



Couple and Family Therapy: Who's Qualified To Do It?

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2.01 (a) Psychologists provide services, teach, and conduct research with populations and areas only within the boundaries of their competence, based on their education, training, and supervised experience, consultation, study, or professional experience. (APA, 2002).

Competence to treat couples and families is one of the most misunderstood areas of psychotherapy, with many layers of confusion, perhaps similar to group therapy. Many of the pioneers in the field were social workers, and in California, LCSWs were the original and currently are among the main practitioners. Many believe that Licensed Marriage and Family Therapists (LMFTs) are couple and family therapists, but in fact they are being trained as generic clinicians, particularly with the impending 2012 curriculum changes. The new Licensed Professional Clinical Counselors (LPCCs) will also be generic therapists, with the option of adding specializations.

The main point is that Couple and Family Psychology (CFP), including assessment, intervention, and research involving couples and families, or social systems generally, is a *specialty* area. Granted, the American Association of Marriage and Family Therapy (AAMFT) proclaims it to be a separate profession, while the other professions view it as a specialty area. The APA, for example, has a Society for Family Psychology (Division 43), and the American Board of Couple and Family Psychology (ABCFFP — a constituent of the American Board of Professional Psychology) specifies clear standards for practice and certification. A stellar volume of detailed specialty competencies in CFP has been published recently and describes the standards for clinical ethical practice in Family Psychology (Stanton and Welsh, 2011). As a career-long Family Psychologist, I often ask colleagues about their work with couples and families, and they typically respond: "Sure, I see couples as part of my practice; I've been doing it my entire career!" This points to the fact that most professionals are unaware of the training and supervision needed to attain competency, even though readers who have treated couples and families may well acknowledge the complex ethical, legal, and clinical dilemmas that frequently arise in this area, as described by numerous authors such as Gottlieb (1993), and Patterson (1999 & 2005).

2.01 (c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, and supervised experience, consultation, or study. (APA, 2002).

There is no question that the specialty of Family Psychology requires sufficient training and experience to practice competently, and that current standards are grounded in the profession of psychology. However, this is not meant to be a procrustean bed that excludes those

without formal advanced training from practicing at any level of CFP. In the *Handbook of Family Psychology* (Bray & Stanton, 2009), I propose a three-tiered set of standards such as the following for determining competence to practice couple or family therapy. Such a schema would designate competence in the profession of psychology and be a prototype for other professions to follow.

Level A: Psychologists who identify as couple and family specialists and can certify that they have had relevant graduate coursework and experience, as well as a significant amount of post-graduate training and supervision that would be equivalent to specialty designation either as an ABPP, AAMFT-approved supervisor, or certification as a family or couple therapist by state licensing boards. Continuing education would include focused advanced training in the field.

Level B: Clinicians who regularly treat couples or families conjointly, and in addition to at least four graduate courses, obtain at least 12 hours of continuing education and consultation specifically focused on CFP each renewal period.

Level C: Practitioners who have some graduate level training in the field, occasionally see couples or families conjointly for common problems and short duration, obtain continuing education in CFP each licensure renewal period and seek focused consultation as needed.

Family Psychology is pursuing the establishment of criteria such as these through its various constituent organizations, Psychologists concerned about following clinical and ethical standards would do well to consider adhering to similar guidelines. A significant step forward for psychologists would be to plan a series of continuing education courses each licensure cycle in order to attain competence in couple, family, parent-child therapy, consultation, and research. The CPA Ethics Committee and individuals interested in promoting such standards in any recognized specialty are encouraged to take advantage of this opportunity, and to contact the Board of Psychology and urge the adoption of sequential, organized continuing education courses that will demonstrate specialty competence in an area of the psychologist's choice. □

References

For a complete reference list, go to *The California Psychologist* section of the Publications page on CPA's website: www.cpapsych.org.

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