PART I

Introduction to Couple and Family Psychology

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ONE

Introduction to Couple and Family Psychology

Couple and family psychology (CFP) is a broad and general orientation to the science and practice of professional psychology that is based on a systemic epistemology (Nutt & Stanton, 2008; Stanton, 2009b). CFP understands human behavior within a systemic paradigm that recognizes the reciprocal interaction between individual, interpersonal, and environmental or macrosystemic factors over time (see Chapter 2; Liddle, Santisteban, Levant, & Bray, 2002; Stanton, 2009b). CFP is distinct from psychological orientations that focus primarily on the individual because CFP practitioners treat individuals, couples, families, social groups, and organizations from this systemic perspective (Council of Specialties in Professional Psychology, 2009).

CFP is recognized as a specialty by the American Board of Professional Psychology (ABPP; American Board of Professional Psychology, 2008), the Council of Specialties in Professional Psychology (CoS; Council of Specialties in Professional Psychology, 2009), and, under the general rubric of family psychology, by the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP; Commission for the Recognition of Specialties and Proficiencies in Professional Psychology, n.d.). Until 2008 the specialty was known exclusively as family psychology, but it is now known primarily as CFP after a name change was approved by ABPP and CoS.

This chapter defines the specialty of CFP, identifies the populations served by the specialty, specifies defined practice areas, and describes the evolution of CFP from early family therapy models espoused by

charismatic leaders to a broad competency-based specialty that utilizes clinically-informed evidence-based practices.

Definition of the Specialty

There are several official definitions of the specialty, each originating in one of the organizations constituting the specialty (Table 1.1). A review of these definitions finds several key elements and common themes that define CFP.

FOUNDED ON SYSTEMS THEORY

There is consistent agreement that CFP is founded on *systems theory* and that the specialty incorporates concepts and applications from systems theory into treatment case conceptualization, assessment, and intervention (Stanton, 2009b). The official definitions all explicitly or implicitly identify this foundation and evidence its influence.

The key element is the adoption of an overarching systemic epistemology (see Chapter 2) that informs the understanding and treatment of human behavior. Systemic concepts, such as complexity, reciprocity, interdependence, adaptation, and self-organization, are important aspects of that epistemology. The official definitions refer to these principles and incorporate terms such as *interdependent, reciprocal, environment, context,* and *interaction* (see Table 1.1). See Chapter 2 for a more complete description of the conceptual foundations of CFP, critiques, and recent variations.

The specialty focus is often on the family system (e.g., couple and dyadic interaction, family relationships), and it is understood that the family system can only be understood and assisted within the matrix of individual, interpersonal, and environmental or macrosystemic factors (Stanton, 2009b). Individual psychological functioning is influenced by family dynamics and vice versa (Commission for the Recognition of Specialties and Proficiencies in Professional Psychology, n.d.). Sometimes the primary focus is on the larger system, including such concrete entities as business organizations or abstract macrosystems like culture.

CONTEXTUAL CONCEPTUALIZATION

One element of systemic conceptualization is the recognition of the role of context in understanding individual and interpersonal dynamics. The definitions regularly refer to the environmental context in which individual, couple, and family behavior exists. Bronfenbrenner (1979) raised awareness of the importance of the context for human development, comparing

TABLE 1.1 Official Definitions of Couple and Family Psychology

2009 CRSPPP Petition

"Family Psychology is an approach to understanding human functioning and treating problems that is based on general systems theory. The systems perspective assumes that the emotional functioning of individuals within a group is interdependent so that the feelings and behavior of one person can only be understood within the context of other group members. A Family Psychologist addresses both the internal psychology of individuals and the reciprocal relationship process that takes place between family members, with family being broadly defined. Family Psychologists also use the systems approach to understand and intervene with other human systems such as schools, healthcare clinics, businesses, etc. Family Psychology is sometimes thought to be synonymous with family therapy, a subcategory of Family Psychology; Family Psychology uses a broad, developmental perspective to understand health and illness or problems" (Family Psychology Specialty Council, 2009, p. 15).

CRSPPP Website: Brief Characterization

"Family Psychology is a specialty in professional psychology that is focused on the emotions, thoughts, and behavior of individuals, couples, and families in relationships and in the broader environment in which they function. It is a specialty founded on principles of systems theory, with the family as a system being of most central focus. The premise of practice in this specialty is that family dynamics play a vital role in the psychological functioning of family members. This applies to extended families as well as nuclear families. The practice of family psychology takes into consideration as well the family's history and current environment (e.g., family history, ethnic culture, community, school, health care system, and other relevant sources of support or difficulty)" (Commission for the Recognition of Specialties and Proficiencies in Professional Psychology, n.d.).

CoS: Formal Specialty Definition

"Family Psychology focuses on relationships in families, couples, groups and organizations and the larger settings and contexts in which those relationships exist. Family psychologists teach, supervise, do research and engage in practice via consultation and treatment in a variety of settings" (Council of Specialties in Professional Psychology, 2009).

Society for Family Psychology

"Family Psychology integrates the understanding of individuals, couples, families and their wider contexts" (Society for Family Psychology, 2008).

"The Society's mission is to expand both the study and practice of Family Psychology through education, research and clinical practice. The Society goes about fulfilling its mission through the application of systems theory to the ever-changing family unit. The Society places emphasis on diversity and inclusion, both among its membership and in its practical application of theory" (Society for Family Psychology, 2009)

American Board of Couple and Family Psychology

"The specialty of Couple and Family psychology is not confined to 'Couple and Family therapy,' but is a comprehensive application of the science and profession of psychology with families, Couple and Family subsystems, and individual Couple and Family members. Couple and Family psychologists stress the centrality of understanding and constructively changing the Couple and Family unit or subsystems, as well as the individual. Couple and Family psychologists consider the individual, Couple and Family, and human relationships from a perspective that includes systemic interactions and developmental processes over the life span and takes into account the context in which they are embedded" (American Board of Professional Psychology, 2008).

1989 Original Application for Identification as a Specialty by the American Board of Professional Psychology (as recorded in Weeks & Nixon, 1991)

"Family Psychology represents a significant conceptual leap in the field of psychology. Traditionally, psychologists have focused on the individual as the unit of study. Family psychologists focus on the individual in the context of intimate others. They see the individual within a social system which means their thinking and interventions are relational and contextual in nature. In this respect, the family psychologist is a system thinker. The individual system (the individual), the interactional system (the couple), and the intergenerational system (family-of-origin) are all related and exert reciprocal influences on each other. Viewing the individual within the interlocking nature of these systems results in a more holistic, comprehensive, and multi-determined theory of human functioning" (Weeks & Nixon, 1991, p. 10).

the relationship between systems to a set of Russian nested dolls, and CFP definitions consistently use the term *context* to note the importance larger settings play in individual and interpersonal behavior, as understood by the specialty.

Several of the definitions identify specific contexts, such as groups (e.g., neighborhoods, ethnic subcultures), organizations (e.g., schools, health care clinics, businesses), or the macrosystemic context (e.g., culture; this could also include religion or socioeconomic status). CFP has consistently identified ethnic and cultural diversity as an important aspect of the specialty and expects specialists to demonstrate the competency to practice across elements of diversity.

DEVELOPMENTAL PROGRESSION

CFP includes an awareness of time and developmental progression that interacts with individual, interpersonal, and environmental factors (see Chapter 2; Stanton, 2009b). The specialty definitions note that our understanding of problems and healthy behavior needs to include a developmental perspective, including awareness of family history, changing social definitions of the family unit, life span issues, and current personal, family, or environmental circumstances.

One way this is commonly manifest in CFP is through the use of the *multigeneration genogram* (McGoldrick, Gerson, & Petry, 2008) during the assessment phase in treatment. This tool allows the CFP psychologist to gather pertinent historical and developmental information that informs case conceptualization and intervention. CFP specialists also consider individual factors (e.g., life span development-in-context), and they are cognizant of macrosystemic issues (e.g., changing norms, social structures, and societal influences) that may impact treatment.

BROAD DEFINITION OF FAMILY

The term *family* is defined in a broad manner in the specialty definitions. Patterson (2009) notes that CRSPPP originally recommended that CFP be labeled *systems psychology* to more accurately denote the broad focus on systems in the specialty, but the term *family psychology* was adopted because it seemed to translate better to the general public. The systemic epistemology was explained in the definition and continues to be the CFP orientation; the specialty intends to center on human behavior in the context of relationships (i.e., in couples, dyads, families, groups, organizations, and larger settings) and to recognize the reciprocal interaction that occurs in these relationships.

This broad focus is evident in the official definitions, but it may be the most common misunderstanding regarding CFP. Even among psychologists in the American Psychological Association, it appears that some understand CFP not as a broad and general orientation to psychology (i.e., systems psychology) but as merely the practice of couple and family therapy by psychologists (Nutt & Stanton, 2008). The official definitions attempt to correct this misunderstanding: "Family Psychology is sometimes thought to be synonymous with family therapy, a subcategory of Family Psychology" (Family Psychology Specialty Council, 2009, p. 15) and "The specialty of Couple and Family Psychology is not confined to 'Couple and Family therapy' but is a comprehensive application of the science and profession of psychology" (American Board of Professional Psychology, 2008, n.p.). CFP uses the terms *couple* and *family* to denote a broad orientation to human behavior that occurs in the context of relationships and larger macrosystemic dynamics.

In addition, the term *family* was intended to recognize various forms of family and to extend beyond the nuclear family to incorporate the extended family. The definitions recognize that our understanding of family changes over time as we recognize cultural and cohort variations.

COMPREHENSIVE TREATMENT ISSUES

As a broad and general specialty, CFP applies a systemic and developmental understanding to the comprehensive realm of psychological health and pathology. Affective, cognitive, and behavioral factors across individuals, couples, families, groups, organizations, and larger social systems fall within the domain of the specialty and are noted in the official specialty definitions (Commission for the Recognition of Specialties and Proficiencies in Professional Psychology, n.d.). A systemic epistemology facilitates a comprehensive assessment, conceptualization, and intervention process that takes into account the variety of factors that may need to be included to address real-world issues. So, for instance, CFP specialists may treat individual issues (e.g., depression, anxiety), but they will do so within the context of the system (Whisman, Whiffen, & Whiteford, 2009). Or, CFP specialists may work in an organization to facilitate teamwork using knowledge and interventions from CFP. Of course, an individual CFP specialist may function only in the areas where he or she has education and experience, and defined practice areas have developed to address particular issues that require extensive knowledge and supervised experience (see below). Finally, the CFP specialist will take into consideration systemic interactions that surround particular issues and seek to intervene in the system in a holistic fashion.

VARIETY OF FUNCTIONS

CFP specialists are involved in a variety of psychological functions, including professional practice, supervision, consultation, education, and research in an assortment of settings (see below). CFP board certification by ABPP considers these functions in the review of qualification credentials and tests one's professional practice in these functions thoroughly as part of the certification process (American Board of Couple and Family Psychology, 2008).

SUMMARY DEFINITION

CFP is a broad and general specialty in professional psychology that is founded on a systemic epistemology, including explicit awareness of the importance of context, diversity, and developmental perspectives, to understand, assess, and treat the comprehensive issues of psychological health and pathology, including affective, cognitive, behavioral, and dynamic factors across individuals, couples, families, and larger social systems. The crucial element of the specialty is a thorough systemic conceptualization and the application of systemic concepts to human behavior. CFP includes a body of knowledge and *evidence-based interventions* that require specialty competence.

Populations Served and Practice Settings

CFP specialists

> work with individuals, couples, families, and broader environmental systems, such as schools, medical clinics, and business organizations. Even when an individual is the client, the Family Psychologist conceptualizes treatment and interventions from an interpersonal, systems perspective. In working with families, the entire family is viewed as a single emotional unit, and the client is the family, not the identified patient. (Family Psychology Specialty Council, 2009, p. 15)

Because CFP is a broad specialty, it may not be characterized narrowly by particular populations served or "the number of people in the consulting room. Rather, it is defined by its systems perspective from which problems and developmental issues are addressed" (Family Psychology Specialty Council, 2009, p. 15). Although some understand the specialty as serving only couples and families, this is an inaccurate perception of the specialty.

CFP specialists work in a variety of contexts and conduct a variety of roles and interventions, as noted in descriptions of the specialty.

> Professional settings may include hospitals, clinics, independent practice, schools, colleges and universities, businesses, government and other organizations. Within these environments family psychologists may perform a variety of tasks, including interventions with individuals and their families, testing and evaluation, conducting workshops, advocating and impacting policies that affect families, teaching, consulting, and conducting research related to families and other social systems. (Council of Specialties in Professional Psychology, 2009)

Nutt and Stanton (2008) note that CFP specialists work in school settings to increase collaboration between families and schools and in primary health care to enhance systemic functioning and patient care. See Chapter 6 for detailed information about CFP specialists' provision of consultation to schools, health care, and business organizations.

Defined Practice Areas and Subspecializations

There are currently no subspecialties in CFP formally recognized by ABPP. However, there are several defined practice areas that require significant knowledge and experience beyond the generalist level for competent practice. Board-certified specialists in CFP should have fundamental knowledge and initial experience in these domains; active practice in each of these areas requires substantial additional education and experience beyond that required for general board certification as a CFP specialist. Formal identification of any of these defined practice areas as a subspecialty will entail establishment of qualification criteria, procedures for examination of practice competencies, and ABPP approval. Some practice areas may overlap with other identified specialties (e.g., clinical child and adolescent, school psychology, forensic psychology), and CFP specialists may pursue board certification in both specialties to demonstrate competence if they are working actively in that practice area. Systemic sex therapy, family forensic psychology, family business consultation, and systemic substance abuse treatment are among the current specialty defined practice areas.

SYSTEMIC SEX THERAPY

Sex therapy has been an integral aspect of the specialty from the beginning. In fact, when the precursor to the current American Board of Couple and

Family Psychology (ABCFP) was formed at the 1958 annual convention of the American Psychological Association, it was named the Academy of Psychologists in Marital, Sex, and Family Therapy (American Board of Couple and Family Psychology, 2008). Issues of intimacy and sexuality are part of the expected knowledge base for specialists, and there are developed models of sex therapy based on systems theory, often under the rubric of systemic sex therapy (Adams, 2006; Hertlein, Weeks, & Sendak, 2009).

It is possible that the ABCFP will petition ABPP for recognition of systemic sex therapy as a formal subspecialty to CFP. Efforts are under way to formalize systemic sex therapy as a practice area and establish qualification criteria and competency standards.

FAMILY FORENSIC PSYCHOLOGY

CFP specialists often provide professional services to children, couples, and families who are engaged with the legal system (Grossman & Okun, 2003; F. W. Kaslow, 2000). Welsh, Greenberg, and Graham-Howard (2009) distinguish between the roles of the "forensically informed family psychologist" and the "family forensic psychologist" (p. 703), suggesting that all psychologists who treat individuals, couples, or families involved with the legal system need to understand the level of competency required to provide the specific services performed and that some roles clearly call for expertise beyond the scope of normal clinical practice. According to this preliminary distinction (currently not formally delineated in any ethics code), responsible practice requires the psychologist to stay within the scope of her or his education, training, and experience. All CFP specialists need to be informed sufficiently about forensic issues when treating anyone involved in legal action; only those with advanced education, training, and experience that establish competency may represent themselves as family forensic psychologists and/or provide services that require expert status.

Some CFP specialists pursue the necessary education and supervised experience to practice at the advanced level of family forensic psychologist. CFP board certification requires competency at the forensically informed level unless the psychologist works primarily in forensic arenas, in which case the examination would focus on forensic issues and include committee members with this advanced competency. These individuals may also pursue board certification by the American Board of Forensic Psychology, another ABPP constituent board, in order to demonstrate competency in the overlapping domains.

There is an active Special Interest Group in Family Forensic Psychology within the APA Society for Family Psychology (see details regarding

membership at http://www.apa.org/divisions/div43/Forensic1_files/Forensic/Forensic1.htm). This group publishes regularly in *The Family Psychologist* and presents programming within the Division 43 APA convention schedule. See Chapter 7 for more information regarding family forensic psychology.

FAMILY BUSINESS CONSULTATION

Consultation to organizations is an extension of the systemic epistemology and clinical competencies of the CFP specialist to a larger social unit (see Chapter 6). One subset of consultation that particularly matches the specialty focus is family business consultation (F. W. Kaslow, 2006b). Family business consultation addresses the unique characteristics of businesses owned and operated by family members with close ties that complicate the business dynamics. Treatment goals may include enhancing cross-generational understanding and appreciation, addressing issues of psychological indebtedness or entitlement, succession planning and transition management (F. W. Kaslow, 2005). See Chapter 6 for more coverage of family business consultation.

SUBSTANCE ABUSE TREATMENT

CFP conceives substance abuse treatment from a systemic perspective (Stanton, 2009c). CFP recommends treatment that actively incorporates the individuals within the social system of the substance-abusing person and that recognizes the salience of environmental or macrosystemic factors in the etiology, progression, and treatment of the disorder, unlike many of the approaches that focus primarily on the individual misusing substances and/or provide treatment that largely removes the individual from his or her environment for treatment.

A number of CFP models have been developed that address adolescent or adult substance use disorders. Some programs target adolescent substance abuse (often concurrently with other behavioral and psychological issues), such as Multidimensional Family Therapy (Liddle, 2009), Multisystemic Therapy (Henggeler, Sheidow, & Lee, 2009), and Functional Family Therapy (Sexton, 2009). These models address the individual issue(s) within the reciprocal interactive context of other individuals, interpersonal relations (e.g., peers, parents, family members), and the larger environment (e.g., schools, juvenile justice organizations, culture, and geographic area). Other models target adult substance abuse through systemic interventions that include partners or significant others, such as Behavioral Couples Therapy (Fals-Stewart, Birchler, O'Farrell, & Lam, 2009). These models

demonstrate significant evidence for their success, often more than individual approaches (Fals-Stewart et al., 2009) and are part of an increased reliance on evidence-based interventions in CFP.

Evolution Toward Specialty Competencies and Evidence-Based Interventions

CFP has evolved over time from a family therapy orientation driven by charismatic personalities to one characterized by defined specialty competencies and evidence-based interventions (Goldenberg & Goldenberg, 2009; N. J. Kaslow, Celano, & Stanton, 2005). CFP recognizes the strengths of families, as well as the need for interventions that facilitate healthy functioning.

HISTORICAL BACKGROUND

Goldenberg and Goldenberg (2009) note the origins of CFP among pioneers in the 1950s (e.g., Bateson, Bowen, Lidz, & Wynne), who were primarily researchers, to clinicians who adopted systemic concepts in the 1960s and created therapeutic models (e.g., Jackson, Satir, Haley, Ackerman, Bell, Whitaker, & Minuchin).

They suggest that the 1970s and 1980s were the pinnacle of initial influence, as training institutes and professional organizations (e.g., APA Division of Family Psychology) came into existence and the initial treatment approaches developed into formal models of practice with specified techniques: Transgenerational, Systemic Psychodynamic, Experiential, Structural, Strategic, and Systemic Behavioral/Cognitive-Behavioral (Goldenberg & Goldenberg, 2009). These models were critiqued from a feminist perspective (Avis, 1985, 1987; Hare-Mustin, 1988, 1989; Wheeler, Avis, Miller, & Chaney, 1985) and informed by increased awareness of cultural diversity. Postmodernism and social constructionism, focused on language and learning in social context, provided an alternative approach to therapy in the late 1980s and 1990s (Gergen, 1985).

Across this timeline, systemic thinking has influenced psychology in general, and it has been incorporated into the general landscape, albeit generally as one approach among many rather than as an overarching epistemology (Stanton, 2009b). The early models that were identified with particular pioneers have lost their distinctiveness, and many CFP specialists select from them to create integrated models that address a variety of treatment problems (Lebow, 2003). "Integrative models require considerable skill in decision making and differ from eclectic models in that they rely on principles for integration that consider the benefits and potential pitfalls of integration"

(Nutt & Stanton, 2008, p. 524). CFP specialists begin with a strong systemic framework and add interventions that are consistent with the paradigm and applicable to the case according to the principles for integration (Lebow, 2002). Integration efforts require broad and general education and training in CFP that includes the general content and competencies of professional psychology. This background set the stage for the movements toward competency and evidence-based practice in the 1990s and 2000s.

SPECIALTY COMPETENCIES

Professional psychology has moved progressively in recent years to an increased focus on the competencies required for the ethical practice of psychology (Rubin et al., 2007). "*Competencies* are complex and dynamically interactive clusters of integrated knowledge of concepts and procedures; skills and abilities; behaviors and strategies; attitudes, beliefs, and values; dispositions and personal characteristics; self-perceptions; and motivations" (Rubin et al., 2007, p. 453) that contribute an individual's competence to suitably practice psychology. Professional competence may be defined as "the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served" (Epstein & Hundert, 2002, p. 226). This definition is increasingly recognized in psychology because it highlights the need for reflective practice that incorporates critical thinking and the evaluation and modification of decisions (N. J. Kaslow & Ingram, 2009).

CFP is part of this movement to emphasize professional competence. The original CRSPPP petition in 2002 aligned CFP with a focus on competencies, and the initial framework for generic competencies in professional psychology was extended to delineate competencies required for CFP specialists (N. J. Kaslow et al., 2005). In each of the competency domains, CFP requires specific or additional knowledge, skills, and attitudes not required by professional psychology.

The competency framework has now been reconceptualized into foundational and functional competencies, and additional competencies have been delineated to ensure full coverage of essential aspects of professional practice (Rodolfa et al., 2005). There has been strong interest in the assessment of competencies, including guiding principles for assessment (N. J. Kaslow et al., 2007) and effective assessment strategies (Leigh et al., 2007; Roberts, Borden, Christiansen, & Lopez, 2005).

ABPP board certification emphasizes competency assessment in all specialty domains and includes examination of specialty-specific versions

of all foundational and functional competencies (N. J. Kaslow & Ingram, 2009). This text is intended to provide an overview of these competencies for CFP.

EVIDENCE-BASED INTERVENTIONS

The interventions created by the early pioneers in systemic approaches, in general, did not provide significant research evidence for their models (Goldenberg & Goldenberg, 2009). However, as CFP evolved, more emphasis has been placed on demonstrating the effectiveness of intervention models through clinical research as part of the general trend in professional psychology (Goodheart, Kazdin, & Sternberg, 2006). Recognition as a specialty by CRSPPP required demonstration of the effectiveness of CFP services through research-based outcome studies (Criterion IX. Effectiveness; Family Psychology Specialty Council, 2009). CFP also recognizes the importance of evidence-based relationships (Norcross, 2002) and the importance of including clinical judgment in a review of effectiveness (see Chapter 5 for a thorough review of the role of science and clinical judgment in evidence-based interventions).

CFP specialists seek to bridge the gap between science and practice in the specialty (Liddle et al., 2002; Pinsof & Lebow, 2005). Active steps to join research and practice have been the focus of presidential initiatives in the Society for Family Psychology (Lebow, 2004; Sexton, 2009), including conference presentations and committee action (see Chapter 2 for a description of the scientific foundations of the specialty).

The Society for Family Psychology appointed a task force on evidence-based practice in 2004 to consider how clinical experience, practice theory, and clinical research might be integrated to improve CFP practice (Nutt & Stanton, 2008; Sexton & Coop-Gordon, 2009). This task force considered the definition of the APA Task Force on Evidence-Based Practice that advanced to official APA policy: "*Evidence-based practice in psychology* (EBPP) is the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences" (APA Presidential Task Force on Evidence-Based Practices, 2006, p. 273). The Society task force considered the evolution of evidence-based practices and the conclusions of other specialties and controversies in the field (e.g., the challenges of extending the outcomes of laboratory or strictly controlled studies to normal professional practice; Levant, 2004), as well as a "levels of evidence" approach that considers the varied nature of evidence and the need to match research strategy with the clinical issue (Sexton, Kinser, & Hanes, 2008) in order to develop guidelines for the review of

CFP literature to determine practices with the most potential to assist treatment recipients (Sexton & Coop-Gordon, 2009). They proposed three levels that denote increasing evidence of model effectiveness: (a) Level I: evidence-informed interventions/treatments, built on an evidence base; (b) Level II: promising interventions/treatments, initial research support; and (c) Level III: evidence-based treatments, substantial evidence that the intervention does what it was designed to do (Sexton & Coop-Gordon, 2009). This approach recognizes different types of evidence and the value of clinical expertise (Wampold, Goodheart, & Levant, 2007). See Chapter 5 for a thorough review of specialty intervention practices.

A number of CFP models demonstrate support within these levels, including Emotionally Focused Couple Therapy (S. Johnson & Bradley, 2009; S. M. Johnson & Greenman, 2006); Behavioral Couples Therapy (Fals-Stewart et al., 2009; O'Farrell & Fals-Stewart, 2006); Brief Strategic Family Therapy™ (Robbins, Szapocznik, & Horigian, 2009; Santisteban, Suarez-Morales, Robbins, & Szapocznik, 2006); Multidimensional Family Therapy (Hogue, Dauber, Samuolis, & Liddle, 2006; Liddle, 2009); Multisystemic Therapy (Henggeler et al., 2009); and Functional Family Therapy (Alexander & Parsons, 1982; Sexton, 2009b), and psychoeducational relationship enhancement programs, such as the Prevention and Relationship Enhancement Program (Ragan, Einhorn, Rhoades, Markman, & Stanley, 2009).

Finally, CFP recognizes the growing importance of process variables in practice and the need to monitor change during the intervention process by receiving frequent feedback from therapy participants. Progress research allows the CFP specialist to adapt treatment to the changing circumstances in order to enhance effectiveness (Friedlander, Escudero, & Heatherington, 2006; Pinsof & Chambers, 2009).

Conclusion

CFP is a recognized specialty within professional psychology that provides a broad and general orientation to psychology. CFP specialists utilize a systemic framework to conceptualize human behavior, and they practice in a wide variety of practice settings based on demonstrated competency in the specialty and experience in defined practice areas. CFP specialists use evidence-based interventions, defined according to APA policy, to inform assessment and intervention.

TWO

Conceptual and Scientific Foundations

The specialty of couple and family psychology (CFP) is founded on a systemic epistemology that recognizes the complex, reflexive interaction between individual, interpersonal, and macrosystemic-environmental factors over time (Stanton, 2009b). Inculcation and use of a systemic epistemology is the hallmark of the specialty. CFP specialists ground their practice in the conceptual and scientific foundations of the discipline and evidence that underpinning as they demonstrate specialty competence across the foundational and functional competencies.

This chapter describes the knowledge, skills, and attitudes related to CFP competency in conceptual and scientific foundations. CFP specialists enhance specialty practice through systemic conceptualization and the application of systemic research to case conceptualization, professional assessment, intervention, and monitoring of treatment progress. Scientific methods consistent with a systemic epistemology enable specialty research that advances the field. Table 2.1 specifies the competency domains, behavioral anchors, and assessment methods for this competency.

Conceptual and Scientific Knowledge

The CFP specialist has acquired a command of the specialty epistemology, scientific knowledge, and scientific methods that provides a foundation for the development of specialty skills. This section describes the foundation of knowledge necessary to capably articulate a systemic epistemology, demonstrate advanced scientific knowledge in the specialty, and display an understanding regarding the application of the CFP epistemology and scientific methods to specialty practice.

TABLE 2.1 Conceptual and Scientific Foundations: Developmental Level—Specialty Competence in Couple and Family Psychology

COMPETENCY DOMAIN AND ESSENTIAL COMPONENT	BEHAVIORAL ANCHOR	ASSESSMENT METHODS
Knowledge (A) Scientific foundation of CFP (A.1) Command of specialty epistemology, scientific knowledge, and scientific methods	(A.1.1) Demonstrates advanced knowledge and capably articulates a systemic epistemology, including a systemic paradigm and key concepts, as well as the critiques and contemporary variations on a systemic orientation (A.1.2) Demonstrates advanced level of CFP scientific knowledge and scientific methods (A.1.3) Demonstrates advanced level of understanding regarding application of CFP epistemology and science to specialty practice	1. ABPP Examination 2. Ongoing status for practice through licensure 3. Self-evaluation 4. Client feedback 5. Peer review and consultation 6. Continuing education 7. Consultation or supervision feedback 8. Publication and presentation in scholarly venues
Skills (B) Scientific foundation of CFP practice (B.1) Intentional inclusion of CFP concepts, scientific knowledge, and scientific methods in all aspects of specialty activity	(B.1.1) Ability to think systemically and demonstrate systemic mental habits (B.1.2) Ability to apply systemic orientation to all CFP competencies (B.1.3) Ability to apply specialty scientific knowledge and scientific methods to all CFP competencies	
Attitudes (C) Scientific mindedness (C.1) Independently values and applies CFP theory and scientific methods to specialty practice	(C.1.1) Aware of epistemological options and ability to transition between paradigms in specialty practice (C.1.2) Independent attitudes that demonstrate scientific mindedness related to specialty practice (C.1.3) Conducts self-evaluation and invites peer review of specialty practice	

Note. Adapted from the format and content of the Assessment of Competency Benchmarks Work Group (2007). This table assumes that the specialist has achieved competence in professional psychology at the three previous developmental levels, as specified in the benchmarks. The competency domains and behavioral anchors serve as the primary organizing structure for this chapter; content explaining each domain and anchor is provided in the chapter.

KNOWLEDGE OF SYSTEMIC EPISTEMOLOGY

The CFP specialist demonstrates advanced knowledge of a systemic epistemology, including understanding of a systemic paradigm to categorize and coordinate system information and properties, knowledge of key concepts and ideas, and understanding of critiques and contemporary variations on a systemic orientation.

Systemic Epistemology

An *epistemology* refers to an encompassing set of rules used in thought processes by a group of people to define reality (Auerswald, 1990; Bateson, 1972; Stanton, 2009b). These rules govern the perception and use of information. Most people give little thought to the way they think or to the fact that they have been educated to think in particular ways, or according to particular rules about thinking. We simply think, assuming that the way we think is the way everyone thinks, or should think. In fact, we are socialized to think according to particular rules, and there are significant differences between people educated in Eastern versus Western thought methods (Nisbett, 2007).

For example, many people, especially in the United States and Europe, have been educated in the scientific method originated by René Descartes in 1637 (Capra, 2002). The Cartesian method emphasized scientific doubt, dividing problems into parts in order to solve them, commencing problem solving with the easiest aspects of the problem despite the natural relationship between the parts, and conducting thorough analyses (Descartes, 1999). These rules were the foundation for significant scientific progress, but they also resulted in several errors when taken too far, including extreme individualism ("the tendency to frame reality through the lens of the individual rather than the collective whole"; Stanton, 2009b, p. 7), reductionism ("the idea that a complex system is only the sum of its parts" used to the point that the complexity of the whole is lost; Stanton, 2009b, p. 7); linear thinking ("the idea that there is a simple cause-and-effect mechanism that may explain most acts as one explores them using logical, rational analysis"; Stanton, 2009b, p. 8); and extreme objectivism (the limitation of knowledge to only that which may be known through a narrow interpretation of the scientific method; see Stanton, 2009b, for an explanation of these errors).

The CFP specialist adopts a systemic epistemology as a means of avoiding these errors by balancing the rules of Descartes with methods that recognize context, complexity, and reciprocity (Stanton, 2009b). This involves a primary paradigm shift from a Cartesian individualism to an inclusive

systemic mind-set (Stanton, 2005). The process of change involved in such an epistemological transformation is described in Chapter 9. A systemic epistemology recognizes the whole *and* its parts by balancing individual, interpersonal, and macrosystemic factors. As Harway (2003) notes, "The systemic thinker has made a paradigm shift to considering all aspects of human behavior within the multiplicity of contexts within which they occur. This provides a more expansive view than traditional psychological approaches" (p. 4). The adoption of a systemic epistemology is a hallmark of the CFP specialty because it impacts each of the specialty competencies (see the competency chapters in this volume).

Systemic Paradigm

The adoption and use of a systemic epistemology are facilitated by a systemic framework for the understanding and organization of knowledge. Barton and Haslett (2007) refer to the importance of a systemic paradigm as a cognitive construct that enables us to make sense of complexity and organize knowledge. Figure 2.1 depicts human behavior within the dynamic interaction between individual, interpersonal, and environmental-macrosystemic factors over time.

This model is a significant shift from the hierarchical and linear models often used to describe social systems in the United States. The interactive arrows depict the complexity and reciprocity of the system (Robbins, Mayorga, & Szapocznik, 2003). This simple paradigm allows the CFP specialist to conceptualize and categorize complex social systems that present in clinical practice, as long as it is not reified or reduced too far. It is a representation of the system for purposes of understanding and ordering

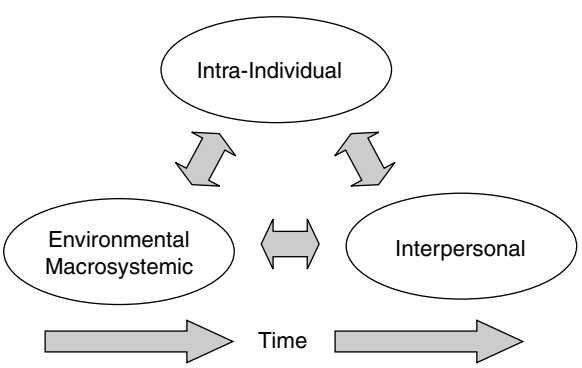

FIGURE 2.1 Systemic Paradigm of Family Psychology

Reprinted with permission by Wiley-Blackwell from M. Stanton (2009b), The systemic epistemology of family psychology, in J. Bray & M. Stanton (Eds.), *Wiley-Blackwell handbook of family psychology* (Oxford, UK: Wiley-Blackwell).

our interaction with the system. It must remain a dynamic framework that simply serves to assist the specialist in mentally conceptualizing the system factors and the manner in which those factors interact within the system.

There is strong research support for the mutual influence between individual and family behavior and increasing support for the role of environmental factors with both individual and family behavior (Lebow, 2005a). Marsella (1998) describes the linkage between global conditions (macrosystemic factors) and individual well-being. These interactions involve the provision and use of resources and support, as well as the possibility of negative interactions that create or increase problems.

Individual factors refer to intraindividual features that play a role in a person's social and environmental behavior (e.g., IQ, age, gender, developmental progression, personality, biological bases) as they interplay with system components (Andersen, Thorpe, & Kooij, 2007). Interpersonal factors refer to social dynamics that reveal patterns and processes. Macrosystemic-or environmental factors refer to the larger context and the role of economic, cultural, political, and environmental forces in interaction with individual and interpersonal processes. See Chapter 2 for examples of each category of factors. Time plays a role across the three categories. All exist within a sequence of time and are influenced by individual life progression, generational transmission and family life span development, as well as macrosystemic trends and changes.

Key Concepts

Knowledge of a systemic epistemology includes advanced understanding of several key concepts. However, it should be noted that simply understanding the concepts is insufficient for competency; knowledge is the foundation for the ability to apply the concepts to professional practice (see the "Skills" section later in the chapter for description of habitual use of systemic thinking in applied settings). Typically, awareness of basic concepts progresses to the ability to recognize or apply them in real situations. Sweeney and Sterman (2007) refer to this as "systems intelligence" in that it combines conceptual knowledge with reasoning skills (p. 286). This type of systems intelligence is needed to facilitate case conceptualization, assessment, and intervention for complex presenting issues in CFP practice.

A number of concepts are central to a systemic epistemology. Table 2.2 presents a list of concepts that are important to understanding systemic properties and processes. Definitions and explanations of these concepts may be located in the source citations. CFP specialists understand these terms and know how to think according to them.

TABLE 2.2 Systemic Concepts

Adaptation	Homology, patterns
Ambiguity	Inputs-outputs
Ascendency	Interdependence/mutual interdependence
Autopoesis	Linear vs. nonlinear causality
Boundaries	Living, open systems
Change	Mind-process of cognition
Chaos	Networks
Closed systems	Nonsummativity
Complexity	Reciprocity
Connection	Reification
Constructivism	Reductionism
Diversity-components	Resilience
Ecological succession	Self-correcting communication
Entrophy	Self-organization
Equifinality	Social construction of knowledge
Equilibrium-disequilibrium	Stocks and flows-accumulation
Far from equilibrium	Subsystems
Feedback loops or dynamics	Time-temporal factors
Hierarchical-nonhierarchical	Turbulence
Homeostasis	Wholes

Note. List draws from Capra, 1983, 1996, 2002; Stanton, 2009a; Sweeney & Sterman, 2007; Wadsworth, 2008. Definitions and explanations of the terms and concepts may be located in these source citations.

Critiques

What is systemic thinking? One persistent concern expressed regarding systems thinking has to do with its definition. Cabrera, Colosi, and Lobdell (2008) note that it has been used synonymously with systems sciences, understood as a taxonomy of systemic approaches, and described as an emergent property of conceptual rules. They suggest that learning to apply basic rules may inform psychological practice. We take a more comprehensive approach. We suggest in this chapter and throughout this text that systemic competency involves an epistemological transformation, adoption and use of a systemic paradigm for categorizing and organizing information, knowledge of key systemic concepts, habitual systemic thinking, and application of that thought process to professional practice. The absence of any of these elements reduces systemic thinking to an abstract theory, reifies it into knowledge alone, or produces techniques apart from conceptual understanding. Systemic thinking involves all the features.

Feminist concerns. Perhaps the most prominent critique of systems thinking came from feminist psychologists who suggested that some systemic interpretations of intimate partner violence (IPV) were problematic.

For example, Goldner (1998) was involved in the Gender and Violence Project at the Ackerman Institute, which studied domestic violence from a feminist-informed perspective. She was an early advocate for feminist perspectives and criticism of the "standard systemic couples therapy approach to violence" that may blame the victim (Goldner, 1998, p. 264). However, she proposed a means to "capitalize on the strengths of the systemic approach while minimizing its dangers" by positing an approach that is grounded in concerns for justice and safety, yet responds to couple desires for conjoint treatment and the need to treat the "extraordinarily intense, mutual reactivity" of their relationship (Goldner, 1998, p. 264). She concludes, "To argue that partners mutually *participate* in an interactional process does not mean they are mutually *responsible* for it, or for its catastrophic outcome" (Goldner, 1998, p. 264). Lebow (2005a) builds on Goldner's argument and notes that more complex systemic thinking (i.e., a shift away from simple reflexive or circular causation) may allow recognition that "one person's influence is greater than another's on their mutual process, even though the action of each has some impact….patterns of couple violence may show circular arcs of influence, but typically the individual personality of the abuser has much more impact on the initiation and continuation of abuse than that of the abused partner" (p. 2).

The underlying concern of the feminist critique is that systems concepts do not hold individuals responsible for their actions. Fuqua and Newman (2002) turn the argument on its head when they state:

> Too often, systems theory has become an excuse for personal failures, leading some to believe that people are simply products of their environment. The opposite conclusion, in fact, applies. The greatest potential of systems theory is to empower individuals to singularly and collectively take responsibility for the systems in which they work and live, to the end of building and rebuilding human systems to become increasingly responsive to human needs. (p. 79)

Core critique. The feminist critique may provide the basis for understanding the core concerns that have arisen against systemic conceptualization. That is, these critiques may reflect more on older ideas related to systems that distorted, reified, or simplified dynamic systems ideas in a manner that eliminated the theoretical space to modify and adapt the ideas to the reality of the lived experience (Lebow, 2005a). These models were based more on cybernetic ideas and inanimate systems than on dynamic living

systems. Contemporary variations on systemic thinking move away from that rigidity.

Contemporary Systems Thinking

Contemporary systems thinking is no longer the mechanistic and authoritarian model of the past. Some aspects of systems thinking formerly accentuated the structure of systems and posited a positivist approach to understanding human behavior that implied a simple deterministic circular causality. They suggested that systems seek equilibrium and avoid change. Contemporary dynamic systems theory moves away from elements of that older model (Wadsworth, 2008).

Lebow (2005a) rehearses the historical progression of systemic thinking and concludes that the twenty-first-century version of systems theory is less deterministic and provides more room for complex understandings of causal processes. The current version allows "for the differential impact of different individuals on the mutual systemic process, for influences on the system that reside within the inner selves of individuals, and for the impact of the larger system on the family" (p. 6). Lebow notes a shift away from the avoidance of individual problems and the idea of "identified patients" who are symptom bearers for the family to nonjudgmental recognition and diagnosis of individual difficulties firmly embedded in their context and a greatly enhanced understanding of the complex interaction between factors in problem development, maintenance, and progression toward improvement or deterioration. CFP specialists are not stuck in the past but progress with the field to recognize new developments.

Because systemic thinking was, in part, a reaction to the individual focus of Western psychology, it is interesting to note the current incorporation of systemic ideas into psychoanalysis and psychodynamic schools. Stephen Seligman (2005) notes that systemic thinking and psychoanalysis share an interest in ambiguity, change, patterns, chaos, and complexity. He suggests that dynamic systems models provide insights regarding the process of psychoanalysis. Bustrum (2007) suggests that dynamic systems theory impacts an understanding of contemporary psychoanalysis in the areas of theoretical understanding (i.e., the unconscious is dynamic and contains intolerable affective states vs. functioning like a locked vault), conceptualization of the analytic relationship (i.e., a shift from being an objective listener to an organizing perceiver), and consideration of therapeutic responses (i.e., a greater sense of the possibility of unique therapeutic relations and engagement vs. projective identification alone).

KNOWLEDGE OF SCIENTIFIC FOUNDATIONS

The 2002 Competencies Conference Work Group on Scientific Foundations and Research Competencies determined several shared assumptions about the role of science in professional psychology that underlie efforts to define the competency and its subcomponents. The group agreed that the scientific approach is the distinctive feature of the profession, that there is a scientific foundation for professional practice, that good science includes attention to sociocultural context and generalizability, and that science-practice integration is important (Bieschke, Fouad, Collins, & Halonen, 2004). These general assumptions that apply across psychology apply to the CFP specialty as well. In this section, we describe elements of the scientific knowledge and scientific methods needed for specialty competence.

The holistic approach of a systemic epistemology argues for a broad definition of data and a range of methods to accumulate those data. CFP researchers avoid reductionism in order to examine the complexity of human experiences (Stanton, 2009b). This is in accord with the report of the APA Presidential Task Force on Evidence-Based Practice, which noted the importance of an empirical foundation but "did not dictate the method used to collect data that would form the basis of evidence, nor did it privilege certain types of evidence" (Wampold, Goodheart, & Levant, 2007, p. 617). Sexton, Hanes, and Kinser (2010) focus on the definition of research as a "systematic, inquiry-based, and knowledge-producing set of methods and skills" (p. 166) in order to set aside the common tendency to distinguish or disparage quantitative or qualitative methods into separate camps. They suggest that the choice of method depends most on the research question; Wampold et al. (2007) agree, stating that "some methods are better suited for some purposes than for others" (p. 617). CFP research incorporates multiple methods to achieve relevant data to inform the specialty. Snyder and Kazak (2005) refer to this as "methodological pluralism" (p. 4) and argue that the specialty must value competing and complementary research paradigms.

Black and Lebow (2009) suggest that empirical research is valuable to CFP clinicians, noting that it helps justify the use of specialty treatments for client and third-party payers and avoids the use of ineffective or harmful treatments. However, they state that it is important to remain open to objective and subjective forms of knowledge.

A range of methods can be used effectively within a systemic epistemology, including methods that examine multiple aspects of complex systems; "because the science of family psychology is richly complex, so

too must be the methods for examining couple and family phenomena be equally diverse" (Snyder & Kazak, 2005, p. 3). Snyder and Kazak, introducing a special issue of the *Journal of Family Psychology* on research methods (Vol. 19, No. 1, 2005), indicate that new methods now extend beyond description and covariation to capture the complexity of real problems. The special issue features articles that describe the evaluation of CFP intervention process, outcomes, and cost-benefit ratios; strategies for analysis of data regarding CFP subjective experiences; multilevel modeling techniques; and specific methods of data analysis relevant to complex couple and family processes. The quantitative models described extend far beyond earlier, more limited models that were unable to capture some of the systemic complexities of couples and families (Atkins, 2005).

Silverstein, Auerbach, and Levant (2006) suggest that qualitative methods are well suited to clinical practice and that they facilitate the goal of constructing knowledge of the experience of the participants. Gilgun (2009) notes that qualitative methods are "useful for theory construction and testing, for the development of descriptions of lived experiences, model and concept development, the delineation of social processes, the development of typologies, and the creation of items for surveys, assessment instruments, and evaluation tools" (p. 85). Qualitative methods pay attention to the role of the social context in human behavior (Bieschke et al., 2004), and they are particularly well suited to inclusion of multicultural dimensions in an ethical and appropriate manner (Bieschke et al., 2004; Silverstein & Auerbach, 2009). Attention to diversity is an important aspect of the CFP specialty (see Chapter 11), so methods that avoid reductionistic means of attempting to address cultural diversity in treatment and provide the means to understand the multiplicity of different ethnic and cultural groups that present for CFP treatment are crucial (Silverstein & Auerbach, 2009). Gilgun (2005, 2009) provides an overview of various qualitative methods in the specialty. Narrative methods that tell the story of family life routines and rituals are increasingly helpful (Fiese & Spagnola, 2005; Fiese & Winter, 2009).

Finally, Lebow (2005a) notes "the emergence of a true science of couple and family relationships" and cites 11 research sources that provide "vital implications for practice" (p. 6). These include: (a) increased volume of CFP research; (b) increased research on both specific problems and broad aspects of couple and family functioning; (c) established evidence for the circular relationship between individual and family functioning; (d) increased consideration of the system beyond the family; (e) significantly improved scientific methods and measures; (f) multimethod

research; (g) longitudinal research findings now available; (h) treatment–family process linkage; (i) theory-research linkage; (j) increased awareness and inclusion of diversity in research; and (j) emergence of prevention research. The CFP specialist remains competent in the scientific foundations of the specialty by remaining current with scientific advances in order to be a knowledgeable consumer of specialty research.

KNOWLEDGE OF THE APPLICATION OF SYSTEMIC EPISTEMOLOGY AND SCIENCE TO PRACTICE

CFP specialists demonstrate advanced understanding of the application of specialty theory and psychological science to practice. There is a widely recognized historical disconnect between science and practice in psychology (Kazdin, 2008). Some note that "observation of clinician behaviors suggests that most clinicians do not use the best known evidence to influence clinical decision making" (Bieschke et al., 2004, p. 717). On the other hand, for some clinicians "the science of psychology is seen as oversimplified, clinically irrelevant, and unable to account for the unique nature of clinical practice" (Sexton, 2009b, p. 1). Kazdin (2008) describes many of the concerns regarding science and practice that perpetuate the disconnect. However, there have been a number of recent efforts to demonstrate how science and practice relate. Kazdin (2008) suggests that "there are opportunities for a rapprochement between research and practice that will not only foster improved clinical care but will also develop and strengthen the knowledge base" (p. 147). The importance of the connection between science and practice was central to the decision by the 2002 Competencies Conference Work Group on Scientific Foundations and Research Competencies' decision to "focus exclusively on how the practice of psychology maintains a scientific basis" (Bieschke et al., 2004, p. 714). CFP specialists recognize the challenges but share this commitment and actively seek to apply science to professional practice.

Sexton et al. (2010) move beyond existing research or practice competency definitions to provide a framework for the "translation" of psychological science and research into professional practice. They suggest that "few previous efforts have focused on the specific components required to successfully 'translate' science into practice. Attention to the 'translation' between science and practice is important, given the central role of scientific research in the understanding and practice of the wide range of activities that fall under the umbrella of professional psychology" (Sexton et al., 2010, p. 154). They proceed to describe competencies that "move the knowledge of science into the daily clinical practice of psychologists"

(p. 154). The knowledge competencies they delineate include understanding long-established domains, recently established arenas, and emerging ideas: (a) scientific methods (see above); (b) clinical intervention research; (c) evidence-based practice; and (d) specification of clinical practices (Sexton et al., 2010).

BRIDGES BETWEEN SCIENCE AND PRACTICE

There have been a number of efforts within the CFP specialty to "bridge" between science and practice. Two recent presidents of the Society for Family Psychology (2004 and 2009) made this issue a primary presidential initiative because it is considered crucial to the future of the specialty. Lebow (2004) initiated the theme "Bridging Research and Practice in Family Psychology" in hope that his efforts "to raise consciousness about this issue can help us move a few steps closer toward the integration of science and practice in our work" (p. 1). He notes that those who research and those who practice often work in separate silos and interface with dissimilar constituencies; this is evidenced by publications and presentations that focus on one element or the other and leave the field divided. He argues for a rapprochement in which research begins with clinically relevant questions and clinicians incorporate research findings into practice. Lebow appointed a task force to consider evidence-based practice in the specialty (see below). Sexton (2009b) suggests that increased ability to assist CFP clients relies on a "real" connection between science and practice, and he argues for a genuine partnership that facilitates interaction and discussion around theory-based and specified treatments that "give us a common language—help us *talk across* the walls of our offices and laboratories" (p. 26).

Skills

The CFP specialist has the ability to apply the knowledge of a systemic epistemology and specialty research methods to the specialty competencies. This is an important issue, for it highlights that all the CFP competencies are founded on a systemic conceptualization and specialty science. The specialty competencies are not simply skills or techniques that may be learned apart from their theoretical and scientific underpinnings. The CFP specialist has inculcated systemic concepts to the point where systemic thinking is habitual. The hallmark of psychology and of psychology specialties is thorough reliance on psychological theory and science (Bieschke et al., 2004). Overall CFP specialty competency requires an advanced level

of knowledge in the specialty theory and science and the ability to apply it to all competencies. This suggests that an overarching specialist skill is to remain current in the knowledge of CFP theory and science by accessing and applying that knowledge habitually and appropriately (Bieschke et al., 2004).

In this section, we briefly identify the skills involved in habitual systemic thinking and the application of the CFP conceptual and scientific competency to the remaining CFP competencies. A more complete description of the conceptual and scientific foundations for each particular competency is provided in the subsequent chapters of this text.

HABITUAL SYSTEMIC THINKING

CFP specialists have inculcated a systemic epistemology to the point where they think systemically and articulate that process of perceiving, structuring ideas, and thinking about life situations. A number of aspects of systems thinking characterize those who adopt a systemic epistemology (Benson, 2007; Stanton, 2009b). Termed *habits of mind* (Sweeney, n.d.), they are perceptual practices and cognitive structuring processes that reflect key systemic concepts and principles that are adopted and used intentionally to address real-life issues or problems. The CFP manifests these habits in understanding human behavior, conceptualizing clinical cases, assessing strengths and problems, and conducting interventions. Our list of habits (Table 2.3) is adapted from Sweeney (n.d.), Stanton (2009b), and Benson (2007).

Challenge Mental Models

Systems thinking requires the willingness to reconsider one's own mental models. However, it is a challenge to recognize the need to examine mental

TABLE 2.3 Systemic Thinking Habits

Challenge mental models
See the system
Comprehend complexity
Recognize reciprocity
Consider connections
Accept ambiguity
Conceptualize change
Observe patterns and trends
Consider unintended consequences
Shift perspective
Factor in time

models and select modes of thinking most appropriate to the situation at hand when rules into which we were socialized are unconsciously followed. This type of mental flexibility is at the heart of systems thinking. Bateson (1972) called this "learning to learn" or "deutero-learning" and suggested that it requires an epistemological transformation. It also requires the humility to allow others to question your epistemological assumptions and conclusions and openness to new ideas, models, or methods. Don Michael calls this "error-embracing" and suggests that it is the "condition for learning. It means seeking and using—and sharing—information about what went wrong with what you expected or hoped would go right" (personal communication cited in Meadows, 2008, p. 181). CFP specialists think about their own thinking processes and confront epistemological bias in order to think in more complex ways about their work.

See the System

Perhaps the most crucial habit is the ability to picture the system relevant to the person(s) presenting for CFP services. Seeing the system is an abstract process that looks beyond the concrete person(s) or issue(s) to conceptualize the dynamic factors in the context around the presenting person(s) or issue(s). Seeing the system means first considering the whole system, then focusing on the constituent parts. This is important because it counters the tendency toward reductionism by many people educated in European American arenas that look first at the parts and may miss the whole, including the interaction or connection between parts of the system. A variety of concepts are related to this habit, including the function of boundaries around subsystems and systems and the idea of self-organization in systems (i.e., systems organize and reorganize according to demands).

Various metaphors have been used to describe the nature of systems. One of the most well known was posited by Bronfenbrenner (1979) when he described the system as similar to a set of nested Russian dolls, with each system containing subsystems that all rest within it and itself nesting in larger systems. Such metaphors enable the CFP specialist to picture the system and to describe it to the client(s). Other common metaphors that readily convey systemic dynamics are the human body, an orchestra, or an automobile. Each has its limits, but each helps explain some aspects of a system.

One substantive way to see the system is through the inculcation of a systemic paradigm that provides a structure or framework for system factors and systemic dynamics (Stanton, 2009b; see Figure 2.1). This figure may help make the system visible. Part of the ability to see the system

involves active use of the paradigm in treatment conceptualization, assessment, and intervention. In professional practice, this habit means that the CFP specialist regularly uses the paradigm to conceptualize behavior and process. The questions that inform the process of conceptualization are: How do individual factors, interpersonal factors, and environmental or macrosystemic factors interact in this situation? Which specific factors in each category are salient? How have these factors interacted over time, or how do we predict they will interact over time? In this manner, the CFP specialist sees the system throughout the process and progress of treatment.

Comprehend Complexity

This habit recognizes the complex, interactive relationship between system levels and subsystem components that goes beyond linear cause-effect conceptualization. "Most systems thinking advocates agree that much of the art of systems thinking involves the ability to represent and assess dynamic complexity (e.g., behavior that arises from the interaction of a system's agents over time)" (Benson, 2007, p. 2). When thinking in this way, the CFP specialist looks for multifaceted understanding of presenting issues; it is not reasonable or helpful to facilitate or accept quick solutions that are reductionistic. For example, the idea that if the husband stops drinking alcohol the marriage will be fine is probably shortsighted, ignoring multiple factors that contributed to the etiology and progression of the marital problems (i.e., alcohol consumption is one factor that interacts with others in the complexity of the situation). Complexity is allied with chaos theory (i.e., the idea that dynamic systems evidence discontinuous change at random times); this suggests that interventions or changes in the system may lead to unexpected or unpredicted results (McBride, 2005).

It is a challenge to hold multiple factors in one's awareness throughout the process of psychotherapy. Some CFP specialists feel overwhelmed, especially early in their career, by the range of factors they need to consider in order to provide thorough treatment. One key aspect of comprehending complexity is to increase the range of factors when considering a problem (Sweeny & Sterman, 2007). Research suggests that individuals tend not to include factors that are outside the immediate boundary when presented with problem scenarios (Sweeney & Sterman, 2007). The systemic paradigm (see Figure 2.1) may assist the CFP specialist in organizing ideas and information. Ultimately, we suggest that it is better to struggle with complexity than to settle for reductionistic "solutions" that do not actually prove helpful over time.

Recognize Reciprocity

CFP specialists recognize the "mutual, interactive, non-sequential effects that occur between persons or circumstances" (Stanton, 2009b, p. 15). This is a significant shift away from reductionistic and linear cause-effect thinking that conceptualizes each action as distinct and sequential in relation to other actions. Capra (1983) notes that social transactions demonstrate a "simultaneous and mutually interdependent interaction between multiple components" (p. 267). For example, it is reductionistic to think in couple therapy that one partner speaks, then the other, in an orderly and sequential manner. In fact, the husband may laugh or ignore the wife while she is sharing her feelings, or the wife may roll her eyes as the husband expresses his opinion. The reciprocal effects in the interaction are often a roadblock to the achievement of effective communication. Substantially more complex reciprocity occurs in larger systems.

Even reciprocity must not be considered in a reductionistic fashion. It would be problematic to think that members of the system contribute equally to interactions (i.e., there are often power dynamics that modulate the relative influence and power of one person over another in a situation; see the feminist critique noted above in the knowledge section). Interdependence is not evenly distributed; rather, it is complex and variable over time and situation. It is sometimes difficult to parse out the specific contributions and the patterns (see below) of reciprocity that may constitute interaction and communication in a system, but recognition of the concept of reciprocity may allow the specialist to more regularly detect it and address it in psychotherapy and consultation.

Consider Connections

A core aspect of a system is the connection between the parts of the system. CFP specialists actively consider connections as they work with individual members, dyads, or subsystems. Capra (1996) refers to the interdependence and interrelatedness of systems as the "web of life" and suggests that all systems are networks of individual organisms that organize and nest within each other as "networks within networks" (p. 35). In the social sciences, this means adopting a fundamental shift from looking at individuals to looking at the connections between individuals. Humans in relationships, whether they are intimate, biological, or organizational, affect and impact each other in a dynamic process of interdependence. For example, is there an interrelationship between a parent's perception of a child and the child's self-perception? In addition, humans interact within a context that includes natural, political, cultural, economic, and other macroscopic

or environmental elements. Once the CFP specialist comes to the habit of actively considering connections, it is possible to use a systemic paradigm (see Figure 2.1) to facilitate recognition and inclusion of the connections that exist in a particular situation or case.

Connections in social systems are often manifested and operate through the transmission of information and ideas (Meadows, 2008). The flow of communication helps coordinate interaction and interdependence. Ultimately, connection is centered on the purpose of the system, which may be determined from observation of system behavior (e.g., is the purpose of a particular marriage about relationship, partnership, control, sex?). The specialist may recognize power dynamics, cultural beliefs or restrictions, religious or spiritual convictions, and so forth, that are part of the systemic communication process and inform the connection. CFP specialists assume connections, look for them regularly, and factor them into interventions in individual, couple, family, and organizational dynamics.

Accept Ambiguity

Dynamic systems thinking recognizes that situations and circumstances are often unclear or uncertain. This counters the common desire for easy answers to complex situations. Systems thinking suggests that interdependence, complexity, and reciprocity alone create significant ambiguity in most situations. Therefore, a systemic habit would involve questioning solutions or answers that seem too certain or too absolute. Instead, the systems thinker recognizes the shades of gray present in most situations and seeks to include them in the therapeutic process. This requires that the CFP specialist accept ambiguity (or enjoy and embrace it) even while many people run from it. "Tolerance for ambiguity implies that one is able to deal with uncertainty and/or multideterminacy. . . . Ambiguity-tolerant people are comfortable with the shades of gray in life" (Beitel, Ferrer, & Cecero, 2004, p. 569). Acceptance of ambiguity allows the specialist to hold ambiguity in mind while considering complex problems or multiple perspectives. Constructivism suggests that many people, when faced with ambiguous situations, feedforward what they have already learned in the past in situations that seem similar or have comparable elements (Mahoney, 1991). This may reduce uncertainty and ambiguity, but it may also disallow new learning, new ideas, or change by disallowing novelty in experience (it may also perpetuate bias and prejudice). CFP interventions may require that the client(s) stretch beyond an existing comfort zone to perceive and understand the shades of gray in the life; Gelatt (1989) suggests that it is possible to be comfortable with the ambiguity we face in interpersonal relations

today, calling for "positive uncertainty" (p. 252). The CFP specialist needs to embrace ambiguity and facilitate tolerance for it in others.

Conceptualize Change

CFP specialists understand systemic change processes. Self-organization is the ability of a system to change itself by creating new responses or new behaviors to cope with presenting challenges. It is a form of resilience that allows a system to adjust and adapt over time. For example, consider how the human immune system may evolve in response to new infections (Meadows, 2008). Equifinality, "the notion that there are multiple possible paths to a given outcome" (Fuqua & Newman, 2002, p. 84), is an aspect of self-organization. It means that individuals, couples, families, and organizations, when faced with daunting challenges, may create totally new pathways to face those issues. However, there are limits to resilience, and systems may not always reorganize effectively. The CFP specialist must conceptualize change in a manner that allows the system to manifest equifinality and self-organization, even if it means that the person(s) move in a direction the CFP specialist did not anticipate.

One mechanism of change involves the identification of leverage points ("places in the system where a small change could lead to a large shift in behavior"; Meadows, 2008, p. 145). Leverage points are not easily identified, but they can facilitate change. For instance, it is our experience in couple therapy that helping troubled couples solve one small issue that is part of a relationship pattern can have an exponential effect on their ability to solve future issues. This may be due, in part, to the restoration of hope for the relationship or the sense that they can collaborate effectively, but the first solution provides a lot more leverage than the second or third, so the specialist must identify the problem most likely to be resolved successfully.

Many of the evidence-based intervention models in CFP have specific change mechanisms embedded in the model. Often these are identified and tested leverage points. Model designers created change hypotheses, operationalized them in treatment, and conducted research to determine the actions, behaviors, and mechanism of change most likely to result in the intended outcomes. The CFP specialist studies evidence-based models, understands the mechanisms of change, and implements them in a manner consistent with the research findings (Sexton, 2007).

Observe Patterns and Trends

The recognition of patterns and trends in systems is an important habit of systemic thinking. Homologies are "recurring patterns that exist within a

wide variety of systems" (Sweeney & Sterman, 2007, p. 286). Homologies look different on the surface and may manifest in very different areas of life, but they reflect the same feedback processes at a fundamental level. The ability to recognize these patterns enables the CFP specialist to move beyond addressing individual issues toward resolution of patterns of interaction that reveal themselves in various circumstances. For example, it is possible in couple therapy to focus successively on a series of disagreements and problems that exist or evolve between the couple over several sessions in a manner that suggests that each issue is entirely separate and distinct (e.g., arguments over finances, sexual relations, decision making). Many people focus on the content of the issue and think it is discrete because of that content. On the other hand, the CFP specialist who observes patterns will recognize underlying dynamics that are parallel across the various issues and seek to change that pattern of interaction, knowing that improvement in the pattern will impact diverse future relationship issues. The sequence of this process first requires CFP specialist recognition of the pattern, then facilitation of client(s)' recognition of the pattern, in order to consider possible pattern interrupts that are acceptable to both parties. The CFP specialist may identify one particular problem to illustrate the pattern and use that problem as the point of entry to pattern change, but the key result is the couple's ability to transfer the insights learned to other content domains.

Another type of pattern is that observed when considering events as part of a sequence that occurs over time. This may be done through mental analysis or by using a graph or equation to track systemic behavior, but this process involves ascending to a metalevel to consider a class of events rather than focusing on a single event. This analysis allows the systems thinker to recognize trends, movement toward a goal, and timing of that movement (e.g., the couple is making more mutual decisions in the last 3 months; the family recently shows less hierarchical control and more affective support). This type of trend recognition allows evaluation of treatment process and outcomes.

Consider Unintended Consequences

Because systems thinking incorporates elements of chaos theory, it is reasonable to recognize that interventions in the system may lead to unintended consequences (McBride, 2005). Linear thinking suggests that there are direct and proportionate reactions to every action (i.e., A leads to B), so that more A will result in more B. Systems thinking understands that we cannot always predict the exact response to an action (e.g., a little A may lead to more B, but a lot of A may result in less B; a little alcohol may

reduce social anxiety, but more alcohol may increase social tension) and that many other factors may be associated with the A–B interaction, so an intervention with A–B may end up involving C, D, E, and F (or more). Unintended consequences can have beneficial effect (the windfall that occurs when an intervention to address one issue results in positive change in other problems) or negative effects (the intervention that was intended to create a win-win situation results in a lose-lose outcome). Senge (2006) calls the latter "fixes that fail" because although the fix is "effective in the short term, [it] has unforeseen long-term consequences" (p. 399). For example, consider the apparently simple goal of reducing the incidence of drivers running red lights.[1] Some cities installed cameras to monitor intersections and issue tickets. They expected that the ticket fines would bring revenue to the city and result in fewer accidents. However, there are reports that some cities shortened the time for yellow lights in order to increase ticket revenue and that increasing yellow-light time by one second might both reduce red-light violations and accidents and lower ticket revenue. In fact, some studies found an increase in rear-end accidents (perhaps due to sudden stops to avoid the camera ticket). Some cities have deactivated cameras due to reduced revenue. This problem and the various attempts to address it demonstrate the complexity of interactive factors and the possibility of unintended results for potential "solutions." Similar unexpected and unintended consequences may result from psychological interventions with individuals, couples, families, and social organizations. Key specialist abilities in this habit involve avoiding reductionistic assumptions about outcomes and remaining flexible to respond to unintended consequences.

Shift Perspective

It is possible to perceive situations differently if one assumes a new perspective or vantage point. For example, simply reversing the route of a morning walk may lead to new perspectives and discoveries. Many people lose perspective because they perceive circumstances only from their own location. Accurate empathy, or the ability to enter and take another's

[1] This apparently simple problem is actually a complicated situation, impacted by various interests and perspectives. A report of increased rear-end accidents by the Virginia Transportation Research Council may be found at http://www.virginiadot.org/vtrc/main/online_reports/pdf/07-r2.pdf. The city of Dallas, Texas, found that after initial periods, revenue fell significantly below projections, and it idled some cameras (http://www.dallasnews.com/sharedcontent/dws/news/localnews/stories/DN-redlights_15met.ART.North.Edition1.468120d.html). Other reports suggest that some cities have significantly lowered the time for yellow lights, perhaps to increase revenue from tickets, but increasing the danger of accidents (http://www.motorists.org/blog/6-cities-that-were-caught-shortening-yellow-light-times-for-profit/). Camera companies, which collect a percentage of the fines, make arguments in favor of the cameras, on the other hand.

perspective in a thorough manner, is an important mechanism of change in many CFP interventions.

Understanding system dynamics depends on one's place in the system. This requires the ability to recognize multiple levels of perspective (e.g., the microsystem level, the mesosystem level, the macrosystem level; Bronfenbrenner, 1986) and to "locate situations in wider contexts" (Sweeney & Sterman, 2007, p. 286). In addition, CFP specialists recognize that it is possible to perceive the same situation in very different ways. Necker's Cube is a famous example of human mental ability to look at the same object and perceive it in very different ways in the three-dimensional environment (Einhäuser, Martin, & König, 2004). The ability to shift perspective is a crucial CFP habit in order to work effectively with more than one person at a time (e.g., couples, families, or organizations). However, we would suggest that individual psychotherapy also benefits from the ability of the CFP specialist to shift perspectives as the client describes interaction with other people in order to assist the client in understanding her or his social environment.

CFP specialists facilitate empathy and mutual understanding because they regularly take the perspective of others and attempt to see what is occurring through new eyes. For example, in couple therapy the specialist must constantly shift between the partners to understand and accurately empathize with the different perspectives each person brings into the room; family psychotherapy requires even more agility in shifting perspectives. In organizational consultation, the CFP specialist needs to assess and understand the presenting consultation problem from multiples perspectives during the needs assessment.

Factor in Time

Dynamic systems thinking recognizes the role of time in systemic functioning. Systems arise from their history and manifest historical influences at the individual, interpersonal, and macrosystemic levels (e.g., life span development; intergenerational transmissions of values and traits; evolution of societal norms). Some research indicates that people vary in their recognition and reference to time when seeking to understand life situations from little or no reference to nonspecific reference (time in general) to specific reference (intervals or known categories of time) to a more complete awareness of the role of time (Sweeney & Sterman, 2007). CFP specialists include time in case conceptualization, assess for time-related factors (e.g., complete a multigenerational genogram; McGoldrick, Gerson, & Petry, 2008), and consider the impact of time on interventions.

Timing is one aspect of time; systems members may be in sync or out of sync in the course of CFP interventions. It is not uncommon to experience roadblocks or failed initiatives because one person is ready to institute interpersonal change but another is not (e.g., one partner is willing to work on the relationship, but the other does not recognize that there is a real problem). Some individuals make decisions quickly, while others need time to process their thoughts and come to a conclusion. Sometimes the same idea that failed to work earlier will work now because members of the system are ready for it (or vice versa). One person in a relationship may become exhausted waiting for the other person to engage in the change process, so that by the time the other finally responds it is too late to achieve the desired goals. "Delays are pervasive in systems, and they are strong determinates of behavior" (Meadows, 2008, p. 57). Conversely, the partner who is too anxious to satisfy the other does not delay enough, creating an overresponsive pattern that may irritate or annoy their partner (e.g., under threat of divorce, a previously unresponsive partner may suddenly become overresponsive in a manner that is not believable). The CFP specialist pays attention to timing and adjusts interventions to maximize the potential to bring systems members in sync.

APPLY SYSTEMIC ORIENTATION TO CFP COMPETENCIES

A hallmark of the CFP specialty is the ability of the specialist to apply the systemic epistemology consistently and thoroughly across all the specialty foundational and functional competencies. The CFP specialist has thought deeply about the systemic orientation and inculcated habits of systemic thinking. For example, the specialist approaches assessment informed by a systemic epistemology and systemic paradigm. This means that the specialist will consider the broad range of factors that may be salient to the presenting case and conduct an assessment that evaluates those factors deemed relevant. Please see the competency chapters in this text for descriptions of the application of a systemic epistemology to the specialty competencies.

APPLY SPECIALTY SCIENCE TO CFP COMPETENCIES

The CFP specialist also demonstrates the ability to apply specialty scientific knowledge and scientific methods to the specialty foundational and functional competencies. Knowledge and application of science are a hallmark of professional psychology practice, including specialty practice (Bieschke et al., 2004). This means that the CFP specialist has developed a solid foundation of specialty scientific knowledge and the ability to apply it in practice. For instance, the CFP specialist demonstrates competency

in interpersonal interaction through awareness of the research findings regarding the establishment and maintenance of the therapeutic alliance with the client(s). The specialist has learned the common and specific factors that facilitate the therapeutic alliance, in general, and the particular factors that are important to working with specific models or particular client populations. Please see the competency chapters in this text for description of the application of CFP science to the specialty competencies.

Attitudes

The CFP specialist evidences scientific mindedness in which the specialist independently values and applies CFP theory and science to specialty practice. This overarching attitude toward the relationship of theory and science to practice involves wholehearted and enthusiastic espousal of the role of each element as they interact to inform the specialist. There is general recognition in psychology that a scientific approach to practice is a crucial discipline distinctive (Bieschke, 2006; Bieschke et al., 2004). A work group from the 2002 Competencies Conference suggested that scientific mindedness includes commitment to obtain and apply research knowledge to practice, contribute to knowledge, evaluate interventions and outcomes, recognize the role of sociocultural factors in practice, and invite peer and public review of practice (Bieschke et al., 2004). Sue (1998, 2006) suggests that scientific mindedness refers to the tendency to "form hypotheses rather than make premature conclusions" (Sue, 2006, p. 239) and indicates that this is especially important in multicultural treatment. He notes that scientifically minded clinicians do not make naive assumptions, perhaps based on one's own culture, but test hypotheses and act using acquired data. Sexton et al. (2010) agree that the scientifically minded psychologist must "set aside biases and preconceptions, avoid the temptation of superficial answers, and consider what the theories and research say" (p. 160). They recommend asking oneself *what* and *how* questions regularly to fully consider treatment processes.

We suggest that scientific mindedness also includes recognition that one's theoretical orientation may limit conceptualization. Too narrow an orientation or too rigid adherence to a model may hinder one's thinking and limit one's development of hypotheses. Evidence may be screened out if it does not fit the existing orientation. The benefit of a broad, systemic epistemology (see "Knowledge" section above; see Figure 2.1) is that it is capable of the inclusion of particular orientations or treatment models that fit under its umbrella. For instance, the CFP specialist may reasonably

incorporate individual treatment approaches (e.g., personality-based perspectives) that evidence systemic characteristics that make them amenable with the overarching epistemology into interpersonal therapy (Magnavita, 2005). Scientific mindedness is best served by the willingness of the CFP specialist to recognize a comprehensive epistemology and to hold several treatment models that may be accessed as needed to address the treatment goals of a particular case.

INDICATORS

Scientific mindedness is demonstrated by key indicators. Sexton et al. (2010) identify four attitudinal markers: (a) scientific mindedness; (b) curiosity and openness (careful inquiry and nondefensive response to findings, even if they challenge existing knowledge); (c) recognition of ambiguity and the evolution of knowledge (knowledge is complex and dynamic, so clinicians must recognize the limits of current scientific knowledge while respecting and applying it); and (d) willingness to embrace the dialectical nature of science and practice (refusal to side with practice or science alone, but active pursuit of means for each to inform the other). Sexton et al. (2010) describe important elements of each dimension.

For the purposes of this text and consistent with the Competencies Conference consensus (Bieschke et al., 2004), we frame all indicators under the umbrella of scientific mindedness and add to the Sexton et al. list the indicator of CFP specialist self-evaluation and the willingness to invite peer and public review of practice. This indicator reveals an underlying attitude that values ongoing appraisal of professional practice ("subject work routinely to the scrutiny of colleagues, stakeholders, and the public"; Bieschke et al., 2004, p. 716). It requires efforts to remain current in the specialty and the inclination to set aside the presumption of final knowledge or expert status that disallows new learning. It is consistent with pursuit of board certification in the specialty (i.e., the willingness to pursue examination and evaluation of one's practice through the submission of a paper detailing one's theoretical orientation and a practice sample). CFP specialist participation in peer consultation groups or processes provides one means of habitual scrutiny. Psychotherapy progress research that regularly invites feedback from the client(s) about treatment during the progression of treatment provides a structured mechanism for inviting client review (Friedlander et al., 2006; Pinsof & Chambers, 2009). Methods to ensure continuing specialist competency are under consideration by ABPP in 2009–2010; CFP specialists should embrace these opportunities for practice assessment as part of continuing formative development.

Conclusion

CFP specialists recognize the importance of integrating theory, science, and practice. Specialty practice is built on the foundation of conceptual and scientific knowledge, skills, and attitudes. CFP specialists have become what Benson (2007) terms "systems citizens" who "view themselves as members of a global community. They understand the complexities of today's worldly systems and have the capability to face into problems with knowledge and skill" (p. 5). The knowledge, skills, and attitudes of the specialty conceptual and scientific competency create the foundation for the CFP specialist to provide effective specialty services.