

# COMPETENCE IN MARRIAGE AND FAMILY THERAPY FOR ALBERTA PSYCHOLOGISTS

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Many Alberta psychologists intervene with families. Here, I explore the issue of marriage and family therapy (MFT)<sup>1</sup> competence, and recommend further directions for inquiry and action.

## Psychologists and Family Intervention

A significant proportion of clinical and counselling psychologists provide MFT. Norcross and Rogan (2013) found 75% of the American Psychological Association's (APA) Division of Psychotherapy regularly conduct couples therapy, while 33% do family therapy. Norcross, Karpiak, and Santoro (2005) surveyed members of APA Division 12 (Society for Clinical Psychology), and of those who practiced psychotherapy, 55% performed couples therapy and 39% performed family therapy. Kozora (2008) found that 68% of private practice psychologists in southern California regularly delivered couples or family therapy. Between 30% and 40% of Employee Assistance Program referrals are for marital and family concerns (Azzone, McCann, Merrick, et al., 2009). Although there is no relevant research on Alberta psychologists, it is likely that a similar proportion of us provide MFT.

## Recognizing Competence in MFT

In the United States, "Marriage and Family Therapists" are licensed in all 50 US states and the District of Columbia. The American Association for Marriage and Family Therapy (AAMFT, 2012) credentials clinical fellows, requiring three courses each in human development, family studies, and family therapy; 1000 hours of direct client contact; and, 200 hours of supervision by an AAMFT approved supervisor. There are about 80 clinical fellows in Alberta, about a third of who are Registered Psychologists.

Psychologists can also earn board certification from the American Board of Professional Psychologists (ABPP). ABPP recognizes advanced post-doctoral

competence in fourteen specialties, including Couple and Family Psychology (CFP). In addition to an APA or CPA-accredited doctorate, board certification requires graduate course work and/or extensive continuing education in CFP, one year of postdoctoral training in CFP, and an oral exam based on a video work sample. There are currently no ABPP-certified CFP specialists in Alberta.

## Developing Competence in Family Intervention

If the family is "the unit of treatment", I believe that to be competent in MFT, psychologists require conceptual understanding of families, working alliance skills, and theoretical and clinical competence in one or more models of family therapy.

To work with families competently, psychologists must have a conceptual understanding of normal family development (e.g., McGoldrick, Garcia Preto & Carter 2015), interpersonal patterns (Tomm, Wulff, St. George & Strong, 2014), and diverse family structures based on ethnicity (McGoldrick, Giordano & Garcia Preto, 2005), divorce (Carter, 2011; Papernow, 2013), illness (McDaniel & Hepworth, 2004), immigration (Zagelbaum & Carlson, 2010), and many other factors.

It is also necessary to be skilled in managing the working alliance with couples and families. Friedlander, Escudero, and their colleagues (e.g., Escudero, Friedlander, Varela & Abascal, 2008), in an international research program over the last decade, found that a shared sense of purpose is more important than the therapist's alliance with any given family member. Managing the working alliance with a couple or family is qualitatively different than in individual therapy. For example, an empathic response to one family member might alienate another – something for psychologists trained primarily with individuals should note.

Psychologists working with families should have a theoretically coherent approach to family therapy. While some models of MFT are adaptations of individually-based theories, many approaches to family therapy are based on models of social interaction, not individual psychology (e.g., Milan systemic therapy [Campbell, Draper, & Huffington, 1992], social constructionist family therapy [Tomm et al., 2014], strategic family therapy [Haley & Richeport-Haley, 2003], and structural family therapy [Lynch & Lynch, 2000]). These approaches focus more on what goes on between people than what goes on within people.

## Family Therapy Training in Alberta Psychology Programs

Clinical and counselling psychology programs in Alberta have limited offerings in marriage and family therapy. Neither CPA-accredited counselling psychology program (the University of Calgary and University of Alberta), nor their “feeder” masters programs, requires a course in MFT. Electives are only occasionally offered (T. Strong, personal communication, August 8, 2015; D. Truscott, personal communication, August 31, 2015). The CPA-accredited Clinical Psychology Program at the University of Calgary requires a course in child psychopathology and assessment, which contains “[s]upervised practical experience in the application of child and family assessments” and a child psychotherapy course, which offers “[s]upervised exposure to the practice of child and family psychotherapy (University of Calgary, 2015). Of the provincial universities’ on-line Master of Counselling programs (i.e., Calgary, Athabasca, and Lethbridge), only Athabasca offers an elective in family therapy. Both American programs offering the Master of Counseling in Alberta face-to-face (Gonzaga University and City University of Seattle) require MFT coursework.

Many educational programs have strong relationships with agencies that do a great deal of family therapy and provide high quality clinical supervision. Some supervisors are clinical fellows or approved supervisors of AAMFT. But, without coursework in family therapy, many are “playing catch-up” conceptually.

### Moving Forward to Ensure Competence

Given the proportion of Alberta psychologists doing MFT, it is necessary to explore how psychologists can attain and enhance competence. First, I propose we survey stakeholders (psychology educators, employers, clinical supervisors, and psychologists) to learn how they have developed competence in MFT, and whether they perceive they have had adequate opportunity.

Students’ options are limited as universities have little flexibility to offer MFT electives given cost control and accreditation requirements. MFT courses taken in other departments may not be accepted by the CAP’s Credentials Evaluation Subcommittee. Some large counselling organizations hold seminars for their students and staff, but few agencies can do so. Students may select a practicum site offering family therapy, staffed by experienced family therapists, but without course work to provide theoretical background, they may be lacking conceptual clarity. The Calgary Clinical Psychology

Residency Program offers a rotation in couple and family therapy. Provisional Registered Psychologists who desire to gain MFT competence may be able to find a supervisor who is skilled in family therapy, perhaps an AAMFT Clinical Fellow or Approved Supervisor. I believe that, as psychologists, we should provide professional socialization to new psychologists within the discipline of psychology. This includes modeling competence in MFT and offering training and supervision.

Registered Psychologists have more flexibility to manage their own professional development. Beyond brief workshops, private training programs (e.g., Emotionally Focused Therapy, the Gottman Method) provide intensive training and a certification option if the learner engages in clinical supervision. Calgary Family Therapy Centre, founded by Dr. Karl Tomm, offers a 10-day summer externship biennially.

### Conclusion

Given that many counselling and clinical psychologists spend significant time doing MFT, they must acquire adequate knowledge and skill. Students and trainees who are seeking to develop competence in MFT should seek opportunities carefully, and advocate with their universities and training sites. Community agencies should continue to develop their capacity to serve families and pass their knowledge on to trainees and staff. Universities can strive to offer courses within the limits of their resources and develop affiliations with training sites with MFT competence. We should survey stakeholders to ascertain the needs of the field. Finally, we should ensure that counselling and clinical psychologists have sufficient expertise in family therapy to be able to mentor newcomers, while socializing them in their professional identity as psychologists.

### References

<sup>1</sup> Of course, not all couples are married. In this article, I use “marriage and family therapy” as it is commonly used by Canadian and US licensing bodies, and professional associations.

A list of references are available on request from the author.

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