportunities for families to talk about important life issues, witness healthy and unhealthy communication patterns, exhibit what is possible, and show exemplars of courage, wisdom, and hope in action.

To recommend the VIA Survey to clients or to take it yourself go to www.viasurvey.org.

References


Classification of 6 Virtues and 24 Strengths

Wisdom and knowledge

*Cognitive strengths that entail the acquisition and use of knowledge*
- Creativity: Thinking of novel and productive ways to do things
- Curiosity: Taking an interest in all of ongoing experience
- Open-mindedness: Thinking things through and examining them from all sides
- Love of learning: Mastering new skills, topics, and bodies of knowledge
- Perspective: Being able to provide wise counsel to others

Courage

*Emotional strengths that involve the exercise of will to accomplish goals in the face of opposition, external or internal*
- Authenticity: Speaking the truth and presenting oneself in a genuine way
- Bravery: Not shrinking from threat, challenge, difficulty, or pain
- Persistence: Finishing what one starts
- Zest: Approaching life with excitement and energy

Humanity

*Interpersonal strengths that involve “tending and befriending” others*
- Kindness: Doing favors and good deeds for others
- Love: Valuing close relations with others
- Social intelligence: Being aware of the motives and feelings of self and others

Justice

*Civic strengths that underlie healthy community life*
- Fairness: Treating all people the same according to notions of fairness and justice
- Leadership: Organizing group activities and seeing that they happen
- Teamwork: Working well as member of a group or team

Temperance

*Strengths that protect against excess*
- Forgiveness: Forgiving those who have done wrong
- Modesty: Letting one’s accomplishments speak for themselves
- Prudence: Being careful about one’s choices; not saying or doing things that might later be regretted
- Self-regulation: Regulating what one feels and does

Transcendence

*Strengths that forge connections to the larger universe and provide meaning*
- Appreciation of beauty and excellence: Noticing and appreciating beauty, excellence, and/or skilled performance in all domains of life
- Gratitude: Being aware of and thankful for the good things that happen
- Hope: Expecting the best and working to achieve it
- Humor: Liking to laugh and tease; bringing smiles to other people
- Religiousness: Having coherent beliefs about the higher purpose and meaning of life

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In recent decades, there has been a significant shift in the nature and composition of families. These include, but are not limited to, interfaith and interracial families, domestic and international adoptive families, gay and lesbian families with biological and adoptive children, families using reproductive technology, egg/sperm donors and surrogates, single parents by choice, and cohabiting parents.

Traditional theories and approaches may not be relevant to many of these families. While all families have shared psychological experiences, the newer varieties of families bring a unique array of issues and challenges to individual and family treatment. It is incumbent on us to be aware of some of the family and legal systems issues that can affect treatment. Current laws and legal precedence have not yet adapted to today’s realities. Existing laws inadequately address them. For example, there are few laws, if any, to define much less protect the rights of egg and sperm donors, surrogates, children who want to contact a surrogate, sperm or egg donors, gay and lesbian parents and their children including issues regarding separation or divorce of gay and lesbian couples, immigrant families where parent(s) are deported, and so forth.

One recent case involved an unmarried lesbian couple where one of the partners gave birth to a child. The non-biological mother assumed the primary parenting role for five years. When the biological parent decided abruptly to end the relationship, the non-biological parent no longer had the legal right to access the child she had cared for nor the child to access the psychological parent. This woman had neglected to obtain legal second parent adoption that was available in her state and did not have the resources to obtain legal counsel. Her therapist at the time had not suggested a second parent adoption. Another case involved a heterosexual couple who gave birth to children and also raised the children from the husband’s prior marriage. When the wife separated and started a relationship with another woman, all the children continued to live with the father. The mother had the legal right to visitation with her biological children but not the other children for whom she had been the psychological parent. This situation became more complex because of the father’s negative feelings toward her, for leaving the marriage and entering into a lesbian relationship about which he did not want the children to know.

It is critical that family forensic psychologists, who work with diverse families, become aware of
the emotional and legal issues that these families face and of private and public sector lawyers who specialize in these areas. For example, there are many legal considerations to consider when people are deciding whether to use a known or unknown egg or sperm donor or surrogate. Should the surrogate be the egg donor? Do the donors or surrogate want to be contacted in the future? Under what circumstances? If they are known to the parents, what types of agreements have been signed with regard to psychological relationships, finances, decision-making? What are the pros and cons of each option? Can a surrogate or egg or sperm donor request custody of young children if both parents are deceased? The issues in a case involving the treatment of a woman who had been a surrogate parent illustrate the complexities that may develop. The surrogate parent had developed a close relationship with the couple and their children during the surrogate’s pregnancy. She felt very angry and betrayed when the couple for whom she carried the children reneged on the verbal agreement to send pictures and stay in contact. This woman wanted to pursue legal action. The therapist needed to help her understand the limits of her relationship with this couple and the extent of her attachment to the child she bore for them. It is important for family forensic psychologists to work collaboratively with family lawyers to clarify legal rights and responsibilities but, more importantly, to provide effective interdisciplinary services. Therapists do not give legal advice or interpret legal documents but they can suggest and help patients to obtain these services.

Family psychologists need to help our clients with diverse families protect their rights and their relationships and particularly the rights and relationships of their children. Without appropriate legal documents, couples run the risk of being shut out of each other’s lives and the lives of children they co-parent in times of medical, financial or personal crises. In cases where extended family disapproves, there could be custodial and legal conflict during illness or in the case of death. Careful planning can prevent later legal disputes.

In addition to second parent adoption, all parents should legally establish guardianship and wills as soon as possible. This is particularly significant for gay and lesbian couples, but it can also be so for heterosexual and/or married couples who use donors or surrogates. In the midst of divorce counseling, a mother announced that she was going to tell their 10 year old daughter that her father was not her “real” father and that the mother would obtain sole custody. After much legal wrangling, this father obtained joint custody but the daughter was traumatized by the sudden announcement of news she did not understand.

Although co-parenting agreements may not be legally enforceable, they can be useful in the event of dissolution of the parents’ relationship because they are a record of the couple’s intention to parent together. Many states which do not allow second parent adoption accept other legal safeguards, such as wills and powers of attorney for the non-biological parent. It is important for all non-married couples to have legal power of attorney, living wills, health care proxies for each other and for the children. Clients need to be educated about obtaining domestic partner benefits, how to be able to legally make medical decisions for each other when needed, knowing how to take care of each other’s finances if and when one partner is incapacitated, and how to leave property to each other.

There are different legal approaches that are used in various jurisdictions to determine parental rights and obligations of the parties involved in third party-assisted reproduction. In one state, for example, genetic parents were granted custody of a mistaken implantation into another woman; in another state, under the same circumstances, the courts decided upon joint custody for the carrier and the genetic donors. Family psychologists and family forensic psychologists should be aware of the general issues and the specific laws and precedents in the jurisdictions in which they practice.
Family Psychology Training in Action: Effects on Real Life

As I am nearing the end of my third year in my doctoral program, I am just beginning to see the light at the end of the tunnel. What this means is that my concern over final exams, statistics projects, dissertation proposals, and other academic endeavors is beginning to be edged out by my preoccupation about internships, post-docs, and early career development. More specifically, I am currently focused on how to cram in as much training as possible in the next several years in order to best serve my career development.

Sure, I have been wisely advised that training and education continue throughout one’s career and that I need not be concerned about obsessively obtaining as much clinical training as possible before I graduate. This does not mean, however, that, along with my fellow graduate students interested in family psychology, I do not strive for optimal training experiences in family psychology.

As has been noted, family psychology is not simply defined by population, but by epistemology. In my last column I mentioned embodying this epistemology by independently building systems thinking into graduate course work, regardless of the type of training program we are in. However, for those of us interested in working with families, operating under a systems epistemology does not necessarily equal adequate training for the populations with which we hope to work. Unfortunately, receiving training in working with families and couples is not as simple as it is for other populations. Internship and practicum sites specializing in couple and family work have significantly decreased in recent years. Furthermore, although popular thought is that pre-doctoral clinical training should be broad and general, and further specialization (i.e., family therapy training) should be obtained during a post-doctoral fellowship, post-doc positions are also, limited in number, not to mention restrictive in terms of location, the geographical restrictions of most family post-docs (i.e., there are not many family post-docs on the west coast).

Because of the limited number of family psychology training opportunities in relation to other more general training opportunities, pursuing a career in family psychology ironically puts a strain on actual family life. Many graduate students interested in family psychology are also at varying stages of their personal family development. For example, my husband and I, like most other married graduate students, are trying to balance a dual-career partnership. While we have conceded to the possibility of my taking an out-of-state internship while he remains at his current job, an additional year (or more) of out-of-state post-doc training is simply not feasible. Further, our decision on when to have
children is almost solely based on the precariousness of my training locations over the next several years. We are not alone in this dilemma; among students I have recently spoken with, some are trying to calculate how far into a pregnancy maintaining a long-distance relationship would be tolerable, some are geographically restricting their training opportunities because they are not able to leave their families, and some are wary to move to an area where raising a family or even meeting someone with whom to raise a family would not be ideal.

Although graduate study of any kind undoubtedly is an added stressor for personal family life (if based on nothing more than sheer time commitment), there is, as I mentioned, a special concern for psychology graduate students seeking family psychology training. Workplaces across the country are beginning to be more family-conscious, many emphasizing work-life balance and even offering extended maternity and paternity leave, flexible hours, and child-care services. However, due to the competitiveness of graduate training as a whole as well as the added constraint of minimal availability of family therapy training sites, this flexibility is harder to come by, if not nearly impossible, for pre- and post-doctoral training in family psychology. Which is, as previously stated, unfortunately ironic.

How are we supposed to balance family psychology training with actual family life, then? A partial answer may be increasing the number of internship and post-doc training opportunities in family psychology, but this is easier said than done. As mentioned in my last column, establishing family psychology as a specialty alongside clinical and counseling, a joint effort currently being undertaken by Division 43 and other family psychology specialty organizations, may help increase training opportunities. In the meantime, we will need to continue to take our training into our own hands. The cover story in a recent American Psychological Association of Graduate Students (APAGS) publication (Novotney, 2010) discussed the self-directing of post-doctoral training, including finding mentors in one’s area of interest to supervise clinical training. Combined with continuing education training and workshops, finding a local family psychology mentor may be one solution in obtaining training in family psychology for students who are unable to relocate for a post-doc position because of their own family commitments.

Further, continued affiliation with APA and Division 43 during the transition to early careers offers an opportunity for continued resources and training. For example, Division 43 is currently restructuring its website to include online continuing education and other training opportunities. Students trying to balance work and family life may greatly benefit from current and upcoming resources offered by the Division. Most importantly, striving to maintain a balance between professional development and family life is essential for preserving personal, mental, and family health during graduate training and early career. This may, of course, necessitate choosing a less than perfect training site in order to be with one’s family. Despite the current state of training, balancing family and professional life is a cause ultimately supported by the heart of family psychology.

Reference:
The Family Psychology Specialty Council News

The Family Psychology Specialty Council (FPSC), which I chair, is an umbrella organization which brings together the various family psychology groups to work towards common goals. We have representatives from the Society (Division 43) as well as from the American Board of Couple and Family Psychology (of ABPP) and the Academy of Couple and Family Psychology. Our members also include representatives from doctoral programs and internships and postdocs in Family Psychology. In turn we send a representative to APA’s Council of Specialties and its current president is our own Mark Stanton.

The FPSC is currently working on submitting an application to the Commission on Accreditation (CoA) of APA to include Family Psychology as one of the specialty areas under which programs can be accredited. This herculean task is being coordinated by Terry Patterson who is ably assisted by a group comprised of Marianne Celano, James Dobbins, Frank Ezzo, Susan McDaniel, Rod Nurse, Tom Sexton, Mark Stanton, Melton Strozier, John Thoburn, Bill Watson, Bob Welsh, and I.

If the application is successful, then Family Psychology will be the first specialty of those approved by CRSPPP (The Council for the Recognition of Specialties and Proficiencies in Professional Psychology) to be added to the traditional areas of Clinical, Counseling, School, and I/O. Because this is an entirely new process, it is not yet clear if (when the application is approved by CoA) programs would apply to be dually accredited in one of the traditional areas in addition to Family Psychology. Stay tuned.

Meanwhile, it is already old news, but last year FPSC submitted an application to CRSPPP for renewal of Family Psychology’s status as a specialty and it was approved. Bob Welsh led that effort along with a large committee of Division 43 members and members of affiliated Family Psychology groups.

Please be in touch with me (mharway@antioch.edu) if you work in a doctoral program with a Family Psychology emphasis or track or are affiliated with an internship or postdoctoral training site with such an emphasis. We will be holding conversation hours at the San Diego Convention for interested parties.
I would like to introduce myself as the new editor of the Reference Corner. I, Marina Dorian, am an assistant professor at Alliant International University, California School of Professional Psychology in San Diego and chair of events for The Center for Integrative Psychology. I look forward to providing you with valuable reviews of current books in our field and greatly thank Farrah for her guidance through our transition.

This issue of The Reference Corner includes reviews of four books addressing a variety of clinical perspectives in working with families. The reader will certainly find something of interest among these volumes, which consist of up-to-date information about spiritual resources (Spiritual resources in the family, child focused family therapy (The child’s voice in family therapy: A systemic perspective), approaches for working with children based on attachment theory (Attachment-focused parenting: Effective strategies to care for children), and an in-depth look at fairness in couple relationships (Try to see it my way).

If you are interested in serving as a reviewer for The Reference Corner, please email me your areas of interest. Contributors retain a complimentary copy of the book. If you are the author or editor of a new or upcoming book in family psychology that seems appropriate to review in this column, please send a copy to me to be considered for review as closely as possible to the publication date. Send books and galley's to: Marina Dorian, PhD, The Reference Corner Column Editor, Alliant International University, California School of Professional Psychology, 10455 Pomerado Road, San Diego, CA 92131; E-mail: mdorian@allaint.edu.

A Farewell from Farrah:
I wanted to take this opportunity to thank everyone who has contributed to the Reference Corner column over the last four years. I have sincerely enjoyed communicating with so many talented family psychologists, who have contributed to our profession both through their books and through their book reviews. I also have greatly appreciated the opportunity to work with Mark Stanton and Deborah Cox, TFP Editors, who have helped me to improve my clinical and journalistic acumen. Finally, I am grateful to Marina Dorian, who is now taking the reins of the Reference Corner. I know that I am leaving this column in more than capable hands, and I look forward to the future of the Reference Corner and TFP!

Yours, Farrah Hughes


Reviewed by Camilo Ortiz and Sarah Ardire

Daniel Hughes has leveraged his considerable experience as a clinical psychologist and psychotherapist working with abused children to produce Attachment-Focused Parenting. In this approximately 200-page book, Dr. Hughes outlines, in an easy-to-read manner, what attachment is and how
parents can interact with children in physically and emotionally close ways to create a secure attachment or to repair an insecure one. Throughout the book there are a number of helpful vignettes of conversations between parents and their children, providing scripts that parents might use to encourage more nurturing interactions with their children. This written dialogue is useful, since parents might have difficulty translating the concepts of attachment into practical strategies. Throughout the book, Hughes encourages parents to try to understand children’s behaviors from the child’s perspective. We view this method as a particular strength of the book, as parents can behave ineffectively when they incorrectly attribute negative motives to children’s behavior. Hughes walks the reader through an approach of curiosity and humor when dealing with a child—an approach that seems effective at diffusing conflicts before they start. Other particularly useful discussions involve the importance of routines, how to help children process negative emotions, how to avoid invalidating a child’s feelings, the importance of criticizing a child’s behavior and not the child herself, and how to handle an emotionally dysregulated child.

Hughes opens the book by laying the groundwork of attachment; he defines the term and other related concepts, such as attunement and reflective functioning. Chapter Two discusses providing a safe, stable, and predictable environment for children in order to ease transitions, allay fears, and manage traumas. Chapters Three and Four explore the importance of understanding the child’s inner world and, additionally, of parents knowing their own internal dynamics. Chapter Five reviews basic tools, such as playfulness and empathy, which create the foundation for a positive parent-child relationship. Chapters Six, Seven, and Eight are centered on communication, the importance of dialogue, and relating emotionally. Hughes discusses how to reach children at their developmental level and understand the emotions behind their reactions. Chapter Nine addresses rifts in the relationship and ways to repair them, including being sensitive to stressors and acknowledging parenting errors. And finally, Hughes concludes with identifying attachment resistance and ways to reduce resistance by providing a safe and consistent physical and emotional environment.

The approach taken in this book is in contrast to that taken in most parenting books, which are typically guided by social learning theory. While the book offers many useful suggestions for avoiding escalating conflicts, the author struggles a bit with explaining how parents should deal with misbehavior that sometimes cannot be prevented, such as physical aggression. The struggle seems to result from a difficulty in explaining how the book’s strategies fit within a social learning framework, where parenting strategies are thought of as reinforcers or punishers. At times, Hughes seems to suggest that attachment parenting strategies can easily coexist with firm and consistent discipline strategies, while, at other times, the author seems to reject the usefulness of punishment. For example, Hughes suggests strategies that many parent-training experts would consider verbose and reinforcing of misbehavior, such as staying close to a child when they are angry. The tension between these two approaches is best summed up by Hughes when he states “Connection—not correction—is repeatedly able to guide a child in a positive manner without sacrificing his autonomy and individuality” (p. 6). The result is that while many of the strategies offered in the book are wonderful examples of nurturing parenting, parents may be confused about the appropriateness of many evidence-based parenting techniques, such as time-out.

Another potential weakness of the book is the author’s take on the resilience of children. Throughout the book, Hughes gives the impression that children are quite fragile and that following the strategies in the book will help avoid causing damage to a child’s attachment, suggesting at one point that excitement may not be a positive experience for some children. The focus seems to be on “preparing the path for the child” as opposed to “preparing the child for the path.” Because of this stance, the book might be more useful for parents of adopted or abused children, those who are more likely to have compromised attachment histories.

While the author states that this book is appropriate for therapists as well as parents, the reading level and complexity of ideas seem more appropriate for those with professional education and training. Even some of the vignettes, which are generally helpful, attempt to demonstrate too many ideas simultaneously. We think that this book would best be used by clinicians working with parents of adopted or abused children. It clearly is not targeted at researchers, as there is little mention of scientific findings.

In sum, we applaud the book’s focus on preventing problems before they escalate, and we think the focus on the attachment relationship between parent and child is a nice addition to the popular parenting literature. This book is likely to be helpful for parents who have a child with an insecure attachment.
and for therapists who work with these parents. We think this book is best used in combination with an evidence-based parent-training intervention, since, in our opinion, a secure attachment is encouraged by having consistent rules as well as a loving and sensitive relationship with a parent.

Camilo Ortiz, Ph.D., is an Associate Professor of clinical psychology at Long Island University, C. W. Post campus. He conducts research on parent-training interventions for disruptive behavior problems in young children. Sarah Ardire, Psy.D., recently completed the doctorate in Clinical Psychology at Long Island University. Her background includes work with parent-training groups and research on emotional intelligence in children.


Reviewed by A. Lea Pritchard-Boone, Ph.D.

Theorists, researchers, and clinicians struggle navigating and magnifying the inner world of the child. The book The Child’s Voice in Family Therapy: A Systemic Perspective, provides a practical guide for practitioners to tune in, to translate, and to project the child’s voice and its core message to all those in the family system. Few books have tackled this complex therapeutic dilemma in a how-to format. The author separates the book into three main parts, providing an overview of techniques, therapy roadmaps, and special populations/themes. Current theories and research findings are integrated into the clinical techniques and briefly mentioned, but are not discussed in depth. Instead, the goal of the book is to be a manual of clinical practice for working with children in family therapy. An author with impressive experience meets this goal in a usable, readable, and tightly edited text.

After a brief introductory chapter, the author opens the book with the first section, “Techniques,” which is a compilation of therapy activities. The author describes the use of role-playing, metaphor exploration, examining family past, and video-supported intervention to name a few. Many of the interventions described are grounded in psychodynamic theory, other than the discussion of setting limits and the use videoing the family interactions, which hinge on behavioral theory. This reader would have preferred a description of other techniques including those grounded in cognitive-behavioral theory and those encouraging the development of a family systems approach to emotional expression. For example, a discussion of core family beliefs and monitoring not only behavior, but also thought patterns as a family unit may provide at-home interventions for families in crisis. Many of the techniques mentioned, although valuable, will be familiar to the experienced clinician. One stand-out technique in this section is the author’s description of videoing family interactions and using the videos in family therapy. In this technique, families are able to view their interactions and reflect on emotional, motivational, and cognitive processing. This innovative approach is left for last, but is well explained and captivates the first section of the book. All of the techniques are described in simple usable language, with relevant vignettes and realistic examples, beginning the book with a readable introduction to the next section on therapy roadmaps.

The second section, “Putting it All Together,” contains three chapters assisting clinicians with therapy planning, initial interviewing techniques, and on-going therapeutic flow. The author describes a therapy plan with three distinct phases, beginning with goal development, progressing to family relationships, and lastly, working on the marital unit. The author wisely addresses how to accommodate different types of families, specifically single-parent families and blended families, into the proposed model. The author takes the reader through a sample first session, providing specific interview questions, recommended directions, and ending with goal development for the family. There is an overview of the traditional family therapy session involving joining the family and concluding with session summaries. The author advocates for emphasizing the child’s perspective early in the initial session in hopes of creating a therapy culture of equality amongst members. The author recommends a “loose structure” to on-going sessions, leaving flexibility in the application of the techniques to accomplish the family-derived goals. On-going session descriptions incorporate session flow, therapeutic technique, and systems theory to provide the reader with a practical theoretical framework for implementing the treatment. This section would be particularly beneficial for the beginning therapist,
the clinician new to family therapy or family systems theory, or the seasoned practitioner hoping to more fully incorporate the child’s perspective into family therapy interventions.

True to its title, section three, “Special Themes,” is the catch-all section of the book that delivers specific information on working with sibling relationships and children with hyperactive behavior. The author addresses childhood attention deficit hyperactivity disorder, by summarizing etiology, interventions, relaxation techniques, and self-monitoring skills. There is little in the description of the intervention that differs from major theorists in behavioral therapy and widely used approaches to ADHD, other than to suggest interventions be done with the entire family present in session. The gem of this special themes section is the sibling relationship chapter. It is an in-depth look at the dynamics of the sibling relationship and how best to address this unique relationship in a family therapy. The author not only discusses specific techniques and question sets, but takes the reader to a new depth in understanding sibling relationships. The information and knowledge in this chapter could be its own stand-alone text and will be revisited by this reader often. Unfortunately this section of the book leaves the reader wanting more. There is no other discussion of specific childhood disorders with the exception of ADHD. Trauma, grieving, divorce/marital distress, and physical/mental disabilities are not discussed, but would be paramount to developing a treatment strategy in family therapy. Given that these issues are more the rule than the exception, some dedication to these family issues would have bolstered the utility of the text.

A Child’s Voice in Family Therapy: A Systemic Perspective is a text that strives to integrate child psychotherapy interventions and family systems theory. The book’s goal is to meet the needs of the practitioner in assisting children in voicing their perspective in the context of traditional family therapy sessions. The techniques discussed are largely psychodynamic and the book would be bolstered by integration of other theoretical perspectives. Although the author touches on other theoretical orientations briefly (namely, behavioral interventions) other theoretical perspectives are wholly ignored. The discussion of conducting sessions is thorough and a good how-to for beginning therapists, but may be less useful to the more seasoned clinician. The promise of a systemic approach captures family systems, but neglects larger social systems. This reader was eager to learn of how the author would advocate for the child within the broader systemic approach, but was left disappointed. There are several captivating chapters that give the book a unique place on your bookshelf. The innovative discussion of the use of video equipment and the discussion of sibling relationships are must-reads and valuable to any new or experienced practitioner. In conclusion, this book meets its goal to integrate a child-centered approach to family therapy. Often in family therapy the child fades into the background or is the identified patient. This book assists clinicians with preventing these pitfalls and provides clinicians with a substantially detailed look at family systems theory and a new direction in its therapeutic approach.


Reviewed by Mari L. Clements and Niveen N. Soliman

Therapists devote insufficient attention to spirituality and religion, despite their impact on individual and family functioning. In Spiritual Resources in Family Therapy, Walsh (1999) assembled chapters to assist therapists addressing religious or spiritual issues. In the second edition, Walsh (2009) edited a text that provides greater emphasis on spirituality, rising trends of multifaith households, and blending of religious traditions. Walsh defines spirituality as “a dimension of human experience involving personal transcendent beliefs and practices, within or outside formal religion, through family and cultural heritage, and in connection with nature and humanity” (p. 5). Religion, defined as “an organized, institutionalized belief system, set of practices, and faith community” (p. 5), is de-emphasized. The book has three sections: (a) an overview of the relations between faith and family and suggestions for integrating spirituality in family
therapy, (b) spiritual resources of families, and (c) therapeutic practices in work with couples, families, and refugees.

In the overview, Walsh argues for integrating spirituality in therapy. She notes that, although religion and spirituality are separable, both have strong bi-directional ties to culture and ethnicity. She claims that spirituality is as important to understand and assess as are culture and ethnicity. Walsh also acknowledges the reluctance of clients and therapists to address spiritual issues, noting that this reluctance may stem from a sense that these issues are inappropriate for therapy. Finally, Walsh highlights the increasing religious diversity of North American culture.

In *Spirituality and Therapy*, Doherty describes scripted mindfulness exercises for couples and families are included, and therapists are encouraged to develop their own meditation practices. Hargrave, Froeschle, and Castillo link forgiveness to Buddhist, Christian, Jewish, and Muslim teachings, while integrating power and justice. Hargrave and colleagues note distortions of religious teachings that can keep religious clients in abusive relationships and provide examples to counter these distortions. Elliott reflects on how therapists impose assumptions about clients’ beliefs in unrecognized and unhelpful ways. She argues that some false assumptions are rooted in psychology (i.e., “I know what God is like for you, because your image of God is a reflection of your early attachment figures” [p. 330]). Roberts provides therapist exercises in spirituality. She offers tasks including a spirituality sentence completion exercise, a reflection on rituals task, and a role play.

In conclusion, this volume emphasizes the importance of spirituality in working with families. It stresses commonalities across religious traditions and de-emphasizes the particularities, thus inviting therapists into spiritual dialogue with their clients. This inclusive stance toward spirituality, although arguably the greatest strength of the book, is also its weakness. Providing common ground for beginning the conversation with clients is important; however, additional work is necessary to understand each client’s specific beliefs. As Doherty noted, religion and spirituality are not neutral, and religious clients may be offended by a one-size-fits-all version of spirituality. As Elliott might argue, therapists could do more harm than good by assuming that this sort of spirituality captures religious clients’ experiences and commitments. For instance, Barrett’s view of prayer as “an opportunity to go inside ourselves . . . and call upon our own desire and resources to create change” (p. 274) could be offensive to those who view prayer as communication with God. By focusing on spirituality, *Spiritual Resources in Family Therapy* provides an excellent starting point for therapists, but additional exploration is needed to understand the spirituality of clients, whether they are religious humanists, fundamentalist Christians, or adherents to other religions.

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One source of excitement in research on family-based prevention efforts has been increasing interest in the possibility of genetically informed prevention programs. Already, family researchers are joining with others to become involved in interdisciplinary activity to examine Gene by Environment interaction (GxE) effects with a particular focus on the role of family environments. Indeed, family environments may be particularly fruitful for the examination of GxE effects (e.g. Beach, et al., in press). The reason to begin attending to gene-environment transactions now is that the explosion of data regarding genetic and epigenetic effects on physical and mental health seems likely to continue throughout one’s lifetime, ultimately helping to fundamentally transform preventative intervention programming by drawing upon an increasingly detailed understanding of GxE interactions, G-E correlations, and E-G effects (environmentally induced changes in regulatory elements of the epigenome). The change in perspective brought about by consideration of genetic and epigenetic processes is already noticeable in many areas of psychology (see Champagne & Mashooch, 2009; Kim-Cohen & Gold, 2009) and its advance into the area of family-based prevention is already on the horizon.

Obviously, there will be many intermediate steps along the way to transforming prevention programs – but in the long-term, prospects for genetically informed prevention seem good. At a minimum, we should expect a new generation of prevention programming focused on early childhood and family processes that have been identified as critical for inclusion in prevention programs either because 1) they exert main effects even in the presence of genetic risk factors, 2) they interact with high base-rate genotypes and serve as risk or protective factors, or 3) they are part of the developmental pathway linking genes to outcomes due to passive, active or evocative G-E correlations (See Rutter, Moffitt & Caspi, 2006). In each case, we hope that a deeper understanding of gene – environment links will have the effect of advancing family-based
prevention program development by increasing their efficiency, efficacy, and effectiveness. For those interested in this new frontier for family-based prevention research, we briefly highlight a few key constructs and some potentially relevant reading. In particular, we discuss GxE, G-E, and E-G effects and we introduce the “microtrials” approach (Howe, Beach, & Brody, under review) that we believe will become an essential part of the transformation of the field.

**GxE Effects.**

GxE effects are present when an environmental effect is present more or less strongly or not at all for those with one genotype as compared to another (or conversely when a genetic effect is present less strongly or not at all for those in different environmental contexts). When family-based GxE effects can be identified and replicated, they represent “low-hanging fruit” for the construction of new preventative interventions, adaptive designs, or variations on existing approaches to prevention. The presence of a GxE effect when the environmental variable is a potentially malleable family process suggests that family-based prevention efforts may be able to influence the relationship between genotype and an outcome of interest, (e.g. Bakermans-Kranenburg, et., 2008; Brody, et al., 2009; Dick, et al., 2007). When family environments exert main effects, finding ways to increase the likelihood of the more favorable family environment and/or decreasing the likelihood of the less favorable environment is a relatively obvious goal for prevention – and is consistent with existing practice. We expect that many family effects will fall into this category, with certain family characteristics providing beneficial effects across most or all individuals regardless of genotype. As GxE effects are better characterized across risk alleles, however, some will emerge only under relatively “specific circumstances.” That is, they may be relevant only to individuals with one or a small set of risk alleles. These less common interactions may be extremely important for those who are affected – but may be better addressed through personalized modules or adaptive prevention designs that target specific processes based on genotype. By combining both “common” and “specific-options” into family-based prevention programs, it may be possible to construct increasingly powerful interventions that are cost-effective as well as increasingly efficacious.

**G-E Effects.**

G-E correlations, particularly those reflecting connections with family environment also provide important, albeit indirect, information about potential targets of environmental modification (Reiss et al., 2000). As the causal, developmental, contextual chain of events leading from genotype to outcome is elaborated, G-E correlations will often prove to be embedded in larger G-E-outcome chains in which risk for negative outcomes is transmitted through the environment. When this happens, whether because of passive, active, or evocative G-E correlation effects, the goal of prevention researchers will be to elaborate the chain of events and identify ways to influence the magnitude of the G-E correlation, typically by directly intervening on the family-environment component. Again, addressing active, evocative, or passive G-E correlations may sometimes prove most appropriate when conducted in the form of personalized or adaptive formats that consider the individual in deciding whether to add particular components to the prevention program.

**E-G Effects.**

Environmental risks may profoundly influence development through inducing permanent or semi-permanent changes in regulatory elements of the genome, as when specific genes are “turned off” permanently after exposure to severe stress during critical periods of development (Kaffman & Meaney, 2007). For example, it appears that early maltreatment within a family environment may be important in producing long-term epigenetic change (Beach et al., 2009; Gunner and Quevedo 2007). This may operate in conjunction with GxE interactions, as when genetically mediated sensitivity to the environment is heightened following such changes. Prevention programs targeting early environmental risks hold great promise for short circuiting this process. In addition, prevention programs for those already exposed to such early risks may need to emphasize specific compensatory pathways that can bypass these effects.

**Microtrials**

Once we identify and replicate a GxE effect, we are immediately confronted with the likelihood that the mechanisms that increase or protect against risk for a disorder may vary by genotype in complex ways. If this is the case, studying the way in which gene-environment combinations shape specific risk and protective mechanisms for those with different genotypes will be essential in teasing out the most
promising implications for adaptive or personalized intervention. It is to formulate procedures for effectively studying this complexity that we proposed the micro-trial approach (Howe et al., under review). In the micro-trial approach, randomized experiments testing the effects of relatively brief and focused environmental manipulations in genetically homogeneous groups provide additional information about the ability of a particular personalized approach to suppress a specific risk mechanism or enhance a specific protective mechanism in a particular genetic context. Microtrials will become an essential supplement to large-scale prevention trials as we move to a new generation of efficacious, personalized approaches to family-based prevention.

Conclusion.

This is a very good time to begin to consider the implications of GxE, G-E, and E-G effects for family-based prevention efforts. There is growing awareness of the potential for the genomics revolution to spill over into the realm of family-based prevention, but perhaps less appreciation for the important role that family-based prevention can play in advancing the study of genetics and epigenetic processes. We expect that the collaboration of family-based researchers with molecular geneticists will lead to an increase in the perceived importance of family environment – and by extension family-based prevention efforts.

References


International Committee Report

Florence W. Kaslow, Ph.D., ABPP, International Committee Chair

The International Committee has worked closely with past President Tom Sexton and President John Thoburn on the International Committee Program for 2009 and 2010. We are expecting two guests from abroad to be on a panel at APA in San Diego. Dr. Warrick Phipps from South Africa and Dr. Kjell Hanssen from Sweden. Both are academicians, researchers, and clinicians in their own countries and have contributed to the growing body of international literature in the field of family psychology. I will chair the program and Tom Sexton will be the discussant.

My chapter on International Family Psychology was published in the Wiley-Blackwell Handbook of Family Psychology edited by James Bray and Mark Stanton (2009). You can peruse that for a global kaleidoscopic overview.

The APA Committee on International Relations in Psychology, on which I am now serving my second year, is extremely active. There will be a major emphasis in its programming at the APA Convention on psychologists who have served in the Peace Corps. There will be some discussions on graduate student study abroad programs also.

The International Committee is open to new members who are willing to be actively involved. It is a stimulating committee on which to serve.

Member News

Dr. Louise Evans, Diplomate of the American Board of Professional Psychology, is the recipient of the Corann Okorodudu International Women’s Advocacy Award of 2009, awarded by the Society for the Psychology of Women (Division 35) at the American Psychological Association’s annual convention. Dr. Evans is a member of Division 43 and a Fellow of APA and Divisions 12, 13, 29, 35, and 52.

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