

The American Board of Couple and Family Psychology

Manual for Obtaining Board Certification

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INTRODUCTION

As a constituent specialty group of the American Board of Professional Psychology (ABPP), the American Board of Couple and Family Psychology (ABCFP) offers certification opportunities to psychologists who present the requisite training and experience. Candidates for board certification in couple and family psychology complete an application, submit credentials, provide a work sample, and sit for an oral examination administered by the ABCFP. Candidates who successfully complete the process earn board certification in couple and family psychology.

Specialty of Couple and Family Psychology

Definition & Description

“Couple and Family Psychology (CFP)¹ 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” (Stanton & Welsh, 2011).

Specialists in Couple and Family Psychology acquire knowledge in content areas such as:

- ❖ Systems theory and its applications to couples, families, and other social systems
- ❖ Theories of couple and family dynamics, structure, functioning, and treatment.
- ❖ Life-span human development
- ❖ Assessment and testing
- ❖ Personality theory
- ❖ Psychopathology
- ❖ Couple and family intervention and treatment based on a systemic case conceptualization
- ❖ Group and organizational dynamics
- ❖ Ecosystemic thinking
- ❖ Communication theory
- ❖ Individual and multi-cultural diversity
- ❖ Family life cycle events and transitions

¹ The abbreviation CFP will substitute for “Couple and Family Psychology” and “Couple and Family Psychologist” as appropriate to the context throughout this manual.

- ❖ Legal and ethical issues that influence couples/families and couple/family psychologists
- ❖ Multi-generational and extended families
- ❖ Methods of couple/family research
- ❖ Human sexology and the methods of sex therapy

Historical Development of Couple and Family Psychology

Couple and Family Psychology (CFP) is historically rooted in the Child Guidance movement in the early 1900s. In this early movement, the focus of treatment was on the child's family environment where the child's symptoms were seen to be the result of tensions within the family.

The field of CFP was further organized when, at the 1958 convention of the American Psychological Association, the Academy of Psychologists in Marital, Sex and Family Therapy was formed. The 1960s and 1970s saw growth of theoretical orientations and training institutes in couple and family therapy. In 1984 the APA Council of Representatives approved the Division of Family Psychology as APA Division 43.

In 1991, the American Board of Professional Psychology (ABPP) recognized Family Psychology as a specialty and the American Board of Family Psychology (ABFamP) and the American Academy of Family Psychology (AFP) were created. The board has responsibility for establishing criteria related to the definition, education, training, competencies, and the examination process leading to board certification in couple and family psychology. AFP provides a forum for board certified couple and family psychologists, and works to advance couple and family psychology as a science and profession and as a means of promoting family welfare. The AFP also recruits candidates and actively advocates for couple and family psychology with other organizations. A further evolution in family psychology occurred in April 2007 when the ABPP Board of Trustees overwhelmingly approved a name change to The American Board of Couple and Family Psychology (ABCFP), which reflects and encompasses more accurately the focus of education, research and practice in the specialty area. In 2002 the APA's Council for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) approved family psychology as a specialty, with re-approval granted in 2018.

Couple and Family Psychology Today

From the child guidance movement, CFP retained the notion that psychological problems emerge in part as a result of dysfunctional interpersonal relationships, particularly within the family. CFP incorporated the treatment of individual problems via relationship-focused interventions, and the treatment of distressed relationships, particularly with couples and parent-child relationships. The specialty evolved further with an expanded model of psychological problems that considered the effects of intrapersonal, interpersonal, environmental, and macro-systemic factors. CFP will play a central role in health care systems. For instance, the VA is expanding its training and clinical program in CFP to provide greater involvement within health care. Hospitals also are recognizing the role of CFP in the treatment of patients.

Why Seek Board Certification in Couple and Family Psychology?

Board certification assures the public and the profession that the couple and family psychologist specialist has successfully completed the education, training, and experience requirements of the specialty in the following areas: assessment and intervention, knowledge of the scientific and research base of the specialty and its application in practice, ethical and legal issues involved in practicing couple and family psychology, identification with the specialty, and, when applicable, consultation and supervision in the specialty. Certification in CFP under the aegis of ABPP is important for the following reasons:

- ❖ Board certification is the expected highest standard of professional practice and is respected in the job market for psychologists who work with couples and families.
- ❖ Becoming Board Certified helps consumers and systems to differentiate psychologists with the ABPP as holding the highest certification for professional psychologists who provide behavioral health services.
- ❖ The military and Veterans Administration Hospitals provide a 5% pay increase for those with ABPP status and professional recognition.
- ❖ APA looks favorably on faculty with Board Certification from APBB when accrediting a program. All specialties are respected depending on the faculty member's area of scholarship.
- ❖ Hospitals conferring Privileges often require an ABPP as a part of credentialing or within a few years of credentialing.
- ❖ ABPP board certification increases visibility with potential for enhanced networking and referrals.
- ❖ Malpractice insurance uses this information to verify expert status.
- ❖ ABPP board certification offers a high level of licensure mobility in cooperation with the Association of State and Provincial Psychology Boards (ABPP).

Finally, the board certification process in CFP Psychology helps psychologists crystallize their theoretical views and assessment/intervention strategies and integrate them into a coherent model of CFP.

BOARD CERTIFICATION PROCESS

All candidates for board certification in CFP must meet general eligibility requirements set by ABPP. Once approved by ABPP, candidates can choose one track depending upon their background and experience—standard track or senior track (15 years of practice and additional documentation of specialization-- please see below for more detail). Regardless of track, the Board certification process proceeds through three stages.

1. Stage I: Application for candidacy
2. Stage II: Submission of professional statement and/or work sample (depending upon standard or senior track application)
3. Stage III: Oral examination

Stage I: Application for candidacy

The **application** provides the primary data for determining board certification candidacy based on education and training credentials and endorsements from colleagues. The applicant's doctoral degree and program verification is accomplished by requesting that official transcripts be sent from their educational institution(s) directly to the ABPP central office. Endorsements are requested by the applicant as described in the application form. Once all the materials have been received, the ABPP verifies the applicant's licensing status.

Based on the information described above, the doctoral program's generic requirements are reviewed by the ABPP Standards Committee for compliance with the generic degree and professional psychology program criteria. Applicants meeting the generic requirements are then reviewed by the specialty board credentials committee for compliance with the specialty's specific doctoral and post-doctoral level education, training, and experience requirements. Applicants are informed of the results of the eligibility review by the ABPP central office following both parts of the evaluation.

General Eligibility Requirements

To attain certification in any specialty, an applicant must meet the common eligibility requirements:

- A doctoral degree from a program in professional psychology (e.g., clinical, counseling, or school) which at the time the degree was granted held accreditation by the APA, CPA, or was listed in the publication *Doctoral Psychology Programs Meeting Designation Criteria*. Applicants credentialed in the most recent directory of the *National Register of Health Service Providers in Psychology* or the *Canadian Register of Health Service Providers in Psychology* will automatically meet the doctoral degree requirements. Applicants who hold the *Certificate of Professional Qualification in Psychology (CPQ)* also qualify as automatically meeting the doctoral degree requirements. Applicants are eligible to apply who have completed a formal re-specialization program in clinical, counseling or school psychology. An applicant may qualify for an individualized exception review based on a doctoral degree granted prior to 1983, or a degree granted outside the U.S. or Canada, or for applicants claiming equivalent doctoral degree and program requirements. Such exceptions are coordinated through the ABPP Executive Office and the ABPP Standards Committee.
- Completion of an APA or CPA accredited internship or an APPIC or CAPIC approved internship (exceptions may be granted)
- Licensing as a psychologist – To be eligible for candidacy for ABPP board certification, all ABPP candidates in the U.S., its territories, or Canada must be licensed for independent practice as a psychologist at the doctoral level in a jurisdiction of the U.S., its territories, or Canada.
 - Limited exceptions exist for those receiving their doctoral degrees prior to 1983, or with degrees granted outside the U.S. or Canada, or with formal retraining or substantial equivalents to accreditation requirements, or who hold licensure in jurisdictions of practice for some Federal employees. [Exception criteria and procedures are available from the ABPP central office.]

Specialty Specific Eligibility Requirements

Applicants for certification in Couple and Family Psychology (CFP) may apply through one of two tracks. Each applicant is evaluated according to the requirements of the category in which she or he applies by a current Board member; any variance from the requirements will be evaluated on a case-by-case basis. If the applicant believes they are qualified but does not meet the requirements, they are urged to request an individualize review of their history from a panel of the Board.

Standard Preparation for Eligibility in CFP

The Board recognizes that obtaining training in CFP is not readily available in many settings. Therefore, training often occurs through multiple methods. Education and training is often circuitous and this fact can be reflected in the applicant's materials.

Specialty specific education and training can be demonstrated through a combination of some of the following experiences:²

- An internship with a CFP track or rotation
- One or more graduate courses and/or practica in CFP
- 25 hours of didactic CFP (CE's) training post-graduation
- 25 hours or more of supervision by a Board Certified CFP
- 25 hours or more of supervision by an experienced couple and family clinician (with details provided to Board)
- Teaching CFP courses at the undergraduate, graduate, or postdoctoral levels
- Research and publication of CFP theory and application
- 40 or more hours of supervision of CFP graduate and postdoctoral students
- Highly favorable letters of recommendation from two supervisors or colleagues
- A post-doctoral residency or one year of postdoctoral practice with 30% to 50% of service delivery in CFP, supervised by a licensed psychologist or board certified CFP.

*If uncertain whether you meet the criteria to apply, please contact the Board President.

² EDUCATION AND TRAINING GUIDELINES: A Taxonomy for Education and Training in Professional Psychology Health Service Specialties. **COMMISSION FOR THE RECOGNITION OF SPECIALTIES AND PROFICIENCIES IN PROFESSIONAL PSYCHOLOGY**

Senior Couple and Family Psychologist Eligibility

Senior eligibility recognizes the accomplishments and contributions of those who have worked in the field of couple and family psychology for a minimum of 15 years after receiving their doctoral degree. Post-doctoral residencies count toward this 15 year total.

Every senior candidate must demonstrate having a professional identity as a couple and family psychologist, in addition to meeting the generic qualifications required by ABPP (this does not preclude other professional identifications). Candidates may demonstrate professional identity in the specialty by submitting a concise summary of evidence, using the illustrative examples provided below as guidance for the type of evidence desired.

Evidence of Professional Identity-- candidates will be able to articulate and describe the application of conceptual competency in systemic epistemology in one's work (e.g., ability to use systems theory to inform CFP). The senior track is reserved for psychologists who have made substantial, recognized contributions to the field. One can demonstrate professional identity in CFP through a combination of the following:

- Fellow status in the APA Society for Couple and Family Psychology
- Membership and service in a CFP organization
- Presentations on CFP at professional conferences
- Teaching CFP courses at the graduate and undergraduate level
- Consultation concerning CFP issues
- Research that has made national or international contributions to the field
- Contributions to professional journals
- Service on CFP professional journal editorial boards
- Conducting clinical case consultations at facilities in the community
- Supervision of graduate students, junior staff members, or independent practitioners
- Documented systematic and sustained engagement in social policy, programs, and legislation on behalf of CFP

If the applicant is deemed not to meet all requirements for senior track eligibility, he/she will be advised to seek certification through the standard track.

Passing Stage I (Achieving candidacy)

Upon favorable review and verification of the applicant's credentials by the ABPP central office, the ABCFP conducts a review and the central office will notify the candidate of acceptance (or rejection). Favorable review means the candidate moves on to Stage II, at which point the ABPP office will provide the candidate with the name and contact information of the ABCFP President

and the AACFP President. An examination coordinator will be assigned as the candidate continues to meet the requirements of Stage II.

To assist the candidate to succeed with the process from candidacy through oral examination, a mentor also will be assigned by the American Academy of Couples and Family Psychology.

Steps in moving from Stage 1 to Stage II:

1. After passing stage 1, the ABPP central office will notify the candidate and provide contact information for the CFP examination coordinator.
2. The examination coordinator contacts the candidate.
3. The examination coordinator connects the candidate with the mentor from the Academy.
4. The candidate pays a Stage II fee for the evaluation of the work sample, and if the work sample is passed, for the oral examination as well.
5. The candidate submits his or her work sample (digitally) through the ABPP portal or to the President of ABCFP.

Stage II: The Work Sample

The work sample and the related professional statement represent the initial part of the examination process. The work sample provides the candidate with the opportunity to present a sample of her or his practice in the specialty in support of candidacy together with a professional statement that puts the sample in context and tells the committee more about the candidate's philosophy of practice. Requirements vary depending on whether the candidate is applying based on the Standard or Senior tracks. Details for each track follow.

Overview of Steps in Stage II:

1. The candidate submits her or his fee to the ABPP central office.
2. The work sample is received by the exam coordinator (President of ABCFP).
3. The coordinator convenes the work sample review committee who evaluate the work sample for adequacy and completeness.
4. If additional information is required from the candidate, the coordinator may request this information and the candidate will be provided with at least one 90-day extension to supply this information.
5. If the materials are determined to pass Stage II, the coordinator contacts the ABPP Central Office to let them know that the candidate has passed Stage II and is ready to move to Stage III.
6. The coordinator appoints an examination committee chair.
7. The chair coordinates an exam date with the candidate and the examination committee.
8. If the work sample is not approved, the candidate is asked to submit revisions, in collaboration with his/her mentor and feedback from the coordinator. If the work sample is deemed entirely insufficient in content following revision, the Stage II process is terminated, and the coordinator returns the materials indicating verbally and in writing the specific ways that the materials do not meet the criteria, and informing the candidate that he or she may reapply in six months (paying a new Stage II fee for evaluation of a new sample).

Standard Preparation for Specialists

Overview

The candidate submits the following items to the President and the exam coordinator of ABCFP in electronic form for Stage II:

- A current curriculum vitae
- A professional statement of one's philosophy of couple and family psychology
- A work sample video (with audio) in electronic format (to be sent in encrypted form or in a form to protect the identity of the couple or family)
- Contextual and supplementary information for the work sample video (as described below)

The work sample evaluators will assess whether the candidate demonstrates mastery of the competencies of the specialty at Stage II as follows:

1. Professionalism
2. Ethical legal standards and policy
3. Individual and cultural diversity
4. Relationships
5. Scientific knowledge and methods
6. Evidence-based practice
7. Reflective practice/self-assessment/self-care
8. Interdisciplinary systems
9. Assessment
10. Intervention
11. Consultation
12. Supervision
13. Teaching
14. Research/evaluation
15. Management-administration
16. Advocacy

All candidates are expected to demonstrate excellence in the first ten competencies as they relate to the field of CFP. Candidates are expected to demonstrate excellence in one or more of the remaining six competencies (consultation, supervision, teaching, research/evaluation, management-administration, or advocacy) in CFP.

The Professional Statement

Candidates must provide in electronic form a professional statement in which they describe their professional training, experience, and identification with CFP. The professional statement should highlight the applicant's specific training and background in the area of CFP. The board recommends **no more than 2,500 words**. This statement should provide the candidates with the opportunity to communicate with the examining committee about their identity and work as a CFP

and serve as a basis for the discussion during the opening portion of the oral examination. Candidates have the responsibility for developing a statement that captures their theoretical orientation and articulates how they translate that orientation into work. The professional statement should also include a description of the full scope of the candidate's professional activities beyond his/her employment.

Instructions for completing the professional statement

1. Tell the committee about the professional work you are engaged in at this time. Be sure to focus on your current employment and professional activities at the local, state, and national level; continuing professional education activities; long term plans in psychology; and reasons for seeking board certification. Provide evidence of your identification with CFP.
2. Discuss your current assessment, intervention, consultation, and/or supervision/teaching/management activities and both the theoretical and empirical basis for these activities. This statement should include a description of your professional theoretical framework and a discussion of how researchers and theorists in the field have influenced you. If you call yourself eclectic or integrative, describe at least three major themes in your eclecticism or integrative model. Address ways in which your theoretical model informs your attitude toward individual and cultural diversity considerations as these affect your assessment, intervention, consultation, and/or supervision/teaching/management activities.
3. Provide evidence for the ways in which you utilize or contribute to the current science base by addressing one of the two following points: (a) discuss the evidence base that informs your practice, including how you determine if your activities as a CFP are effective; or (b) describe your own current clinical and/or research activities and how these inform practice.
4. Provide examples of complex professional interactions that you have handled skillfully, in one of the following professional domains: scholarship, assessment, intervention, consultation, and/or supervision/teaching/management. In particular, share examples of incidents in which it was important for you to respond appropriately to issues stemming from individual and cultural diversity.
5. Describe a challenging ethical dilemma encountered in your work as a CFP. Address how the relevant aspects of the *APA Ethical Principles of Psychologists and Code of Conduct* informed your thinking about it and describe how you handled the dilemma. If applicable, address any diversity considerations that arose in resolving this dilemma.
6. Verify that no ethical/legal disciplinary action has taken place since your admission to candidacy. You may do this by attaching a one line statement, specifying that no disciplinary action has been taken against you, and sign it.

Along with the electronic copies of your professional statement, your curriculum vitae, provide copies of your clients' authorization (**names/signatures obscured**) to use their interview recordings for your examination (unless applying as a Senior Psychologist without videos), and a copy of the *Health Information Portability and Privacy Act* (HIPPA) documents you used with the clients. Names should be obscured on **all** submitted material.

Work Sample

The work sample serves as an example of the candidate's couple and family practice for exploration and evaluation during the oral examination. The work sample typically focuses on assessment or intervention. It is possible to provide a work sample in consultation, teaching, or supervision, but a video and contextual material are still needed when one of these elective competencies is the focus of the exam. Candidates are required to submit:

- Digital Video Recordings containing the work sample video of approximately 50 minutes, typically depicting an unrehearsed psychological assessment or an unrehearsed clinical intervention, drawn from the candidate's typical clinical practice during the year prior to their submission. The candidate may elect to replace this with a consultation, teaching, or supervision video. If the assessment work sample depicts a family evaluation, the recording should cover the first hour of the evaluation since that is the portion during which rapport-building and critical, initial interviewing take place.
- The contextual and supplementary information for the session should be provided in electronic form, with notation of key segments in the session and selective commentary by the candidate that gives the rationale for his/her questions and comments. Rationale should be consistent with the theoretical orientation described in the professional statement.

Sessions shall be recorded in one continuous, unedited 50 minute run, and shall continuously depict visible and audible interactions between Candidate and clients. The focus should be on the face and body of the therapist. Good audio quality is important and the candidate should ensure that all discussion is audible. *Client authorization forms (Form E or the equivalent) shall be obtained by the candidate for his/her case records and a copy brought to the oral exam in a sealed envelope for placement in the candidate's examination file in the ABPP central office. Form E appears at the end of the current section of this manual.*

Some technical suggestions for the digital recording:

Please observe the following requirements and techniques:

- Video will clearly show the face and body of the therapist, not the clients
- Avoid pointing camera at lamps, bright lights, sunny windows, etc., as doing so may close the camera aperture making the video quality too dark for effective viewing.
- Ensure that the audio has good sound quality.
- Position all chairs for all clients and test the setup with the camera with some friends or colleagues to assure that you will be clearly in range of the camera and that everyone will be recorded well be audible.

The work sample must include copies of all source documents and contextual statements that describe the general facts of the case presented in the sample:

- The rationale for the procedures used
- Notation of key segments in the session

- A selective, running commentary on the therapy process and the candidate's own behavior in the sample and
- Any relevant developments for the candidate or client subsequent to the recorded work sample

Assessment Sample Details

An assessment work sample should include the following contextual and supplementary information (1000-1500 words):

- Dates of family member/family contacts
- Non-identifying descriptive information
- Presenting problem
- Brief history
- Rationale for procedures used
- Formulation and discussion of the problem
- Role of individual or cultural diversity issues in conducting the case assessment and making the formulation
- A reflective comment on the candidate's own behavior in the Work Sample
- A copy of the full professional, written report that captures the family member/family diagnoses and recommendations

Where standardized assessment instruments are used, the Candidate should have a thorough knowledge of the construction, administration, and interpretation of such instruments.

Intervention, Supervision, or Consultation Sample Details (Practice Sample II)

An intervention, supervision, or consultation Work Sample should include the following contextual information (1000-1500 words) including:

- Contact dates
- Session number in total sequence
- Non-identifying descriptive information
- Presenting problem
- Diagnosis
- Brief history
- Formulation and discussion of the problem
- Rationale for interventions utilized
- Role of individual or cultural diversity issues in developing and implementing an intervention
- Goals for present intervention
- A reflective comment on the candidate's own behavior in the sample

Teaching Sample Details (Practice Sample III)

The Teaching Work sample lecture should:

- Consist of a 50-90 minute didactic lecture* on a CFP-related topic (*A professional presentation may be a suitable substitute for a university lecture only if it is representative of the candidate's substantive professional teaching activity)
- Demonstrate advanced knowledge about the CFP specialty curriculum, competencies, while also incorporating current research
- Demonstrate the application of teaching-learning methods, including the ability to teach the theory and application of a systemic orientation
- Provide evidence of the candidate's specialty clinical skill through the use or discussion of case examples
- Include any Q&A between the students and candidate that may occur

A teaching Work Sample should include the following Supplemental Information (2500-3000 words):

- Date and title of lecture
- Explanation of the overall curriculum and how the lecture fits into the larger curriculum
- How the candidate created the CFP curriculum for this particular group of students and, if relevant, any other evidence of curriculum development in the specialty
- The candidate's CFP epistemological framework and how it is applied in teaching
- Teaching statement that includes a description of the candidate's teaching-learning approach when teaching CFP science, evidence-based models, and competencies
- Date of lecture and description of the setting/students
- Purpose and goals of the lecture, which should encompass students' development of CFP competencies, including knowledge about CFP science and evidence-supported practices
- Role of individual or cultural diversity issues in creating and providing the lecture
- Selective running commentary about the candidate's behavior and experience while giving the lecture
- Any relevant developments for the candidate or students subsequent to the work sample
- The Client Authorization form (Form E) can be adapted for a classroom setting
- Submit slides that are clearly legible or "reader friendly" (excluded from the 2500-3000 word limit)

Technical considerations:

- Candidates should test video and audio of self and students before the lecture
- It is highly recommended that candidates use two recording devices to protect against the negative consequences of a technological problem
- The video should show the face and body of the candidate as well as the slides being shown to the class

Supervision Work Sample Details

Competency in supervision of couple and family psychology (CFP) should be demonstrated in the work sample that includes a videotape of supervision with a supervisee who is conducting practice with a systemic lens. Although the candidate may engage in live supervision with the supervisee, the videotaped work sample must include the supervisor feedback about the supervisee performance. The supervisee may be part of a group, and group supervision may be discussed in the supplemental information; however, the work sample should also reflect the development of a supervisory relationship between the candidate and an individual supervisee.

Supervision case should:

- Consist of a video, approximately 60 minutes in length, that contains selected clips from the ongoing supervision of a supervisee engaged in couple or family therapy.
- Include a written narrative explaining, for each selected video clip, the supervision stage, the relevant core HSP clinical supervision competency being demonstrated, and the core or essential CFT competency that is being attended to/evaluated.
- Demonstrate the application of supervision methods consistent with the supervisor's expressed model or approach and a systemic orientation.
- Provide evidence of the candidate's specialty clinical skill through the use of supervision methods and discussion that promote understanding and application of a systemic orientation at each stage of the therapy.
- Demonstrate advanced knowledge about the CFP specialty, competencies, and current research.
- Include dialogue between the supervisee and candidate.

Supplemental Information (2500-3000 words):

- Brief description of candidate's experience in CFP supervision.
- Supervision statement that includes a description of the candidate's clinical and/or CFP supervision model or approach when supervising CFP practice and how this has evolved over time.
- The candidate's CFP epistemological framework and how it is applied in supervision.
- The role of individual or cultural diversity in the candidate's CFP supervision.
- How research on CFP and supervision, evidence-based training, and consideration of CFP competencies are reflected in the candidate's supervision.
- How competency of the supervisee is assessed in supervision.
- Explanation of how the candidate's CFP supervision model and epistemological framework are reflected in the work sample.
- Description of the supervision case including: the supervision setting, length, frequency, modality, dates of supervision; supervisee characteristics and level of CFP training; and CFP model(s) of treatment being used and supervised.

- Description of the supervision case should also include a synopsis of the clinical case that is being supervised including: Couple/family/client characteristics and relevant background, presenting problem, stage of treatment, salient treatment issues.
- Purpose and goals of the supervision sample, which should include development of CFP competencies, including knowledge about CFP science and evidence-supported practices.
- Role of individual or cultural diversity issues in the work sample.
- Selective running commentary about the candidate's behavior and experience during the videotaped supervision.
- Any relevant developments for the candidate or supervisee subsequent to the work sample.
- The Client Authorization form (Form E) signed by the supervisee.
- Submit any supervisee assessments or ratings that were collected as part of the supervision (excluded from the 2500-3000 word limit).

Technical considerations:

- Virtual supervision is acceptable but must be recorded.
- Candidates should test video and audio of self and supervisee before recording.
- It is highly recommended that candidates use two recording devices to protect against the negative consequences of a technological problem
- Video should show the face of the candidate; the face of the supervisee may be included with appropriate consent.

Senior Work Sample

Candidates for the senior track submit the following in electronic format for Stage II:

- An updated curriculum vitae
- A professional statement of one's philosophy of couple and family psychology (see below)
- An essay that presents a strong case demonstrating competence in couple and family psychology and copies of supporting materials (see below; any questions about the suitability of supporting materials may be resolved with the exam coordinator). For its examination process, the board has adopted the competency framework presented in Stanton & Welsh (2011), *Specialty competencies in couple and family psychology*, Oxford University Press, updated for health service psychologists (Celano, 2019) and organized by the ~~nine~~ 16 profession-wide competencies required by the ABPP Central Office. ~~nine profession-wide competencies identified in the Standards of Accreditation for Health Service Psychology (approved February 2015) and Accreditation Operating Procedures (approved 2015, with revisions approved August 2017 and June 2018)~~. Other literature may extend the material provided in these sources and reflect on-going research and clinical practice innovations. Candidates are encouraged to review recent issues of specialty journals (e.g., *Journal of Family Psychology*; *Couple and Family Psychology: Research and Practice*) in preparation for the exam.

Specific instructions for completing the professional statement

1. Tell the committee about the professional work you are engaged in at this time and how it relates to the specialty. Focus on your current employment and professional activities at the local, state, and national level; continuing professional education activities; long term plans in psychology; and reasons for seeking board certification.
2. Describe your professional theoretical framework and how researchers and theorists in the field have influenced you. If you call yourself eclectic or integrative, describe at least three major themes in your eclecticism or integrative model. Address ways in which your theoretical model informs your attitude toward individual and cultural diversity considerations as these affect your assessment, intervention, consultation, and/or supervision/teaching/management activities.
3. Describe a challenging ethical dilemma encountered in your work as a CFP. Address how relevant aspects of the *APA Ethical Principles of Psychologists and Code of Conduct* informed your thinking and how you handled the dilemma. If applicable, address any diversity considerations that arose in resolving this dilemma.
4. Verify that no ethical/legal disciplinary action has taken place since your admission to candidacy. You may attach a one line signed statement, specifying that no disciplinary action has been taken.

Specific instructions for completing the competency essay

Senior track applicant must demonstrate a significant and sustained impact on the field of Couple and Family Psychology. For this part of the work sample senior candidates must present a strong case demonstrating their competence in couple and family psychology, using examples or descriptions, such as the illustrative examples listed below. The applicant should provide a brief summary of evidence for specific competencies, naming the competency and citing evidence demonstrating their level of proficiency or excellence. Actual copies of materials or publications and other supporting evidence will form part of the work sample, after admission to candidacy.

Evidence of Scientific Knowledge and Methods, or Research/Evaluation competencies in couple and family psychology:

- Articles published on couple and family psychology topics in professional refereed journals;
- Books on couple and family psychology subjects published by scholarly publishers (i.e., not self-published or published by a vanity press)
- Service on relevant professional journal editorial boards
- Service as a journal editor of a relevant peer-reviewed professional journal
- Presentations on couple and family psychology at professional conferences
- Chaired theses or dissertations in couple and family psychology
- Other evidence of application of current research to clinical practice

Evidence of Assessment and Intervention competencies in couple and family psychology:

- Completion of coursework or continuing education in couple and family assessment or intervention
- Publications or presentations on couple and family assessment or intervention

- Supervision or consultation on couple and family assessment or intervention
- Qualified use of couple and family assessment instruments or application of general psychometric instruments to clinical assessment with couples, families, or larger systems
- Description of the systematic evaluation of individual clients in their the relational context
- Systematic treatment plan development based on a systemic formulation
- Knowledge and use of couple and family evidence-based interventions
- Knowledge and use of common factors in couple and family interventions

Evidence of Teaching competency in couple and family psychology:

- Completion of coursework or continuing education in teaching
- Teaching classes in couple and family psychology (high school, undergraduate, or graduate)
- Presenting workshops in couple and family psychology
- Delivering seminars in couple and family psychology
- Conducting psychoeducation in organizations in couple and family psychology
- Presenting on couple and family psychology at professional conferences
- Authoring articles, book chapters, or books on teaching or education in couple and family psychology

Evidence of Supervision competency in couple and family psychology:

- Completion of coursework or continuing education in couple and family supervision
- Publications or presentations on couple and family supervision
- Conducting couple and family clinical case consultations
- Supervision of graduate students or unlicensed individuals in couple and family psychology practice
- Consultation with independent practitioners
- Supervisee or consultee evaluations of supervision or consultation
- Supervision of supervision of couple and family assessment or intervention
- Service as an administrator of a couple and family oriented program, agency, clinic, health care center, or hospital program
- Presentations on supervision of couple and family psychology at professional conferences

Evidence of Consultation competency in couple and family psychology:

- Completion of coursework or continuing education in couple and family consultation
- Supervised experience in systemic consultation
- Publications or presentations on systemic consultation
- Conducting consultations in organizations or family businesses
- Demonstrated ability to conduct needs assessment using appropriate methodologies
- Consultation reports (needs assessment, recommendations, intervention outcomes)

Evidence of Management-Administration Competency [This competency domain will be addressed only for those Candidates who engage in management-administration]. A successful Candidate engages in effective management and administrative activities of organizations, programs, and/or agencies.

- demonstration of leadership that ensures appropriate organizational assessment with measurable outcomes
- development and implementation of written policies and procedures
- effective communication at all levels in the system
- attention to state or provincial guidelines for compliance with mental health statutes
- implementation of effective personnel hiring and management strategies.

Evidence of Advocacy Competency [This competency domain will be addressed only for those Candidates who engage in Systemic Advocacy designed to impact policy, law, and public reform activities]. The successful Candidate engages in activities that publically promote change at the level of institutions, communities or society. Psychologists engage in activities that advocate for or empower the individual recipients of the services they provide.

- development of strategic alliances for the purpose of effecting change
- organizing diverse affiliates (including institutions and agencies) for the purpose of a common cause
- development and implementation of action plans for targeted change or progress toward a social, political, economic or cultural goal
- evaluation of the effectiveness of those action plans.

Note: Assessment of the following competencies will occur during Stage III the oral examination of the senior candidate: ethical legal standards and policy, individual and cultural diversity, professionalism, relationships, and reflective practice/self-assessment/self-care..

Passing Stage II (Work sample)

1. If the materials are determined to pass Stage II, the President contacts the ABPP Central Office to let them know that the candidate has passed Stage II and is ready to move to Stage III.
2. The President appoints an examination committee chair.
3. The examination committee chair coordinates an exam date with the candidate and the examination committee.
4. If the work sample is not approved, the Stage II process is terminated, and the coordinator indicates verbally and in writing the specific ways that the materials do not meet the criteria, and informing the candidate that he or she may appeal according to the procedures outlined in the BOT manual; these appeal procedures apply at every stage of the application process. The candidate may reapply in six months (paying a new Stage II fee for evaluation of a new sample). Candidates in this circumstance will have the opportunity to request assignment of a mentor to assist them in preparing a more acceptable work sample.
5. ABCFP Appeal Process: The following rules and procedures shall govern ABCFP appeals. ABCFP may adopt supplementary rules and procedures, which are consistent with these policies, and submit them to the BOT/Executive Committee so they will be available for CO staff's information.

Stage III: The Oral Examination

The final stage of the board certification process in CFP is the oral examination. For the oral exam, the candidate meets with the chair of his/her committee and two other ABPP certified psychologists with CFP or other relevant specialization, who direct questions to the candidate about any and all aspects of his/her professional statement and work sample. For its examination process, the board has adopted the competency framework presented in Stanton & Welsh (2011), *Specialty competencies in couple and family psychology*, Oxford University Press, updated for health service psychologists (Celano, 2019) and organized by the 16 profession-wide competencies required by the ABPP Central Office. ~~nine profession-wide competencies identified in the *Standards of Accreditation for Health Service Psychology* (approved February 2015) and *Accreditation Operating Procedures* (approved 2015, with revisions approved August 2017 and June 2018).~~ Candidates should prepare to answer questions regarding their demonstration of these competencies. Other literature may extend the material provided in the book and reflect on-going research and clinical practice innovations. Candidates are encouraged to review recent issues of specialty journals (e.g., *Journal of Family Psychology*; *Couple and Family Psychology: Research and Practice*) in preparation for the exam. The competencies are:

1. Professionalism
2. Ethical legal standards and policy
3. Individual and cultural diversity
4. Relationships
5. Scientific knowledge and methods
6. Evidence-based practice
7. Reflective practice/self-assessment/self-care
8. Interdisciplinary systems
9. Assessment
10. Intervention
11. Consultation
12. Supervision
13. Teaching
14. Research/evaluation
15. Management-administration
16. Advocacy

All candidates are expected to demonstrate excellence in the first ten competencies as they relate to the field of CFP. Candidates are expected to demonstrate excellence in one of the remaining six competencies (consultation, supervision, teaching, research/evaluation, management-administration, or advocacy) in CFP.

In an effort to demonstrate the importance of the cultural diversity competency, our oral exams pose the question: “Please situate yourself within a cultural context. Which aspects or features of individual and cultural diversity (e.g., gender identity, race, intersectionality, etc) are most relevant to your current clinical practice?” After the candidate responds, committee members

also answer the question, which helps to demonstrate both the collegiality of our exam process, and the importance of the diversity competency for all CFP specialists.

Ethics Vignettes and Dilemmas

All candidates will be asked to respond to ethical dilemmas commonly encountered in the practice of couple and family psychology by means of vignettes and dilemmas that the examination chair will bring to the examination. To enable a measure of standardization in the ethics portion of the examination, a file of prepared vignettes and dilemmas is maintained and updated by ABCFP. The Candidate has also been asked to submit, in the professional statement, an ethics quandary from his/her own professional experience, suitably disguised to protect the clients' confidentiality.

During the Ethics segment of the examination, the candidate will be given two written vignettes/dilemmas to review and discuss that were not specifically reviewed in the Candidate's own ethics quandary included in their professional statement. The examining committee does not expect a particular "right" answer from the candidate, but rather expects to hear the candidate present relevant options and demonstrate the ability to evaluate the issues and options in light of the APA Ethical Principles and Code of Conduct (2016). For Canadian candidates you may refer to the Canadian Code of Ethics for Psychologists, fourth edition (2017), rather than the APA Ethical Principles and Code of Conduct (2016). Candidates will discuss their own vignette in the same manner. Candidates will have the opportunity to take a break in order to think through the dilemma if they so choose.

At the conclusion of the examination, the examiners' vignettes are collected by the chair. Both examiners and candidates will treat the vignettes as confidential.

All oral exams will be available via synchronous video-conferencing (VTC) platform. This procedure, initially offered due to the extraordinary circumstances arising out of the COVID-19 pandemic in 2020, was a means to proceed while protecting the safety of candidates and examiners. Oral examination via synchronous VTC is now considered a viable alternative to oral examination conducted in person for several reasons: (a) to protect safety of candidates and examiners, (b) to maximize convenience of scheduling and attending the exam for candidates and examiners, (c) to reduce financial and environmental costs associated with long distance travel for candidates and the specialty board. Neither the ABCFP specialty board nor the ABPP will consider an appeal, should one occur, that is based on a claim that the synchronous VTC method of examination is a deviation from the normal procedure. In person oral exams may still be available at APA conventions

Passing Stage III (The oral examination)

At the completion of the oral exam the candidate will receive copies of forms for rating the conduct of the examination and the three examiners; these should be completed within a month after the exam and sent to the ABCFP President.

Successful (passing) candidates will receive a congratulatory letter from ABPP central office. The report will welcome the newly certified CFP specialist to the ABPP and invite membership as a fellow in the American Academy of Couple and Family Psychologists.

The unsuccessful candidate will receive a descriptive report from the central office, including comments provided by chair, reflecting the judgment of the whole examining committee, giving specific reasons why the candidate did not pass. Identification of specific areas of weakness manifested in the candidate's performance will be addressed along with suggestions for how the candidate might address these areas in order to confidently and successfully approach re-examination. Re-examination requires an additional fee. The BOT manual describes the process of appeal of an adverse decision related to the eligibility, written, practice sample or oral steps of the examination at the ABCFP and BOT levels.

American Board of Couple and Family Psychology (ABCFP) Diversity Statement

The ABCFP is firmly committed to advancing diversity of all types in its selection, screening, and maintenance of certification procedures. In order to achieve this objective, the Board seeks to represent American society in its membership, and its diverse multicultural population with regard to race, ethnicity, gender, sexual orientation, immigration status, geographic or religious identification, or disability.

The ABCFP does not discriminate against candidates on the basis of individual characteristics (e.g., gender, culture, religion, socioeconomic status, ethnic background, sexual orientation, developmental age, stage of life cycle and/or any disability, and its contextual situations). ABCFP will strive to make examination accommodations based upon the nature of a candidate's special circumstances.

Qualified Applicants with Disabilities

The board encourages qualified individuals with disabilities to apply for CFP certification status. The board recognizes that such individuals may encounter particular difficulties and will make efforts to provide reasonable accommodations for these applicants. The board will consider requests for accommodations by individuals with disabilities and encourage such candidates to self-identify when making application or during the Stage 1 process. A qualified individual with disabilities can request reasonable accommodation, but must make a formal request to the board, and support the request with documentation of the disability and identifying the specific reasonable accommodations and the basis for the need. In its sole discretion, the Board will either grant or deny the request based on applicable guidelines. General procedures and individual case-by-case guidelines will also be developed pertinent to the unique needs of each disability.

CANDIDATE APPEALS

Candidates may appeal, on procedural grounds only, an application Stage II, Stage III or MOC decision by the requisite examination committee (i.e., rejection of the application, rejection of the work sample, failure of the oral examination or failure to pass the Maintenance of Certification). Any appeal must be filed within 60 days of notification of rejection of the application, work sample, failure of the oral examination or failure of the Maintenance of Certification. Candidates should send appeals to the ABPP central office, following all instructions found on *Form F-1*. The candidate may not communicate directly with the examiners about an appeal and the examiners may not communicate directly with the candidate during the appeal process.

After an appeal has been filed, it will initially be reviewed by the Specialty Board appeals committee and only go to the ABPP Standards Committee if the candidate’s appeal is denied by the ABCFP and the candidate appeals that decision.

COUPLE AND FAMILY BOARD CERTIFIED) ORAL EXAMINATION
AMERICAN BOARD OF FAMILY PSYCHOLOGY

I, (We) _____, agree to participate in psychological service

which includes video recording of interviews and/or psychological assessment.

_____	_____
Name	Relationship
_____	_____
Name	Relationship
_____	_____
Name	Relationship
_____	_____
Name	Relationship

I understand that the interview and/or assessment will be video recorded and viewed observed by three psychologists who will be evaluating this interview. The videos will be destroyed following the conclusion of the examination process.

I understand that the interviewer is a licensed, doctoral level psychologist who has applied for status as an American Board of Couple and Family Psychology (ABCFP) board certified specialist in couple and family psychology. I further understand that the observers will keep all information revealed in the course of the session confidential. A copy of the signed

authorization form will be placed in ABCFP’s central office in a sealed envelope, to be opened only in cases of future questions or challenges.

I recognize that participation in the board certification examination procedure is not a requirement to receive treatment at _____. My agreement and participation or that of the listed family members is completely voluntary.

Signed by Interviewee: _____ Date: _____

Signed by ABCFP Candidate: _____ Date: _____

CANDIDATE'S GUIDE FOR APPEALING AN ADVERSE ORAL EXAMINATION
COUPLE AND FAMILY CERTIFICATION EXAMINATION
AMERICAN BOARD OF COUPLE AND FAMILY PSYCHOLOGY

The following appeal procedure has been established according to BOT guidelines.

Candidate Appeal of Adverse ABCFP Decision

The ABCP President appoints one member of the Board of CFP to coordinate appeals. For each appeal, an ad hoc committee is appointed to review the merits of the appeal.

The American Board of Couple and Family Psychology establishes standards for the appeal of adverse decisions. The central ABPP BOT will be the final arbiter of candidate appeals regarding the decision to not award Board Certification based on an unsuccessful performance on the examination.

Appeals by candidates are made initially to the appeals panel or committee of the ABCFP. In exceptional circumstances, a candidate who believes that he or she has been treated unfairly as a result of an ABCFP appeal may subsequently appeal to the ABPP Board of Trustees. The ABCFP follows a common set of considerations while preserving individual ABCFP perspectives and procedures. The purpose of this guideline is to outline some common considerations related to the ABCFP and BOT's process of appeal. Appeals processes will be reviewed during the Periodic Comprehensive Review (PCR).

The priority focus of the ABCFP is to establish, implement, and communicate clear and reasonable requirements for certification, thereby reducing or eliminating the necessity of an appeal process.

When the process of appeal is implemented it should be done in a careful, thoughtful, constructive manner with due respect to a fellow professional.

ABCFP Appeal Process: The following rules and procedures shall govern appeals:

- A. ABCFP Appeals Committee. The ABCFP President shall appoint three ABCFP members, one of which may be him or herself, who are well-versed in the examination process and procedures and who were not involved in the examination under appeal.
- B. Appealable Decisions.

The following are considered adverse decisions of the ABCFP and may be appealed:

1. An ABCFP determination that an applicant has failed to meet specific qualifications that results in a denial of certification.
2. ABCFP determination that an applicant's practice samples do not meet stated standards.
3. Failure of the oral or written examination.
4. Denial of appeal.

Note: A decision that has been appealed shall not be final until the appeal process has been completed.

C. Filing an Appeal. The candidate may challenge an appealable decision within 30 days of the receipt of written notice of that decision. The candidate must specify the grounds on which the appeal is made. The alleged grounds must be numbered and must be based on a violation of the ABCFP's procedures. In the event that the appeal is based on the denial of an appeal by the ABCFP, the process below will apply, but will be carried out by the ABPP Standards Committee, which will then serve as the Appeals Committee at the Board of Trustees level.

The appeal should be addressed to the President of the ABCFP, with a copy to the ABPP Executive Officer, who in turn shall refer it to the Appeals Committee of the ABCFP. The Appeals Committee reviewing the appeal must complete its review within 60 days after receipt of the request for appeal letter.

Appeals related to the denial of meeting general requirements for candidacy shall be forwarded to the Executive Officer for resolution by the ABPP Standards Committee, whose decision on these requirements is final.

D. Scope and Conduct of Appeal. The procedural issues addressed by the Appeals Committee shall be limited to those stated in the appeal request letter and which meet the requirement of an appealable procedural issue.

If legal issues appear to be involved, the Appeals Committee should consult with the Executive Officer and may also deem it necessary or desirable to consult with the ABPP legal counsel.

The Appeals Committee shall implement a process of review primarily based upon information before the ABCFP at the time of the decision. The Appeals Committee may seek further information from the Chair and members of the Oral Examination Committee, the Credentials Review Committee, the Practice Sample reviewers, the candidate, or others as appropriate to the issues raised. The process is not a de novo review, but a review of the challenge to the ABCFP decision.

The Appeals Committee shall confer as soon as possible upon the ABCFP's receipt of the candidate's letter requesting an appeal and shall complete its review and decision, addressing each issue(s) raised by the candidate, within 60 days. Failure to complete the review in the 60-day period shall move the appeal to the ABPP Standards Committee for resolution.

E. Decision and Report of Appeals Committee. The decision of the ABCFP should be affirmed unless there was a failure by the ABCFP to adhere to its procedures. In any case, the procedural error would have to be such that it may substantially affect the decision.

If the candidate demonstrates by clear and convincing evidence that there was a procedural error that harmed the candidate in a material way, the Committee shall provide a remedy.

The remedy shall be to void an oral examination (or practice sample review) and offer a new examination (or practice sample review) with no additional fees assessed to the candidate. In

extraordinary circumstances, another remedy may be provided. The Appeals Committee, however, may not “pass” a candidate or re-grade an examination.

The report of the Appeals Committee shall address each issue raised by the candidate and its decision related thereto and the basis for that decision. The report shall be forwarded to the Executive Officer through the ABCFP President. The report shall then be forwarded to the candidate under the EO’s signature on the ABPP stationary. Editing for format and for legal considerations on advice of the ABPP legal counsel may be undertaken by the EO if necessary.

BOT Appeal Procedures:

- A. The Board of Trustees delegates authority to consider ABPP appeals to an Appeals Panel. An Appeals Panel will be composed of three members; two members selected randomly from members of the Board of Trustees, and one member selected by the President from the Standards Committee. No member of the Appeals Panel may be from the ABCFP Board.
- B. The bases for appeals to the Board of Trustees are limited to substantial procedural errors that would likely have changed the outcome.
- C. The candidate appealing a decision shall state with clarity and specificity of the bases for the appeal, and present evidence in writing. The ABCFP shall be given an opportunity to respond in writing. These materials shall be submitted to the Central Office within 30 days of the ABCFP’s appeal decision for distribution to the Appeals Panel. Except in the most extraordinary circumstances, the Appeals Panel will not invite personal appearances before the Panel. The Appeals Panel may establish procedures for considering the appeal. The BOT Appeals panel shall render a decision within 60 days of the receipt of the appeal in CO. The Executive Committee may establish an appeal fee to cover the administrative cost of appeals.
- D. The candidate bears the burden of proving by a preponderance of evidence that the bases for an appeal exists. If the candidate makes such a showing, the Appeals Panel will remand the case to the ABCFP with recommendations for remedying the matter. If the candidate does not make this showing, the Appeals Panel shall dismiss the appeal. The Panel shall inform the candidate, the ABCFP and the Board of Trustees of its decision.

**Overview for Examiners:
Board Certification Process in Couple and Family Psychology**

1. After an applicant has filed an application with the ABPP central office (CO) the materials are sent to the credentials review chair. If the application is approved, the candidate is notified by the CO to submit work sample materials to the President. Materials should not be sent for review until the fee has been received. The work sample is to be reviewed by the review committee.

The coordinator may stay in contact with the candidate to answer questions and provide encouragement as the candidate completes the Stage II requirements. The coordinator may also contact the President (or designate) of the Academy of Couple and Family Psychology so the candidate can knowledgeably decide if her or she wishes to have a mentor.

2. When the work sample reviews are returned, the coordinator notifies the candidate of the results: 1) approved, 2) need to submit additional materials, or 3) rejected and may submit new practice sample after a six-month waiting period. All communication should be copied to the ABPP CO.
 - a. If the work sample was rejected, the Coordinator should carefully craft a letter to the candidate detailing what was lacking and how it might be improved upon. This letter should include a deadline for submitting a new work sample (a year from date of letter).
 - b. If the work sample is approved, the Coordinator sends two (2) copies of the Oral Registration Form with the letter. These are to be returned to the CO by the candidate with the examination fee. The CO will inform the coordinator when the fee has been paid and the exam may be scheduled.
3. The coordinator identifies an exam chair and they collaboratively identify committee members. Once the committee is determined, the chair then confers with the candidate to set the date, time, location and other details of the oral exam.
4. After the oral exam the CO is notified by email of the exam results. If the candidate passes, comments are not needed. If the candidate fails the oral exam, a detailed comment sheet should be included for the CO to send with the fail letter to the candidate. It should be based on the examiners' scoring sheets and comments. Examiners are asked to complete the co-examiner forms and turn in to the chair, who then sends them to the ABCFP President.
5. At the completion of the oral exam the candidate should be given copies of Forms G & H to complete within a month after the exam and mail to the ABCFP President.
6. Copies of all correspondence with the candidate should be sent to the ABCFP President. When candidates become anxious or confused, they often call the Board President.

7. It is the responsibility of the review committee chair to forward work sample results to the examination chair.
8. The examination chair must communicate the oral exam results to the CO.
Note: The ABPP Central Office will send the official letter of acceptance or failure to the candidate.

FORMAT FOR THE STAGE III ORAL EXAMINATION

The ABPP Examining Committee

The couple and family oral examination (Stage III) is conducted by a committee of three specialty certified examiners, one of whom serves as chair. If possible, the chair or a committee member should be a current board member. The examining committee must be comprised of examiners who have no significant prior, or current, personal, professional, or administrative relationship with the candidate or the clients in the work sample.

The board recognizes that specialists in CFP use a variety of approaches and techniques and have differing conceptual frames of reference, and that the effectiveness of professional practice is a function of many factors, including level of experience and theoretical understanding. The coordinator will make every reasonable effort to obtain an examination committee chair and member examiners whose areas of theoretical orientation, knowledge base, and professional interest are similar to those the candidate has set forth in his/her professional statement. The coordinator will then send the candidate the name and telephone number of the examination chair. The examiners will seek to confirm the candidate's competence within her/his espoused theoretical frame. One examiner may be certified in another related specialty, like clinical psychology. A fourth examiner should be identified to participate if one of the three examiners is unable to be at the examination. The candidate should be informed that, given the increasing number of specific theoretical positions and specialized techniques developing within the specialty of CFP, the candidate should anticipate a committee with examiners who share the candidate's broad theoretical orientation but may not have had wide experience with his/her particular focus or approach. A particular area of focus conveys specific competency/expertise in a subspecialty area of couple and family practice such as family violence, bicultural marriages, divorce mediation, couple and family forensic issues, gay/lesbian couples, families with medical issues, etc. Therefore, the candidate should be prepared to discuss his/her area of focus (if any) with a minimum of technical jargon so as to easily communicate with board certified psychologists who may have less experience with this area of the candidate's practice. Nothing in these policies shall be construed as ascribing greater importance to any specific theory, orientation, intervention or technique over any other.

In order to assure as much standardization as possible of the examination process across the nation, the American Board of Couple and Family Psychology has established the following Stage III oral examination schedule. The general pace and sequence of topics must be followed so as to reduce to a minimum the possibility that candidates might receive differential treatment. Within each segment, however, there is room for variation in the immediate situation, as the best judgment of the examination committee warrants. Many topics will be interwoven throughout the examination, related topics may enter into a given subject's time slot, and there is no need to exclude these rigidly

if they are relevant to the discussion. A topic may receive more cursory exploration in its time slot on the schedule only if it has been sufficiently covered earlier.

Sample Schedule for Examination Stage III

(Any consecutive 2 ½ to 3 ½ -hour period can be utilized by mutual agreement adapting to this format)

This schedule requires that the examiners have viewed the videos and reviewed all the written materials in advance.	Time period	Duration in minutes
Committee meets, organizes, members introduce Themselves and describe procedure	9:00-9:15	15
Exam on professional statement; general professional knowledge of CFP	9:15-10:45	90
Break	10:45-11:00	15
Exam on ethical and legal standards & policy	11:00-11:30	30
Exam wrap-up discussion, questions, further information Candidate wishes to provide, return work sample	11:30-12:00	30
Committee votes and writes reports	12:00-12:30	30

Note: Any significant variations in this schedule must be for professional purposes, by mutual agreement between candidate and exam chair, and documented by mutual verbal agreement in writing and they shall not serve as grounds for the appeal of a failed examination.

Conducting the Oral Examination

The Examiners' Responsibility

Examiners are requested to conduct the examination in a courteous, professional and collegial manner. The board expects that examiners will arrange and conduct an examination that is consistent with the policies and procedures stated in this manual. An examiner, in serving as a representative of the ABCFP and the ABPP, accepts responsibility to protect the welfare of the candidate, the work sample clients' confidentiality, and the integrity of the examination.

The relationship between the candidate and the examiners should be a peer relationship in which the candidate is considered a mature professional psychologist.

Since the candidate has already passed many requirements and has demonstrated expertise in the specialty in order to be seated for the oral exam, it is appropriate for examiners to presume an ability to pass unless the candidate clearly demonstrates otherwise.

Examiners should recognize that most candidates will experience anxiety in a face-to-face situation in which they are being evaluated by peers. Each examiner should behave in a supportive manner, thus creating the most favorable situation in which the candidate can demonstrate his/her high quality specialized competencies. The candidate will have read the *Manual for Oral Examinations* and should understand the guidelines for the examination.

Before the oral examination, the examiners are responsible for:

- ❖ Becoming familiar with the professional statement and other data furnished by the candidate (examiners must not write on the materials, as they are returned to the candidate);
- ❖ Carefully studying the recording of the Work Sample;
- ❖ Selecting the ethics vignettes, and the one submitted by the candidate;
- ❖ Preparing meaningful questions that relate to important concepts, issues, and problems generated by the Work Sample and the professional statement.
- ❖ Preparing a multicultural competency question should the issue not arise organically in the oral exam process.

The examination is a confidential, professional event. An examiner will never disclose what is learned about the candidate during the examination, except in the official report to the Board of Trustees of ABPP. All communications concerning the results of the examination shall be by email to the Central Office of ABPP via the chair of the examination committee. *It is not appropriate for a candidate to communicate with the examiners about the outcome of the examination.* If an examiner receives a letter from a candidate, it should be forwarded to the Executive Officer of ABPP via the committee chair. Committee members shall adjust their expectations and questions so that they are appropriate to the candidate's practice context. If the candidate and/or his/her primary clientele are drawn from an American minority population (e.g., African/American, Asian/American, Latino, physically challenged) or from a particular setting (e.g., forensic, educational, county clinic, Christian counseling center), then questions and judgments of competency should be appropriate to that context.

The Senior Exam

The oral examination for the Senior Track is conducted in similar fashion to that of the two traditional tracks, with the major difference being the focus on the candidate's professional statement (since there typically is not a video work sample, although this continues to remain an option for the candidate) and history of contributions to the specialty of CFP. As a result, some of the ballot categories which apply to observed interviews (e.g., assessing the candidate's ability to form rapport with clients) may not apply.

Examiners should focus on directing the senior candidate to provide information which reflects his or her specialty competency from extended professional experience. This should include areas of consultation, contracted service responsibilities, special grants, program administration/supervision, graduate school, internship, or residency contributions, continuing professional education program presentations, program evaluation or research, professional publications in the practice of the specialty, and the candidate's current practice in CFP. The examination questions should reflect the candidate's knowledge of the CFP competencies and evidence based practice/evidence-based treatment strategies in the specialty.

Role of the Examination Chair

The chair is an experienced senior psychologist board certified in CFP by the ABCFP and is responsible for:

1. Communicating with the candidate about the time, place and other details of the examination arrangements. It is the responsibility of the chair to make the initial contact with the candidate.
2. Work with the coordinator to set up the examination committee. Committee selection should be done with consideration of diversity in regard to gender and ethnic background, as well as the general professional orientation of the candidate. The chair should contact the other members and is responsible for ensuring that all can arrange to be present at the designated time and place for the exam
3. Disseminating examination materials
4. Guiding the examination process to relevant subject matters that facilitate the exploration of each relevant competency domain
5. Assuring that the exam is conducted in a courteous, collegial manner and in accordance with the timetable and procedures set forth in this Manual. The chair is encouraged to use the first few minutes of the examination period for introductions, putting the candidate at ease, giving directions to restrooms and drink machines, and giving the schedule of the day, including breaks. The chair is obligated to call a break in the exam at any time to advise the other examiners if the examination process ever falls below ABCFP's high standards for collegiality and courtesy.
6. Offering to give the candidate a break to think about his or her answer to the ethics dilemmas presented by the committee.
7. Leaving a few minutes at the end of the exam for questions from the candidate
8. Immediately following the conclusion of the oral exam, guiding the committee's writing of feedback materials for the candidate and transmitting these promptly to the central office
9. Communicating with ABPP Central Office and the ABCFP Board President about the details and results of the exam by sending in the completed rating forms.

Additional instructions for work sample reviewers, examiners, and chairs:

1. The review chair should hold a conference call among all three work sample reviewers if one committee member rejects the work sample in order to clarify the decision made by the committee member.
2. The exam chair should arrange for a fourth examiner to be ready as a "contingency" backup if one examiner must cancel at the last minute because of illness or another emergency.
3. The candidate's credentials should be available for the exam committee members to peruse, so they may have a better idea of the candidate's professional experience and be able to ask more informed questions at the examination.

Examiners may ask questions that are not specific to the professional statement or work sample, such as:

1. What are the candidate's criteria for making a referral to another provider of services?
2. What journals does the candidate read? What has been a significant article that influenced the candidate's clinical/professional practice?

The Training of Chairs and Examiners

The high-quality, collegiality, relevance, and standardization of the ABCFP certification process will be maximized by a clear and explicit examiner's manual, and the training and orientation of chairs and examiners drawn from a wide range of CFP certified specialists. The ABCFP shall conduct periodic training and orientation sessions for board certified specialists who wish to become examiners. The ABCFP shall conduct such training in a fiscally responsible manner with an attempt to coincide training with other board functions or examinations that may be scheduled.

- The ABCFP makes available a clear and detailed examination manual which discusses and explains the procedures and responds to questions and issues that have been raised frequently in the past.
- The ABCFP may provide training at professional meetings (in order to be fiscally responsible) for its board certified specialists who wish to serve as an exam chairperson or desire to improve their examination skills, if they have already served in this capacity. Preferably a chairperson has served as an examiner on a minimum of three committees.
- Each examination committee may have one "novice" examiner as a member so that he/she may obtain "on-the-job training." A fourth trainee may sit in and observe.

Scoring Competencies and Subdomains Criteria

The following competency domains are evaluated and constitute the examination. For its examination process, the board has adopted the competency framework presented in Stanton & Welsh (2011), *Specialty competencies in couple and family psychology*, Oxford University Press, updated for health service psychologists (Celano, 2019) and organized by the 16 profession-wide competencies required by the ABPP Central Office. ~~the nine profession-wide competencies identified in the *Standards of Accreditation for Health Service Psychology* (approved February 2015) and *Accreditation Operating Procedures* (approved 2015, with revisions approved August 2017 and June 2018).~~ Other literature may extend the material provided in the book and reflect on-going research and clinical practice innovations. Candidates are encouraged to review recent issues of specialty journals (e.g., *Journal of Family Psychology*; *Couple and Family Psychology: Research and Practice*) in preparation for the exam.

1. Professionalism
2. Ethical legal standards and policy

3. Individual and cultural diversity
4. Relationships
5. Scientific knowledge and methods
6. Evidence-based practice
7. Reflective practice/self-assessment/self-care
8. Interdisciplinary systems
9. Assessment
10. Intervention
11. Consultation
12. Supervision
13. Teaching
14. Research/evaluation
15. Management-administration
16. Advocacy

All candidates are expected to demonstrate excellence in the first ten competencies as they relate to the field of CFP. Candidates are expected to demonstrate excellence in one of the remaining six competencies (consultation, supervision, teaching, research/evaluation, management-administration, or advocacy) in CFP.

Scoring the Oral Exam. In the oral examination candidates must be rated as functioning acceptably in all required *competencies* in order for an examiner to vote to award the diploma. Failure in any one area requires a non-award (failure) decision by that examiner.

NOTE: Before arriving at a pass/fail decision, the examiner will carefully consider all of the examination areas to be rated and the examples provided. That is, examiners should wait until the end of the examination before determining their pass/fail decisions for any area.

Scoring the Senior Candidate's Performance

The evaluation of the Senior Candidate focuses on the professional statement and the candidate's demonstration of specialty competency and her/his contributions to the field rather than a clinical work sample. As such, the oral exam needs to focus on the candidate's contributions to the specialty of CFP and how his or her practice and research forms a nexus with each of the competencies.

Since there is typically no work sample to directly observe the candidate's level of competency in each of the scales and domains, the examiners will need to take special care in eliciting sufficient information/data for scoring the candidate on each scale. This data should be contained within the professional statement (including ethical dilemma) and the competency essay, as well as professional activities. In some examination situations it may become necessary to present hypothetical clinical situations that help to more clearly understand the candidate's assessment methodology, intervention strategies, and how the candidate uses interpersonal relationships to maximize strengths and minimize limitations within a couple or family context. Two hypothetical ethical vignettes (in addition to the candidate's submission of an ethical dilemma) will also be presented during the oral exam.

Committee Scoring Process

The examination committee shall use the following procedure to come to a consensus score for the candidate. Each committee member shall complete Form D to denote their evaluation of the candidate's demonstration of the specialty competencies.

First Ballot. Each examiner independently fills out the ballot prior to discussion with the other examiners. The candidate is assigned a pass, fail, or borderline rating. If the candidate receives passing scores on each of the competencies, then he/she has passed the oral examination. If the candidate receives consensus failing scores on any of the required competencies, then he/she has failed the oral examination. If there is not a clear pass or fail, the examiners discuss their ratings with each other and then move to the second ballot.

Second Ballot. If a second ballot is necessary, it follows this discussion among the examiners. During this discussion, the examiners should explain their ratings and offer their assessments of the candidate's strengths and weaknesses. The examiners then fill out ballot #2, using the same system as for ballot #1.

Communication of A Candidate's Performance

It is inappropriate for an examiner to communicate to other people as to the performance of a candidate and as to whether he/she has passed or failed. The chair should inform the candidate at the end of the exam that the notification of pass or fail will come from the ABPP office within six weeks of the exam.

The Examining Committee's Report to the Candidate

Successful (passing) candidates will receive a congratulatory letter from the ABPP central office noting that they have invested a great deal in this process. The report should serve to relieve anxiety, reinforce competence, and welcome the newly certified couple and family psychology specialist to the ABPP and invite membership as a fellow in the American Academy of Couple and Family Psychologists.

For the unsuccessful candidate, it is important for the chair to be sensitive, diplomatic, and constructive in writing the report, as it is certain to be read very carefully by the candidate. The report should be objective, descriptive, and prescriptive. The prescriptions should be realistic and appropriate to the extent that if the candidate follows the recommendations, he/she would likely be in a position to fare better upon re-examination. Likewise, it is important not to be judgmental, inflammatory, or pejorative in words or tone.

The report of the examining committee that is sent to the unsuccessful candidate is to be written by the chair of the examining committee (in order to avoid having the ABPP Executive Officer take responsibility for translating committee ratings for the candidate). Any other issues that the examining committee wishes to identify should be stated in the letter to the coordinator.

1. The report of the examining committee about an unsuccessful candidate should reflect the

- ratings and comments of the committee as a whole. It should be written with the clear understanding that the report will be sent by the ABPP central office to the candidate, and will also become a part of the candidate's file in the ABPP central office.
2. The report should be written to achieve three essential objectives:
 - a. Documentation of the outcome of the examination and the rationale or support for that outcome. This should include comments of the examiners related to the ratings on the oral examination areas.
 - b. Identification of specific areas of weakness manifested in the candidate's performance, along with suggestions for how the candidate might address these areas in order to confidently and successfully approach re-examination.
 - c. Identification of specific areas of strength in the candidate's performance, to emphasize the competence of the candidate and to provide appropriate balance in the report.
 3. The general structure and format of the report should be:
 - a. An opening statement which sets a positive and constructive tone regarding the candidate's overall professional competence and interaction in the examination. It should be realistic and not include unjustified positive statements.
 - b. The report should address in sequential order each of the scores in the examiners manual corresponding to the competency domains. For each scoring category that is rated a weakness, specific suggestions for remediation should be offered.
 - c. Finally, if the preceding has been sufficiently lengthy that a summary is needed, the summary should address the candidate's overall performance, a review of weakness areas and suggestions for remediation, and a review of strength areas to reiterate the collegial and constructive intent of the report.
 4. Some caveats to keep in mind when writing a report to an unsuccessful candidate:
 - a. The report from the chair should focus on the candidate's performance on the examination, without any assumption that the unsuccessful performance is necessarily characteristic of the candidate's usual practice.
 - b. For the purposes of the report, the chair should assume that all unsuccessful candidates will want to improve their performance and re-take the exam in the near future. If the chair encounters problems in terms of reporting on a candidate's performance, the chair should consult the other members of the examining committee first, then the coordinator if concerns still exist.
 - c. Unsuccessful candidates have a right to know why they failed the examination. For this purpose it is important for the chair to provide clear examples, but avoid being overly specific. Although the chair need not provide an example for each problem identified in the report, the chair should have such examples available in clear, concise, and accurate documentation, in the event of an appeal or inquiry. The chair should not report problems that cannot be supported by the documentation available to the chair. In using examples, the chair should feel confident that it has been understood exactly what the candidate did and what the problem was. If this is not accurate, the candidate may have a legitimate basis for a complaint that the fail judgment was based on inaccurate information.
 - d. The committee should not offer undue encouragement to the candidate if the committee believes that the candidate is unlikely to remedy the weaknesses that were responsible for the failure.

Letters to successful and unsuccessful candidates should be sent on ABPP (or ABCFP) letterhead rather than on letterhead from the examiner's university, practice, etc.

APPEAL GUIDE

BOARD CERTIFICATION EXAMINATION IN CLINICAL PSYCHOLOGY AMERICAN BOARD OF PROFESSIONAL PSYCHOLOGY

Title: Candidate Appeal of Adverse ABCFP Decision

The ABCP President appoints one member of the Board of CFP to coordinate appeals. For each appeal, an *ad hoc* committee is appointed to review the merits of the appeal.

The American Board of Couple and Family Psychology establishes standards for the appeal of adverse decisions. The central ABPP BOT will be the final arbiter of candidate appeals regarding the decision to not award Board Certification based on an unsuccessful performance on the examination.

Appeals by candidates are made initially to the appeals panel or committee of the ABCFP. In exceptional circumstances, a candidate who believes that he or she has been treated unfairly as a result of an ABCFP appeal may subsequently appeal to the ABPP Board of Trustees. The ABCFP follows a common set of considerations while preserving individual ABCFP perspectives and procedures. The purpose of this guideline is to outline some common considerations related to the ABCFP and BOT's process of appeal. Appeals processes will be reviewed during the Periodic Comprehensive Review (PCR).

The priority focus of the ABCFP is to establish, implement, and communicate clear and reasonable requirements for certification, thereby reducing or eliminating the necessity of an appeal process.

When the process of appeal is implemented it should be done in a careful, thoughtful, constructive manner with due respect to a fellow professional.

ABCFP Appeal Process: The following rules and procedures shall govern appeals:

- A. **ABCFP Appeals Committee:** The ABCP President shall appoint three ABCFP members, one of which may be him or herself, who are well-versed in the examination process and procedures and who were not involved in the examination under appeal.
- B. **Appealable Decisions:**
 1. An ABCFP determination that an applicant has failed to meet specific qualifications that results in a denial of certification.
 2. ABCFP determination that an applicant's practice samples do not meet stated standards.
 3. Failure of the oral or written examination.
 4. Denial of appeal.

Note: An decision that has been appealed shall not be final until the appeal process has been completed.

C. **Filing an Appeal:** The Appellant may challenge an appealable decision within 30 days of the receipt of written notice of that decision. The candidate must specify the grounds on which the appeal is made. The alleged grounds must be numbered and must be based on a violation of the ABCFP's procedures. In the event that the appeal is based on the denial of an appeal by the ABCFP, the process below will apply, but will be carried out by the ABPP Standards Committee, which will then serve as the Appeals Committee at the Board of Trustees level.

The appeal should be addressed to the President of the ABCFP, with a copy to the ABPP Executive Officer, who in turn shall refer it to the Appeals Committee of the ABCFP. The Appeals Committee reviewing the appeal must complete its review within 60 days after receipt of the request for appeal letter.

Appeals related to the denial of meeting general requirements for candidacy shall be forward to the Executive Officer for resolution by the ABPP Standards Committee, whose decision on these requirements is final.

D. **Score and Conduct of Appeal.** The procedural issues addressed by the Appeals Committee shall be limited to those stated in the appeal request letter and which meet the requirement of an appealable procedural issue.

If legal issues appear to be involved, the Appeals Committee should consult with the Executive Officer and may also deem it necessary or desirable to consult with the ABPP legal counsel.

The Appeals Committee shall implement a process of review primarily based upon information before the ABCFP at the time of the decision. The Appeals Committee may seek further information from the Chair and members of the Oral Examination Committee, the Credentials Review Committee, the Practice Sample reviewers, the candidate, or others as appropriate to the issues raised. The process is not a *de novo* review, but a review of the challenge to the ABCFP decision.

The Appeals Committee shall confer as soon as possible upon the ABCFP's receipt of the candidate's letter requesting an appeal and shall complete its review and decision, addressing each issue(s) raised by the candidate, within 60 days. Failure to complete the review in the 60-day period shall move the appeal to the ABPP Standards Committee for resolution.

E. **Decision and Report of Appeals Committee.** The decision of the ABCFP should be affirmed unless there was a failure by the ABCFP to adhere to its procedures. In any case, the procedural error would have to be such that it may substantially affect the decision.

If the candidate demonstrates by clear and convincing evidence that there was a procedural error that harmed the candidate in a material way, the Committee shall provide a remedy.

The remedy shall be to void an oral examination (or practice sample review) and offer a new examination (or practice sample review) with no additional fees assessed to the candidate. In extraordinary circumstances, another remedy may be provided. The Appeals Committee, however, may not “pass” a candidate or re-grade an examination.

The report of the Appeals Committee shall address each issue raised by the candidate and its decision related thereto and the basis for that decision. The report shall be forwarded to the Executive Officer through the ABCFP President. The report shall then be forwarded to the candidate under the EO’s signature on the ABPP stationary. Editing for format and for legal considerations on advice of the ABPP legal counsel may be undertaken by the EO if necessary.

BOT Appeal Procedures:

- A. The Board of Trustees delegates authority to consider ABCFP appeals to an Appeals Panel. An Appeals Panel will be composed of three members; two members selected randomly from members of the Board of Trustees, and one member selected by the President from the Standards Committee. No member of the Appeals Panel may be from the ABCFP Board.
- B. The bases for appeals to the Board of Trustees are limited to substantial procedural errors that would likely have changed the outcome.
- C. The candidate appealing a decision shall state with clarity and specificity of the bases for the appeal, and present evidence in writing. The ABCFP shall be given an opportunity to respond in writing. These materials shall be submitted to the Central Office within 30 days of the ABCFP’s appeal decision for distribution to the Appeals Panel. Except in the most extraordinary circumstances, the Appeals Panel will not invite personal appearances before the Panel. The Appeals Panel may establish procedures for considering the appeal. The BOT Appeals panel shall render a decision within 60 days of the receipt of the appeal in CO. The Executive Committee may establish an appeal fee to cover the administrative cost of appeals.
- D. The candidate bears the burden of proving by a preponderance of evidence that the bases for an appeal exists. If the candidate makes such a showing, the Appeals Panel will remand the case to the ABCFP with recommendations for remedying the matter. If the candidate does not make this showing, the Appeals Panel shall dismiss the appeal. The Panel shall inform the candidate, the ABCFP and the Board of Trustees of its decision.

MAINTENANCE OF CERTIFICATION: Couple and Family Psychology

Maintenance of Certification (MOC) involves a process of self-examination that is reflected in the documentation of a specialist’s professional development since last examination or last review. In the course of this self-examination, specialists will survey their professional activities and document their ongoing professional development using the Continuing Professional Development Grid combined with a written Narrative. The Specialist must pass both requirements to maintain board certification (see Forms I, J, K and L in the Appendices).

MOC COMPONENTS

Specialists document their ongoing professional development using two structured methods: 1) the ABCFP *Specialty Continuing Professional Development Grid (SPCDG)* and 2) a written narrative. Both MOC components must meet established ABPP and ABCFP criteria to maintain board certification.

MOC REQUIREMENTS

- 1) ABCFP Continuing Professional Development Grid:
 - a. Specialists will record their involvement in the designated categories: collaborative consultation, teaching & training, ongoing education, development and application of research and innovative methodologies/programs, and professional leadership. A **total of 40 hours/credits of continuing development are required** (see Form I).
 - b. Specialists are expected to complete the ABCFP continuing professional development grid by indicating the number of continuing professional development credits in the above-referenced categories for the previous two year period. In all categories, a maximum number of allowable credits are designated. To avoid receiving dual or multiple credits for the same activity, the specialist should document an activity only once and only in one category even though it may fit under several categories.
 - c. The total number of credits recorded on the grid must be equal to or greater than 40 across all categories for the two year time period. While specialists may apply the maximum number of continuing professional development credits in each category to reach the 40 hours of required continuing professional development, they are also encouraged to include all their activities on the Grid in order to convey a better understanding of their professional activities as they relate to the competencies. Specialists must demonstrate evidence of continued competence in each of the first six competencies as well as in at least one of the remaining four competencies (Intervention, Supervision, Consultation, or Teaching) in order to be successful in the MOC process. In addition, the specialist must document competence in the competency domains required by MOC (see Excel Grid instructions).

Specific instructions for filling out the excel grid. Please note, the grid may be filled out directly in the Excel file or may be printed out and filled out by hand, then scanned into an electronic document suitable for submission.

A. Excel Grid Instructions:

- There are five tabs on the Excel file, one for each professional activity: collaborative consultation; teaching and training; ongoing education; development and application of research and innovative methodologies/programs; and professional leadership.

SCHEDULING

MOC reviews will be regularly conducted. One year before the Specialist is due for MOC, the ABPP Central Office will notify the Specialist and ABCFP so that the Specialist and ABCFP may successfully satisfy their required activities in a timely manner.

Specialists boarded before January 1, 2015 may waive their obligation to participate in maintenance of certification. Specialists awarded certificates subsequent to January 1, 2015 must complete maintenance of their certificates at 10 year intervals, unless they seek and obtain a “retired” status from the ABPP Central Office.

REVIEW PROCESS

ABCFP will use the following *Review Process* to evaluate MOC submissions:

- 1) A trained “MOC reviewer” will rate the specialist’s material (Grid and Narrative) by the established ABCFP MOC standards. If the MOC reviewer rates the materials as a pass, then the specialist is awarded a MOC Certificate.
- 2) If the reviewer rates the specialist’s material as a non-pass, the reviewer forwards the outcome results to the ABCFP director of MOC, who will designate review by a second MOC reviewer. The second MOC reviewer will not be aware of the initial reviewer’s outcome decision.
 - a. If the second reviewer rates the specialist’s material a non-pass, the specialist will be notified that his/her certificate is at risk to not be maintained. The specialist will then be given the opportunity to remediate the grid and/or narrative, re-submit, and begin the MOC evaluation process anew, with a new set of reviewers.
 - b. If the second reviewer rates the specialist’s material as a pass, the reviewer forwards the materials to a third (blind) reviewer, designated by the ABCFP director of MOC.
 - c. If the third reviewer rates the material as a pass, the specialist’s certificate is maintained.
 - d. If the third reviewer rates the material as a non-pass, the specialist is given the opportunity to remediate his or her grid and/or narrative, resubmit the grid and/or narrative, and then begin the MOC process again with a new set of reviewers.
- 3) The specialist who does not successfully pass the process as defined above (rated as a “non-pass” by two of the three Reviewers) is allowed one year to resubmit the MOC material (grid and narrative) to the ABCFP for reconsideration. When the specialist resubmits the grid and narrative, the evaluation follows the same process.
 - a. If the specialist’s resubmitted grid and narrative passes this second complete submission, the certificate is maintained.
 - b. If the specialist’s second submission is reviewed and determined not to meet the competencies set by the ABCFP, the specialist does not maintain MOC certification.

- c. If the specialist does not submit a second grid and narrative for review within one year of notice of not passing the first submission review, the specialist does not maintain MOC certification.

SCORING

ABCFP will evaluate the specialists' grid and narrative, using criteria developed by ABCFP and approved by the Standards Committee of the Board of Trustees (BOT).

At any point during the review process, if reviewers are unable to determine whether a specialist meets the standards for MOC, the specialist may be asked to engage in a conversation with the reviewer about the activities documented in the grid and narrative.

Specialists completing the MOC process will be provided summary feedback on their MOC effort. Their feedback will consist of a brief letter for pass decisions and a more extensive one for non-pass decisions. For non-pass decisions, feedback will be specific, concise, and relative to MOC criteria. The executive officer of ABPP will execute the pass notification letters.

The ABCFP will prepare the notification for specialists who do not pass and then send it to the executive officer of ABPP, who will review, edit, and, if necessary, seek legal counsel for these notifications. In no instance may substantive changes be made to the ABCFP decision by the executive officer. Although the central office of ABPP will send notifications to Specialists who do not pass, the ABCFP reviewer will have provided a balanced summary of the non-pass decision regarding MOC that will be attached to the notification.

ABCFP will conduct MOC procedures with fair and reasonable pass/no pass criteria, with opportunity for remediation before determining failure, and with a fair appeal process.

- Specialists are to be treated in a constructive, respectful, and collegial manner. Feedback to the specialist concerning MOC is part of the MOC process.
- Accommodations will be made consistent with the Americans with Disabilities Act.
- ABCFP reviewers will show impeachable impartiality in the review process.
- In the event of a specialist's appeal of an ABCFP decision regarding MOC, appeal team members having a significant personal or professional relationship with the Specialist must recuse themselves from serving as appeal team members.

APPEAL PROCEDURE

There are two levels of examination MOC decision appeal, one at the ABCFP level, and the other at the Board of Trustee level.

- 1) American Board of Couple and Family Psychology Level:

A specialist may appeal the decision regarding MOC certification on procedural grounds. See Form F-1 in the Examination Manual for details. Additional information on the appeal process may be found on page 35 in the Section: Appeals Guide.

2) Board of Trustee Level:

Specialists may appeal specialty board level decisions to the Board of Trustees if there is an allegation that ABCFP did not follow the specialty board's MOC procedures or their own specialty board appeal procedures. The Board of Trustee level appeal is the final level of appeal (see: ABPP Policy and Procedures: Sections AC and L).

REFERENCES

- Celano, M. (2019). Competencies in couple and family psychology for Health Service Psychologists. In Fiese, B.H. (Ed.-in-Chief), Celano, M., Deater-Deckard, K., Jouriles, E.N., & Whisman, M.A (Assoc. Eds.) *APA Handbook of Contemporary Family Psychology* (Vol. 3). (pp. 427-448) Washington, DC: American Psychological Association.
- Stanton, M., & Welsh, R. (2011). *Specialty competencies in couple and family psychology*. Oxford, UK: Oxford University Press.

Forms Used in Board Certification Process

At the end of this Examination Manual readers will find the forms that must be filled out as a candidate progresses through the board certification process in CFP. The purposes of the forms are as follows:

1. Form A is used by the ABCFP coordinator to track the candidate's progress from his/her Stage I application and fees until board certification.
2. Form B is used by the ABPP office and the ABCFP coordinator to track the candidate's progress in submitting the materials for Stage II: The Practice Sample.
3. Form C describes the scoring procedures for the examination process. Detailed information about the scoring process to be used by the committee are included with this form.
4. Form D is used by the oral exam committee to score the candidate's performance on the oral examination. Form D will be filled out, signed, and submitted to the oral examination chair by each member of the oral exam committee.
5. Form E (included above in the section of this manual that is given to candidates) is used to obtain permission from clients whose videotaped sessions will be used in Stage II of the candidate's application.
6. A candidate's appeal guide is included and will be sent to unsuccessful candidates in order that they might appeal a committee's decision, describing the appeal process.
7. Form F-1 is completed by the examiners in the event that a negative decision is appealed by the candidate.
8. Form G is used to get the candidate's feedback on how the Stage III Oral Examination was handled by the examining committee.
9. Form H allows examining committee members to rate one another's handling of the oral examination.

A Reimbursement Request Form should be obtained from ABPP Central Office for examiners to complete.

FORM A: Steps in the ABCFP Certification Process

STEPS	DATE
Applicant	
STAGE 1: Applicant completes Application Form and submits to Central Office with necessary supporting documentation and application fee.	
The ABPP central office reviews the application for generic criteria. If criteria met, application file sent to CFP credential review chair.	
CFP review chair checks eligibility against specialty specific criteria (foundational and functional competencies). If it is unclear if criterion is met, an ad hoc committee is formed to review the application. If criteria is met, applicant becomes a candidate for the examination. Central office is notified of decision.	
If applicant is not approved, ABPP central office informs applicant of the fact and the reasons.	
STAGE II: If application is approved, CFP review chair will assign a mentor to the candidate. Applicant begins the preparation of <u>work sample</u> , which must be submitted to the ABCFP Review Chair.. The work sample must be submitted within one year of notification.	
The Review Chair and the Review Committee (if formed in Stage 1), review the professional statement and the work sample. If the work sample is found acceptable, the candidate is notified by the Review Chair. The Review Chair appoints an oral examination chair and begins to work out details of Stage III with the chair. The candidate must send the fee/registration for the oral examination to central office before final exam arrangements are verified. Central office is notified of the decision re: acceptance of work sample.	
If the work sample is found unacceptable, the applicant is notified by the central office of the reasons for the decision, and the current examination process is terminated at that point. With payment of a new fee, a new sample may be submitted after six months have elapsed.	

<p>STAGE III: Oral examination is held according to details of time and location worked out by chair and candidate.</p>	
<p>If Stage III of the examination is passed, the following occurs:</p> <ol style="list-style-type: none">1. The Oral examination chair notifies the ABPP Central Office and the Review Chair of the results of the examination.2. The Oral examination chair sends the evaluation ratings of the examiners to the Review Chair.3. The examinee forwards their evaluation of the examination process to the Review Chair.4. The candidate is notified through ABPP Central Office the results of their examination. .5. The candidate may begin immediately to use the title and benefits.	
<p>The president of the CFP Board and the president of the AACFP invite the new certified couple and family psychologist to participate in the various projects of the academy. Materials about AACFP are automatically sent to the new Board Certified Psychologist by the central office in the examination results letter.</p>	

FORM B: CFP Board Certified) Work Sample Checklist

Candidate	Examiner	Materials
		PROFESSIONAL STATEMENT (see manual p.11 for detail)
		The professional work in which you are engaged
		The theoretical and empirical basis for your work
		The science-base that informs your theory & practice
		An example of complex professional interactions
		A challenging ethical dilemma
		Absence of disciplinary action
		WORK SAMPLE (See manual p. 12 for detail)
		Digital video recording
		Supplementary information in written form
		Assessment sample details (see manual p. 15)
		Intervention, supervision, or consultation (see manual p. 15)

Please add the following:

Subtitle row: SENIOR WORK SAMPLE (see manual for details)

Follow with rows for elements:

- **An updated CV**
- **Professional statement**
- **Competency essay**

FORM C: ABCFP Oral Examination Scoring Procedure

Specialty Competency Evaluation

Board Certification is awarded to individuals who demonstrate specialty level competency in couple and family psychological practice. We are looking for evidence of both depth and breadth of knowledge. The successful candidate is one who demonstrates specialty level knowledge, skills, and attitudes in the competency domains. The following competency domains are evaluated and constitute the examination. For its examination process, the board has adopted the competency framework presented in Stanton & Welsh (2011), *Specialty competencies in couple and family psychology*, Oxford University Press, updated for health service psychologists (Celano, 2019) and organized by the 16 profession-wide competencies required by the ABPP Central Office. ~~the nine profession-wide competencies identified in the *Standards of Accreditation for Health Service Psychology* (approved February 2015) and *Accreditation Operating Procedures* (approved 2015, with revisions approved August 2017 and June 2018).~~ Other literature may extend the material provided in the book and reflect on-going research and clinical practice innovations. Candidates are encouraged to review recent issues of specialty journals (e.g., *Journal of Family Psychology*; *Couple and Family Psychology: Research and Practice*) in preparation for the exam.

1. Professionalism
2. Ethical legal standards and policy
3. Individual and cultural diversity
4. Relationships
5. Scientific knowledge and methods
6. Evidence-based practice
7. Reflective practice/self-assessment/self-care
8. Interdisciplinary systems
9. Assessment
10. Intervention
11. Consultation
12. Supervision
13. Teaching
14. Research/evaluation
15. Management-administration
16. Advocacy

All candidates are expected to demonstrate excellence in the first ten competencies as they relate to the field of CFP. Candidates are expected to demonstrate excellence in one of the remaining six competencies (consultation, supervision, teaching, research/evaluation, management-administration, or advocacy) in CFP. They may also be expected to demonstrate excellence in other functional competencies, depending on the nature of their specialty practice.

Each competency area is scored as Passing, Borderline, or Failing.

FORM D – Ballot for Rating Competencies in Oral Examination

Evaluate whether the candidate evidences the knowledge, skills, and attitudes in the competencies, but note that in the case of Senior examinations, some categories may not apply. Specifications of KSAs and the behavioral anchors are quoted primarily from Stanton & Welsh (2011), updated for health service psychologists (Celano, 2019) and organized by the ~~nine~~ 16 profession-wide competencies required by the ABPP Central Office. ~~The first eight listed below are foundational competencies; the second eight are functional competencies. identified in the Standards of Accreditation for Health Service Psychology (approved February 2015) and Accreditation Operating Procedures (approved 2015, with revisions approved August 2017 and June 2018).~~ All candidates are expected to demonstrate excellence in the first ten competencies as they relate to the field of CFP. Candidates are expected to demonstrate excellence in one of the remaining six competencies (consultation, supervision, teaching, research/ evaluation, management-administration, or advocacy) in CFP. They may also be expected to demonstrate excellence in other functional competencies, depending on the nature of their specialty practice.

Candidate's Name:

1. PROFESSIONALISM

Pass

**Border-
line**

Fail

Knowledge

(A) Knowledge of the specialty of CFP

(A.1) Understands the uniqueness of CFP, and how it is different from other specialties and from the modality of family therapy

Skills

(B.1) Communicates to the public and other health professionals one's identity as a Couple and Family Psychologist by one or more of the following:

(B.1.1) Presenting or publishing in the specialty

(B.1.2) Involvement and service in specialty organizations

(B.1.3) Teaching or training in the specialty

(B.1.4) Clinical case consultation in the specialty

(B.1.5) Interprofessional practice or team-based health care

(B.2) Behaves in ways that reflect the values and attitudes of all CFP competencies

Attitudes

(C.1) Identification as a CFP

(C.1.1) Understands and capably articulates identity as a Couple and Family Psychologist

(C.2) Commitment to professionalism

(C.2.1) Committed to displaying the highest levels of professionalism, including integrity, respect for others, and professional courtesy

(C.2.2) Values principles of safe, effective, client-centered, timely, and equitable health care

(C.2.3) Commitment to improving health care in the specialty

2. ETHICAL LEGAL STANDARDS AND POLICY	Pass	Border-line	Fail
<p>Knowledge</p> <p>(A) Ethical and legal knowledge <i>in the specialty</i></p> <p>(A.1) Command of ethical and legal knowledge related to CFP, including the APA Ethics Code, and professional standards and laws for health care practice</p> <p>(A.1.1) Understands the APA code of ethics as applicable to the practice of CFP, with awareness of the limitations of the code when applied to work with couples and families</p> <p>(A.1.2) Understands the attendant ethics literature and applicable guidelines applicable to the practice of CFP</p> <p>(A.1.3) Awareness of the scope of family law relating to CFP in the specialist's area of practice</p> <p>(A.1.4) Understands common legal and ethical issues in the specialty and demonstrates advanced knowledge of the literature regarding management of those issues</p> <p>Skill</p> <p>(B) Awareness and Applies an ethical decision-making model <i>and relevant ethical and legal principles to specialty practice</i></p> <p>(B.1) Intentionally includes relevant ethical and legal principles in all aspects of professional activity in CFP, <i>including presentations, research, teaching, supervision, assessment, intervention, consultation, management and advocacy</i></p> <p>(B.1.1) Articulates <i>an</i> ethical decision-making model used to reason through ethical dilemmas</p> <p>(B.1.2) Reasonably foresees ethical and legal conflicts that present with some regularity in the practice of CFP</p> <p>(B.1.3) Identifies, analyzes, and proactively addresses legal and ethical conflicts that arise during the course of providing CFP services</p> <p>(B.1.4) Professional writings, presentations, research, teaching, supervision, intervention, and consultation will represent efforts to include ethical principles and standards related to CFP</p> <p>Attitudes</p> <p>(C) Commitment to ethical and legal development <i>and improvement in the competency</i></p> <p>(C.1) Strives to continually improve in the competency</p> <p>(C.1.1) Evidence of continued development in the competency</p> <p>(C.1.2) <i>Commitment to</i> managing rather than avoiding risk</p> <p>(C.1.3) Takes responsibility for continuing professional development of knowledge, skills, and attitudes in relation to ethical-legal-standards and policies relevant to CFP</p>			

3. INDIVIDUAL & CULTURAL DIVERSITY	Pass	Border-line	Fail
<p><i>Knowledge</i></p> <p>(A) Knowledge about how self and others, and health problems and disparities, are shaped by ICD factors and context</p> <p>(A.1) Understands the individual, interpersonal, and contextual factors that shape one's perception of ICD factors in others</p> <p>(A.2) Understands the individual and contextual factors that shape the cultural experiences of others.</p> <p>(A.3) Knowledge of the CFP literature for working with multicultural clients, including the APA <i>Multicultural Guidelines</i></p> <p>(A.1.1) Knowledge of factors that contribute to individual and societal perceptions about individual and cultural diversity factors in others.</p> <p>(A.1.2) Awareness through cultural self-assessment about the CFP specialists' perceptions of others that are different from their own</p> <p>(A.2.1) Knowledge of cultural diversity elements in couples and families, including normal family cultural patterns, worldviews and values, and macrosystemic factors</p> <p>(A.2.2) Knowledge of factors that contribute to intracultural variations between family members and their contexts, including identity models, acculturation difference, and multiple identities.</p> <p>(A.3.1) Knowledge of the major theoretical and empirical contributions to providing CFP clinical services to multicultural populations.</p> <p><i>Skill</i></p> <p>(B) Perform culturally centered CFP functions</p> <p>(B.1) Ability to provide culturally centered CFP clinical services</p> <p>(B.2) Ability to provide culturally centered CFP training</p> <p>(B.1.1) Conducts culturally centered CFP assessment</p> <p>(B.1.2) Conducts culturally centered CFP intervention</p> <p>(B.1.3) Provides cultural centered CFP consultation</p> <p>(B.2.1) Provides culturally centered CFP teaching</p> <p>(B.2.2) Provides culturally centered CFP supervision</p> <p>(B.2.3) Conducts culturally centered CFP research</p> <p><i>Attitudes</i></p> <p>(C) Develop and maintain a culturally centered perspective, including a commitment to social justice</p> <p>(C.1) Strives to develop and maintain a culturally centered perspective</p> <p>(C.2) Demonstrates commitment to social justice</p> <p>(C.1.1) Commitment to perennial development</p> <p>(C.1.2) Promotes multiculturalism within CFP</p> <p>(C.2.1) Commitment to serving marginalized couples and families</p> <p>(C.2.2) Commitment to advocate for policies that promote equity for marginalized populations</p> <p>(C.2.3) Commitment to intervene in oppressive macrosystems</p>			

4. RELATIONSHIPS	Pass	Border-line	Fail
<p>Knowledge</p> <p>(A) Knowledge of interpersonal relations <i>systems theory and research about interpersonal relationships</i></p> <p>(A.1) Knowledge of systems, relationship, group, conflict, and communication theory <i>and research</i></p> <p>(A.1.1) Understands, conceptualizes, and evaluates interpersonal interaction from systemic perspective</p> <p>(A.1.2) Understands and capably articulates key concepts of relationship, couple, family, group, conflict, and communication theory</p> <p>(A.1.3) Demonstrates knowledge regarding the complex nature of CFP role in interpersonal interactions in treatment</p> <p>Skills</p> <p>(B) <i>Uses interpersonal, affective, and expressive skills to facilitate communication and manage interpersonal conflict in all professional interactions</i></p> <p>(B.1) Creates and maintains effective relationships with clients, including the ability to manage interpersonal conflict and model effective communication</p> <p>(B.1.1) Creates therapeutic relationships with the range of clients in CFP (individuals, couples, families, and larger social organizations), including multigenerational systems</p> <p>(B.1.2) Manages conflict, <i>recognizing that in interactional conflict, multiple positions may be deemed as equally viable</i></p> <p>(B.1.3) Communicates clearly and effectively in professional interactions</p> <p>(B.1.4) Monitors interpersonal interactions in vivo and corrects problems</p> <p>(B.1.5) Facilitates treatment termination effectively</p> <p>Attitudes</p> <p>(C) Values constructive relations</p> <p>(C.1) Commitment to facilitating positive interpersonal relations, <i>as evidenced by:</i></p> <p>(C.1.1) <i>Active initiation of steps to repair ruptured therapeutic alliances and damaged relationships with colleagues, trainees, and supervisors</i></p> <p>Aware of differences in perspective and tolerant of differences</p> <p>(C.1.2) <i>Openness and receptivity to feedback about one's own contribution to relationship ruptures or tension</i></p> <p>Comfortable with ambiguity in interpersonal relations</p> <p>(C.1.3) Values each person in professional relationships and is committed to equitable treatment</p> <p>(C.1.4) Personally receptive to feedback about interpersonal and communication skills</p>			

5. SCIENTIFIC KNOWLEDGE AND METHODS	Pass	Border-line	Fail
<p>Knowledge (A) <i>Knowledge of scientific foundation of CFP</i> (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</p> <p>Skills (B) Scientific foundation of CFP practice <i>Command of specialty scientific methods</i> (B.1) Intentionally includes CFP concepts, scientific knowledge, and scientific methods in all aspects of specialty activity (B.1.1) Thinks systemically and demonstrates systemic conceptualization (B.1.2) Applies systemic orientation to all CFP competencies (B.1.3) Applies specialty scientific knowledge and scientific methods to all CFP competencies (B.1.4) Conducts or critically evaluates research, guided by a systemic epistemology, that contributes to the scientific and professional knowledge base or evaluates the effectiveness of professional activities in health care/promotion, related to populations to be served (B.1.5) Uses CFP research skills for program development and evaluation as well as for quality improvement in healthcare services (moved to research/evaluation)</p> <p>Attitudes (C) <i>Demonstrates scientific mindedness related to specialty practice</i> (C.1) Independently values and applies CFP theory and scientific methods, <i>and their application to specialty practice</i> (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</p>			

6. EVIDENCE-BASED PRACTICE	Pass	Border-line	Fail
<p>Knowledge</p> <p>(A) <i>Knowledge of evidence-based practice in CFP</i></p> <p>(A.1) <i>Knowledge of evidence-based CFP intervention models with demonstrated efficacy in treating particular problems and populations</i></p> <p>(A.2) <i>Understanding of evidence-based practice strategies, such as a systemic therapeutic alliance</i></p> <p>Skills</p> <p>(B) <i>Evaluates or conducts, and applies research on evidence-based practice in the specialty</i></p> <p>(B.1) <i>Conducts research, guided by a systemic epistemology, that evaluates the efficacy/effectiveness of various systemic therapy models or programs in health care/promotion</i></p> <p>(B.2) <i>Applies CFP research on evidence-based practice to make key clinical decisions in specialty practice, at individual client/patient, family, and/or program level, as evidenced by one of the following:</i></p> <p style="padding-left: 20px;">(B.2.1) <i>Implementation of an evidence-based treatment model if it is applicable to the problem, context, and population, applying and sequencing strategies consistent with the model within which they are embedded, and evaluating treatment/intervention outcome</i></p> <p style="padding-left: 20px;">(B.2.2.) <i>Application of conceptualizations and techniques from multiple evidence-based protocols (i.e., common factors) demonstrated to be effective or efficacious for the targeted problems</i></p> <p style="padding-left: 20px;">(B.2.3) <i>Promotes, implements, and evaluates workforce development or training efforts aimed at dissemination of evidence-based CFP models and practices</i></p> <p>(B.3) <i>Critically evaluates research on evidence-based practice in CFP related to populations to be served, including their validity for various demographic and cultural groups and presenting problems</i></p> <p>Attitudes</p> <p>(C) <i>Values evidence-based practice in CFP assessment and intervention</i></p> <p>(C.1) <i>Commitment to dialectical and integrative process that accommodates new research findings and more advanced understanding of the client system</i></p> <p style="padding-left: 20px;">(C.1.1.) <i>Accepts the dynamic interaction between treatment models and common factors</i></p> <p>(C.2) <i>Commitment to pursuing training, education, or certification in one or more evidence-based practice models related to populations served</i></p>			

7. REFLECTIVE PRACTICE/SELF-ASSESSMENT/SELF-CARE	Pass	Border-line	Fail
<p>Knowledge</p> <p>(A) <i>Knowledge of reflective practice/ self-assessment/ self-care related to the specialty</i></p> <p>(A.1) <i>Awareness that CFP practitioner is embedded within a network of professional relationships that affect, and are affected by the practitioner’s relationship with the client system</i></p> <p>Skills</p> <p>(B) <i>Engages in reflective practice related to the specialty</i></p> <p>(B.1) <i>Engages in reflective practice conducted with personal and professional self-awareness, attending to one’s health behaviors and well being and their potential impact on specialty practice</i></p> <p>(B.1.1) <i>Conducts self-assessments to improve CFP competencies</i></p> <p>(B.1.2) <i>Models self care for clients, students, trainees, and colleagues</i></p> <p>(B.1.3) <i>Demonstrates specific methods to self-assess adherence to evidence-based CFP treatment models through collection and analysis of fidelity data</i></p> <p>(B.1.4) <i>Implements decision-making model to determine potential impaired practice and strategies to seek consultation and peer feedback when needed within a hypothetical case context</i></p> <p>Attitudes</p> <p>(C) <i>Commitment to personal and professional development related to specialty practice</i></p> <p>(C.1) <i>Invites peer or supervisory review of specialty practice, including fidelity to evidence-based treatment models</i></p> <p>(C.2) <i>Commitment to individual and collective efforts to create and maintain environments that foster professional growth</i></p>			

8. INTERDISCIPLINARY SYSTEMS	Pass	Border-line	Fail
<p>Knowledge (A) <i>Knowledge of core competencies for interprofessional practice as it relates to CFP practice</i> (A.1) Knowledge of <i>how to apply</i> core competencies for interprofessional practice in healthcare or other CFP settings (A.2) Knowledge of the various health care systems and delivery models providing a context for patient care, and their implications for CFP practice</p> <p>Skills (B) <i>Applies core competencies for interprofessional practice in a manner consistent with the foundational CFP “Relationships” competency</i> (B.1) <i>Uses interpersonal, technical (e.g., health informatics) and written communication skills to communicate effectively with patients, professionals, and members of health care teams.</i> (B.2) <i>Develops and maintains collaborative relationships with other health care providers, researchers, teachers/supervisors, and trainees.</i></p> <p>Attitudes (C) <i>Values collaborative relationships with other professions and/or within interdisciplinary teams</i> (C.1) <i>Values collaborative service delivery in CFP by health care teams</i> (C.2) <i>Values collaborative relationships in other systems relevant to CFP practice</i></p>			

9. ASSESSMENT	Pass	Border-line	Fail
<p>Knowledge</p> <p>(A) Knowledge of Foundational assessment <i>theory and methods in the specialty</i></p> <p>(A.1) Understands nature and scope of CFP assessment methods, including strengths and weaknesses of using the tools in diverse contexts</p> <p>(A.2) Understands measurement and psychometrics of CFP assessment instruments</p> <p>(A.1.1) Understands distinction between CFP assessment and traditional psychological assessment</p> <p>(A.1.2) Understands case conceptualization in the context of CFP service delivery, including a model for producing a systemic case conceptualization</p> <p>(A.2.1) <i>Understands how to incorporate traditional psychological assessment into CFP conceptualization</i></p> <p>(A.2.2) Demonstrates knowledge of the appropriate uses and misuses of CFP assessment methods</p> <p>Skills</p> <p>(B) Applies <i>assessment theory and methods in the specialty</i></p> <p>(B.1) Competently selects and uses methods of assessment procedures appropriate to CFP and the client's sociocultural context</p> <p>(B.2) Demonstrates the ability to apply assessment methods to <i>systemic</i> case conceptualization, including a client-centered problem formulation, case formulation and treatment formulation.</p> <p>(B.1.1) Demonstrates the ability to apply individual assessment instruments and/or standard diagnosis to CFP context</p> <p>(B.1.2) <i>Applies systemic conceptualization to conduct a needs assessment related to issues and context addressed</i></p> <p>(B.2.1) Demonstrates the ability to use CFP assessment methods to arrive at a description and explanation of individual and systemic problems that informs treatment planning.</p> <p>(B.2.1) Demonstrates the ability to communicate assessment findings in verbal and written feedback</p> <p>(B.2.2) Demonstrates the ability to provide therapeutic feedback to and consensually set goals with the couple/family, and identify and prioritize target areas</p> <p>Attitudes</p> <p>(C) Assessment Perspective <i>Values assessment in CFP practice</i></p> <p>(C.1) Demonstrates a client-centered assessment perspective in assessment and case conceptualization process</p> <p>(C.1.1) Values assessment as part of the therapeutic process, <i>including at intervals throughout treatment</i></p> <p>(C.1.2) Values critical thinking, integration of information, and clear presentation of results</p>			

10. INTERVENTION	Pass	Border-line	Fail
<p>Knowledge</p> <p>(A) Knowledge of CFP evidence-based practice (EBP) and a broad range of specialty interventions</p> <p>(B) Knowledge of the effectiveness of psychoeducation, specialty curriculum for psychoeducation, and the distinction between psychoeducation and psychotherapy</p> <p>(A.1) Knowledge of CFP interventions and application of EBP to issues and populations</p> <p>(A.1) Understands and capably utilizes a systemic framework for specialty intervention</p> <p>(A.2) Demonstrates advanced level of knowledge in the specialty interventions, including which interventions apply to particular treatment issues and/or populations</p> <p>(A.3) Understands data regarding the effectiveness and cost of CFP interventions for a particular clinical context</p> <p>(A.4) Understands common factors in CFP interventions</p> <p>(A.5) Understands the common medical, dental, and health treatments for the targeted population as part of the medical/clinical context for CFP specialty practice</p> <p>Skills</p> <p>(B) Selects and implements CFP interventions designed to improve client and/or relationship health in individual, group, and community settings</p> <p>(B.1) Selects, effectively implements, and evaluates EBP CFP interventions</p> <p>(B.1.1) Reviews the case conceptualization, selects prioritized intervention goals, and provides a rationale for the treatment plan that is understood and accepted by the client(s)</p> <p>(B.1.2) Selects interventions appropriate to the issue and/or population</p> <p>(B.1.3) Demonstrates CFP common factors in treatment</p> <p>(B.1.4) Provides the intervention in a manner consistent with its theoretical and/or evidence-based formulation</p> <p>(B.1.5) Independently evaluates treatment/intervention progress, barriers to goal attainment, and treatment/intervention outcomes</p> <p>(B.1.6) Modifies <i>or tailors</i> the intervention to meet the specific needs of the client(s) and/or emerging circumstances during treatment</p> <p>(B.1.7) Collaborates effectively with other service providers</p> <p>(B.1.8) Seeks consultation when needed to ensure <i>successful</i> treatment/intervention outcomes</p> <p>(B.1.9) Establishes a collaborative problem-solving frame with client(s)</p> <p>Attitudes</p> <p>(C) Values the role of research in intervention</p> <p>(C.1) Independently studies intervention research</p> <p>(C.1.1) Values intervention research and lifelong learning to remain current in intervention research</p> <p>(C.1.2) Values self-evaluation, peer review, and client feedback in specialty practice</p>			

11. CONSULTATION	Pass	Border-line	Fail
<p>Knowledge</p> <p>(A) Knowledge of CFP consultation</p> <p>(A.1) Knowledge of consultation theory, research findings, roles, assessment, and methodology</p> <p>(A.1.1) Understands and capably articulates the application of a systemic epistemology to consultation with individuals, groups, or organizations</p> <p>(A.1.2) Demonstrates theoretical and scientific knowledge of consultation models in the specialty and knowledge of the field in which the consultation is provided</p> <p>(A.1.3) Demonstrates understanding of the roles, assessment methodologies, and intervention methodologies for CFP consultation</p> <p>Skills</p> <p>(B) Conducts effective CFP consultations</p> <p>(B.1) <i>Conducts effective CFP consultations, including a systemic needs assessment yielding a report and recommendations, and effective interventions</i></p> <p>(B.1.1) Applies systemic orientation and research to conduct a needs assessment using appropriate assessment methodologies and devices to provide focus to the referral questions</p> <p>(B.1.2) Prepares written and verbal reports that include cogent recommendations to address the referral question and the results of the needs assessment</p> <p>(B.1.3) Implements interventions based on organizational approval of recommendations using relationship skills, problem-solving, and implementation skills</p> <p>(B.1.4) Demonstrates ethical and diversity competencies in CFP consultation</p> <p>Attitudes</p> <p>(C) Values ethical and collaborative interaction and practice in CFP consultation</p> <p>(C.1) Independently values ethical CFP <i>consultation</i> practice that is culturally competent</p> <p>(C.1.1) Values and adopts the role of consultant as part of the CFP specialty</p> <p>(C.1.2). Values ethical and professional standards for consultation practice</p> <p>(C.1.3) Values collaboration between the consultant and the client</p> <p>(C.1.4) Values and respects individual and group diversity in consultation <i>practice</i></p>			

12. SUPERVISION	Pass	Border-line	Fail
<p>Knowledge</p> <p>(A.1) Knowledge of supervision in CFP specialty</p> <p>(A.2.) Advanced knowledge of CFP competencies</p> <p>(A.1.1) Knowledge of systemic concepts and theories applicable to teaching in a supervisory setting</p> <p>(A.1.2) Knowledge of supervision models, theories, modalities, and research in CFP supervision</p> <p>(A.1.3) Knowledge of theories, research, and methods to facilitate supervisee developmental progression in CFP competencies</p> <p>(A.2.1) Knowledge of foundational <i>and functional</i> competencies in the specialty, <i>including their essential components relevant to the trainee's practice setting and client population.</i></p> <p>(A.2.2) Knowledge of functional competencies including case conceptualization, assessment, and intervention</p> <p>(A.2.3) Knowledge of identified <i>behavioral benchmarks for each competency</i> developmental markers and competency levels expected of supervisees at specific stages of training</p> <p>Skills</p> <p>(B) Provides effective CFP supervision</p> <p>(B.1) Applies systemic epistemology to CFP supervision</p> <p>(B.2) Facilitates student development through CFP supervision</p> <p>(B.1.1) Applies systemic concepts, modalities, and research to teach systemic thinking about CFP practice</p> <p>(B.1.2) Teaches CFP competencies in the context of supervision</p> <p>(B.2.1) Forms a supervisory alliance and accurately assesses supervisee skills, developmental level, and training needs</p> <p>(B.2.2) Provides effective feedback and monitors <i>student's</i> progress in a supportive manner</p> <p>(B.2.3) Identifies and remediates problems of CFP competence</p> <p>Attitudes</p> <p>(C) <i>Values</i> attitudes necessary for supervision in specialty</p> <p>(C.1) Commitment to <i>professionalism and</i> growth in self and others</p> <p>(C.1.1) Values self-evaluation and invites peer review and supervisee feedback regarding the supervision experience</p> <p>(C.1.2) Committed to providing an environment in which supervisees can realize their professional and personal potential</p> <p>(C.1.3) Values ethical and legal specialty practice and ensures personal and supervisee compliance with relevant laws and ethical standards related to supervised experience.</p>			
13. TEACHING	Pass	Border-line	Fail

Knowledge

(A) Knowledge of teaching-learning in CFP

(A.1) Knowledge of teaching-learning theory, methodology, and assessment *of teaching* in the specialty

(A.1.1) Understands theoretical and applied methods of teaching a systemic epistemology, including critiques and variations on a systemic orientation

(A.1.2) Demonstrates advanced level of scientific knowledge and current evidence-based models of CFP as a foundation for teaching others

(A.1.3) Demonstrates advanced level of knowledge of specialty curriculum

(A.1.4) Demonstrates advanced level of understanding of CFP competencies

Skills

(B) Education ability *in the specialty*

(B.1) Understands, implements, and evaluates teaching-learning methodologies

(B.1.1) Facilitates understanding and adoption of a systemic orientation and specialty scientific methods

(B.1.2) Conceptualizes and/or creates comprehensive specialty curriculum

(B.1.3) Develops a course in a specialty content area that reflects current specialty research and methods and fits within a comprehensive CFP curriculum

(B.1.4) Applies teaching-learning methods appropriate to the specialty in instructional venues

(B.1.5) Teaches specialty content in professional and applied publications and presentations

Attitudes

(C) Values lifelong learning and teaching

(C.1) Independently values ongoing learning and quality instruction of others

(C.1.1) Independently identifies, reviews, and incorporates new specialty research and literature into teaching

(C.1.2) Conducts self-evaluation and invites peer review and student feedback regarding the teaching-learning experience

14. RESEARCH/EVALUATION	Pass	Border-line	Fail
<p>Knowledge <i>(A) Knowledge of CFP research and evaluation</i> <i>(A.1) Understands and capably articulates the application of a systemic epistemology to research and evaluation</i> <i>(A.1.1) Knowledge of measures and procedures for assessing complex family processes</i> <i>(A.1.2) Knowledge of statistical analyses for examining sequential processes and participants with co-varying behavior</i></p> <p>Skills <i>(B) Conducts effective CFP research and evaluation</i> <i>(B.1) Uses CFP research skills for program development and evaluation as well as for quality improvement in healthcare services</i> <i>(B.2) Conducts outcome studies (efficacy or effectiveness), systematic case studies, transportability studies, or progress research designed to advance CFP science and practice</i></p> <p>Attitudes <i>(C) Values ethical and collaborative CFP research and evaluation</i> <i>(C.1) Independently values systemic research and evaluation methods, and their application to specialty practice</i> <i>(C.1.1) Values collaborative team science, consistent with foundational CFP competencies</i> <i>(C.1.2). Values ethical and professional standards for CFP research and evaluation</i></p>			

15. MANAGEMENT-ADMINISTRATION	Pass	Border-line	Fail
<p>Knowledge <i>(A) Knowledge of professional roles in management and administration of health care research, services, and systems relevant to CFP practice</i> <i>(A.1) Knowledge of management and administration roles in patient care consistent with specialty practice</i> <i>(A.2) Knowledge of management and administration roles in training, education, and/ or supervision consistent with specialty practice</i></p> <p>Skills <i>(B) Provides effective leadership in healthcare team management, or in the development and evaluation of innovative models of patient care</i> <i>(B.1) Provides leadership in the development, management, and evaluation of systemic, holistic models of patient care consistent with specialty competencies</i> <i>(B.2) Provides leadership in the development, management, and evaluation of systemic, holistic models of behavioral health training, education, and/ or supervision consistent with specialty competencies</i></p> <p>Attitudes <i>(C) Values the role of a couple and family psychologist as an autonomous, knowledgeable leader in health care</i> <i>(C.1) Commitment to leadership development consistent in healthcare settings, consistent with systemic practice and specialty competencies</i></p>			

16. ADVOCACY	Pass	Border-line	Fail
<p>Knowledge</p> <p>(A) Knowledge of the distinctiveness and integrity of CFP as a specialty relevant to policy and advocacy</p> <p>(A.1) Knowledge of the distinct role of CFP as a science and profession in health care</p> <p>(A.2) Understands that medical models and associated funding and reimbursement policies may marginalize a systemic conceptualization of human behavior in favor of an alternative, non-systemic view of problems (e.g., as brain disorders)</p> <p>Skills</p> <p>(B) Applies CFP competencies to advocate for equity and quality in research, practice, and educational/ training standards in the specialty</p> <p>(B.1) Advocates for the specialty of CFP and its role as a science and profession in health care</p> <p>(B.1.1) Advocates for research that contributes to the evidence base that supports CFP specialty practice</p> <p>(B.1.2) Advocates for the educational and training standards unique to CFP</p> <p>(B.1.3) Promotes policy related to health care redesign from a systemic perspective</p> <p>(B.2) Advocates for equitable, quality health care in CFP at the individual, institutional, community, and systems levels in public and private sectors, as evidenced by:</p> <p>(B.2.1) Develops and promotes policies and organizational practices that prioritize the needs of families and reduce disparities in access to and quality of CFP interventions</p> <p>(B.2.2.) Promotes behavioral health workforce development (including dissemination of evidence-based systemic interventions) and coordination among systems of care to increase families' access to and quality of CFP interventions, and reduce healthcare disparities</p> <p>Attitudes</p> <p>(C) Values social justice and equity in CFP practice</p> <p>(C.1) Demonstrates commitment to social justice</p> <p>(C.2) Values policies and procedures that promote equity in CFP research, education and healthcare delivery</p>			

Circle one: Initial Ballot Second Ballot

Comments:

Examiner Signature and Date: _____

FORM E: Client/Family Authorization for Video Recording and Review of the Interview

COUPLE AND FAMILY BOARD CERTIFIED) ORAL EXAMINATION
 AMERICAN BOARD OF FAMILY PSYCHOLOGY

I, (We) _____, agree to participate in psychological service which includes video recording of interviews and/or psychological assessment.

_____,
 Name Relationship

_____,
 Name Relationship

_____,
 Name Relationship

_____,
 Name Relationship

I understand that the interview and/or assessment will be video recorded and viewed observed by three psychologists who will be evaluating this interview. The videos will be destroyed following the conclusion of the examination process.

I understand that the interviewer is a licensed, doctoral level psychologist who has applied for status as an American Board of Couple and Family Psychology (ABCFP) board certified specialist in couple and family psychology. I further understand that the observers will keep all information revealed in the course of the session confidential. A copy of the signed authorization form will be placed in ABCFP's central office in a sealed envelope, to be opened only in cases of future questions or challenges.

I recognize that participation in the board certification examination procedure is not a requirement to receive treatment at _____. My agreement and participation or that of the listed family members is completely voluntary.

Signed by Interviewee: _____ Date: _____

Signed by ABCFP Candidate: _____ Date: _____

FORM F-1: CANDIDATE/EXAMINEE SUMMARY OF APPEAL

BOARD CERTIFICATION EXAMINATION IN CLINICAL PSYCHOLOGY
AMERICAN BOARD OF PROFESSIONAL PSYCHOLOGY

Appellant Name: _____ Region: _____

Date of Examination/MOC: _____ Location of Examination/MOC: _____

List of Appellant's Examiners (if applicable):

- 1.
- 2.
- 3.

Note: The only basis for an appeal is the consideration of procedural error. Appeal should be sent directly to the ABPP Executive Officer in the ABPP Central Office.

Appeal refers to allegations regarding: (check)

- Application: Candidacy Determination ()
- Examination: Practice Sample Component ()
- Examination: Oral Component ()
- MOC ()

Relevant procedural grounds for appeal raised by Appellant are:

- 1.
- 2.
- 3.

FORM F-2: EXAMINER APPEAL REVIEW FORM
COUPLE AND FAMILY CERTIFICATION ORAL EXAMINATION
AMERICAN BOARD OF PROFESSIONAL PSYCHOLOGY

1. Do you believe the candidate represented his/her problem, situation accurately?
Yes _____ No _____

2. If you disagree with the candidate's perceptions, please elaborate.

3. Do you believe this appeal should be upheld? Yes _____ No _____

4. Reasons why appeal should or should not be upheld.

Candidate's Name _____

Examiner's Name: _____

Date

FORM F-3: COMMITTEE SUMMARY OF APPEAL

BOARD CERTIFICATION EXAMINATION IN CLINICAL PSYCHOLOGY
AMERICAN BOARD OF PROFESSIONAL PSYCHOLOGY

PAGE 1 of 2

Appellant Name: _____ Region: _____

Date of Examination/MOC: _____ Location of Examination/MOC: _____

List of Appellant's Examiners (if applicable):

- 1.
- 2.
- 3.

Appeal refers to allegations regarding: (check) Application: Candidacy Determination (),
Examination: Work Sample Component (), Examination: Oral Component (), MOC ().

Relevant grounds for appeal raised by Appellant:

- 1.
- 2.
- 3.

Decision and rationale for each allegation:

- 1.
- 2.
- 3.

FORM G: CANDIDATE'S EVALUATION
COUPLE AND FAMILY CERTIFICATION ORAL EXAMINATION
AMERICAN BOARD OF COUPLE AND FAMILY PSYCHOLOGY

The Candidate's personal appraisal of the examination experience can be of great value in ABCFP's effort continually to improve the examination process. The ABCFP National Examination Committee invites you to comment constructively about any aspect of the exam -- content, format or conduct. Nothing you write will become part of the official record of your examination. Send to ABCFP Board President within a month of the examination.

FORM H: EVALUATION BY EXAMINATION COMMITTEE MEMBER
COUPLE AND FAMILY CERTIFICATION ORAL EXAMINATION
AMERICAN BOARD OF COUPLE AND FAMILY PSYCHOLOGY

The National Examination Committee of the American Board of Couple and Family Psychology is very interested in examiner's constructive suggestions concerning the exam process. We would appreciate your specific feedback on what was good and should be retained and on anything you felt was poor or should be dropped. If you have suggestions for modifications, please try to make them as specific as you are able. Send to ABCFP Board President within a month of the examination.

**FORM I: AMERICAN BOARD OF COUPLE AND FAMILY PSYCHOLOGY
FORM TO RATE CO-EXAMINERS**

Chair _____ Name of Examiner being rated: _____

Candidate who was examined: _____ Exam date: _____

Please complete this rating form for each examiner who sat on the committee with you using the reference scale shown below for your ratings:

0	1	2	3	4	5	6
7						
Examiner so poor as to warrant exclusion from further exams		Must have added training before examining again		Acceptable but somewhat limited as an examiner		Outstanding examiner

Circle the number which represents your evaluation of this examiner:

- A. **STYLE AND MANNER:**
- 1. Collegial 0 1 2 3 4 5 6 7
 - 2. Pleasant 0 1 2 3 4 5 6 7
 - 3. Professional in approach, dress, interactions 0 1 2 3 4 5 6 7
- B. **KNOWLEDGE:**
- 1. Own area of expressed expertise 0 1 2 3 4 5 6 7
 - 2. Ethics and Standards 0 1 2 3 4 5 6 7
- C. **PREPARATION:**
- 1. Prepared questions thoughtfully 0 1 2 3 4 5 6 7
 - 2. Prepared to bring out candidate's best and limited areas 0 1 2 3 4 5 6 7
- D. **INTERACTION:**
- 1. Worked effectively with other examiners 0 1 2 3 4 5 6 7
 - 2. Treated candidate with respect 0 1 2 3 4 5 6 7

E. **OTHER COMMENTS:**

Signed _____ Date _____

Note: RETURN TO ABCFP PRESIDENT WITHIN TWO WEEKS OF EXAM

Instructions: Each examiner and the chairperson are to fill in and return the examiner rating forms. Give to chairperson at end of deliberations period. He/she should send all 6 forms to the Board President within two weeks.

FORM J-1: MOC ABCFP CONTINUING PROFESSIONAL DEVELOPMENT GRID

Insert website link to grid here

FORM J-2: MOC NARRATIVE

Name: _____
 Specialty: _____
 Date of Certification: _____
 MOC Materials Due: _____
 Anticipated MOC Date: _____

Narrative Instructions

The Maintenance of Certification narrative is designed to elaborate on the professional activities that you reported on the Specialty Continuing Professional Development (SCPD) Grid. It is intended to help you describe your continued professional development over the past 2 years and may become the basis for discussion of your current professional work with a peer reviewer from your specialty board. Please respond to the following questions, focusing your responses on the provision of information specific to your demonstration of the competencies. In order to pass, you must have answered all the questions in the narrative. Together, the Grid and the Narrative must adequately address all 8 of the competencies and at least 2 of the 8 competencies.

1. Kind of Services Delivered: _____
 Setting: _____
 Nature of Population Served: _____

Provide a synopsis of your current professional work. This may be drawn from a broad range of your professional activities (i.e., assessment, intervention, consultation, teaching, administrative duties, leadership, or other activities central to understanding your professional work). Limit = 200 words.

2. Please describe an ethical/legal issue that you have recently considered including how it affected your behavior or thinking. Limit = 150 words.
3. By what means do you evaluate the effectiveness of your professional activities? Limit = 100 words.
4. Please summarize how you maintain your skills in each of the competencies for which you did not seek credit on the grid (excluding ethics and reflective practice because they are addressed in the questions above). Limit = 150 words.
5. Please summarize how you maintain your skills in two of the competencies. Limit = 150 words.
6. *In your professional evolution, have you refocused your professional activities from your original area of board certification? If so, describe how you have evolved in such a way that you have maintained your competencies as a Clinical Psychologist.* Limit = 100 words.

**FORM J-3: MOC CONTINUING PROFESSIONAL DEVELOPMENT
GRID SCORING**

Specialist _____
 Specialty Board _____
 Rater _____
 Date of Review _____

SCPD Grid Scoring

Item	Yes	No	Comment
1. Did the specialist provide documentation that there were 40 hours of continuing professional development within the two year period reviewed on the SCPD Grid?			
2. Did the specialist provide evidence of maintaining all 8 of the competencies on the SCPD Grid? If no, please review question #4 in the narrative for supplemental information.			
3. Did the specialist provide evidence of maintaining a minimum of 2 specialty-specific competencies on the SCPD Grid?			

**FORM J-4: MOC CONTINUING PROFESSIONAL DEVELOPMENT
NARRATIVE SCORING**

Narrative Scoring

Item	Yes	No	Comment			
1. Does the synopsis provided sufficiently explain the specialist's current work?						
2. Are there indications of practice that are inconsistent with the <i>APA Ethical Principles of Psychologists and Code of Conduct</i> ?						
3. Does specialist provide evidence of effective outcome monitoring? (Only one method required)			Evaluation		Check all that apply	
			Peer review			
			Assessment Instrument			
			Client Satisfaction Surveys			
			Performance Reviews			
			360° Assessment			
			Student Ratings			
Other, Specify:						
4. Does the narrative indicate that the specialist maintains 2 competencies? (2 of 8)			Competencies			
			Yes	No	n/a	
			Management/Administration			
			Advocacy			

**FORM J-5: MOC CONTINUING PROFESSIONAL DEVELOPMENT:
OVERALL MOC SCORING**

Overall Rating

Scoring Instructions: Use the information obtained above to answer the following question.

	Yes	No						
Do the combined Grid and Narrative indicate that the specialist maintains competencies (8 of 8) and no less than 2 competencies?			Competencies					
			Yes			No		
			Relationships					
			Individual and Cultural Diversity					
			Ethical & Legal Standards/Policy					
			Professionalism					
			Reflective Practice/Self-Assessment/Self-Care					
			Scientific Knowledge & Methods					
			Interdisciplinary Systems					
			Evidence-Based Practice					

Scoring Criteria:

1. Did Specialist complete the Grid and answer questions N1 to N5 on Narrative (and N6 if applicable)? (circle one) Yes No
2. Did Specialist responses result in a “Yes” on the “Overall Rating” question? (circle one) Yes No

Does the reviewer recommend the specialist’s certificate be renewed? (circle one) Yes No

Please submit your review results to Clinical Board MOC Review Chair at e-mail address:
alina.suris@va.gov

**FORM J-6: MOC CONTINUING PROFESSIONAL DEVELOPMENT
GRID ACTIVITY VALUES**

COLLABORATIVE CONSULTATION

1. Case consultation. (5 consultations as consultant or consultee = 1 credit).
 2. Journal clubs. (5 journal clubs as presenter or participant = 1 credit).
 3. Research groups. (5 group meetings as presenter or attendee = 1 credit).
 4. Mentoring. (5 hours of mentoring as mentor or mentee = 1 credit).
-

TEACHING AND TRAINING

1. Teaching students and/or trainees, including specific assessment, intervention, as well as professional program development and evaluation. (1 presentation hour = 1 credit; 1 course = 20 credits)
 2. Participating in thesis/dissertation committees. (Each dissertation or thesis = 10 credits)
 3. Participating as an ABPP mentor, work sample reviewer, oral examiner, or MOC reviewer. (Each item = 10 credits)
 4. Training or presenting to other professionals or staff. (1 presentation hour = 1 credit)
 5. Conducting full/half-day workshops to professional or consumer groups. (1 full day workshop = 10 credits; one unit/hour = 1 credit).
 6. Instructing in an educational training program series. (1 presentation hour = 1 credit) (1 course = 20 credits)
 7. Professional training program development (1 preparation hour = one credit; 1 program = 20 credits)
 8. Professional mentoring in some way not described above.
-

LEARNING AND ONGOING EDUCATION

1. Attendance at conferences and conventions (not earning CE). (1 day = 1 credit).

2. Completion of continuing education provided by a recognized and approved sponsor. (1 hour = 1 credit)
 3. Completion of a graduate-level academic course related to psychology from a regionally accredited academic institution. (1 course = 20 credits)
 4. Completion of a ABPP board certification in another specialty (1 additional ABPP = 20 credits)
 5. Reading, hearing, or viewing professional materials. (1 hour = 1 credit)
 6. Participating in other self-directed professional activities for which CE credits have not been granted. (1 hour = 1 credit)
-

DEVELOPMENT AND APPLICATION OF RESEARCH AND INNOVATIVE METHODOLOGIES/PROGRAMS

1. Publishing peer-reviewed articles (1 publication = 10 credits)
 2. Publishing book chapters. (1 chapter = 5 credits)
 3. Other engagement in the development and/or application of research and innovative programs (i.e., development and implementation of grant proposals). (1 hour = 1 credit)
 4. Practice outcome monitoring (e.g., strategies for assessing client outcomes or involvement in institutional quality assurance monitoring). (1 hour = 1 credit; 1 QA monitor = 1 credit)
 5. Serving as editor, co-editor or reviewer of books or peer-reviewed journals. (10 hours = 10 credits)
-

PROFESSIONAL LEADERSHIP

1. Management and/or administration of services related to the specialty. (Each year = 10 credits)
2. Activities directed toward the promotion or adoption of evidence-based practice and assurance of quality care. (1 hour = 1 credit)
3. Holding an office or other recognized leadership position within professional psychology. (1 office for one year = 10 credits)
4. Service on professional psychology association boards or committees. (1 office for one year = 10 credits)
5. Participation in grant review. (1 grant = 5 credits)
 1. Membership on regulatory or institutional review boards. (1 term = 10 credits)

Specialty Continuing Professional Development Grid (SCPD)

Instructions: Please complete the following form by indicating the number of continuing professional development credits in each relevant category for the previous 2-year period. In all categories, a maximum number of allowable credits are designated. Any specific activity should be documented in only one category even though it might fit under several categories credit for that activity can only be documented under one activity. The total number of credits completed must be equal to or greater than 40 for the two year time period. Specialists are advised to maintain their own files, as documentation is not required for submission with this form. However, a peer review of this information may be conducted by the specialty board, which may require you to provide this documentation. Because ABPP certification is competency based, ABPP's competencies are listed to guide the specialist's thinking when completing the SCPD grid.

Competencies

1. Professionalism
2. Ethical legal standards and policy
3. Individual and cultural diversity
4. Relationships
5. Scientific knowledge and methods
6. Evidence-based practice
7. Reflective practice/self-assessment/self-care
8. Interdisciplinary systems
9. Assessment
10. Intervention
11. Consultation
12. Supervision
13. Teaching
14. Research/evaluation
15. Management-administration
16. Advocacy

Appendix A Continuing Education Plan

Assumptions:

1. 40-hours continuing education plan (the plan or a subset may be utilized by Track 3 applicants to demonstrate professional identity as a Couple and Family Psychologist)
2. Education plan is based on the identified specialty competencies
3. All courses must be specialty-specific (content focused on couple and family psychology; e.g., ethical issues in couple and/or family psychotherapy, couple or family assessment).
4. Courses or supervision may be presented by any CFP content expert and may be offered online, the reading of books and journals, conference attendance, or convention venues (e.g., some APA convention CE-approved sessions offered by Division 43).
5. All courses must be APA-approved continuing education courses and must be approved by the Eligibility Committee of ABCFP. A list of courses vetted or previously approved by ABCFP is available to assist potential applicants in identifying courses that are pre-approved as meeting requirements. Other courses may qualify, but they will need to be vetted upon submission.

A NOTE OF THANKS

The ABPP Board of Trustees and the Directors of the American Board of Couple and Family Psychology thank all examiners for their participation in ABPP's board certifying examinations. We fully understand how difficult it is to take time away from your professional and personal lives to devote many hours of study and decision-making to the vital process of board certification in the various specialties of psychology; your willingness to underwrite your belief in this process with constructive action is the backbone of this process. You deserve the sincere gratitude of the entire profession of psychology.

Each candidate also deserves our appreciation for having acted on their sense of responsibility to the public, the profession and him/herself, as well as gathering the courage and expending the time, finances and energy to face yet another examination in a long career of training, experience and examinations. Your effort, your achievement, and your commitment to the most meaningful board certification process in professional psychology are a commendable example for your students, your trainees and your yet-to-be certified peers.

The American Board of Couple and Family Psychology welcomes comments and constructive suggestions for improvement of this manual and the examination process.