Specialties

- ADD/ADHD
- ADOLESCENTS
- ADOPTION
- ADULT CHILDREN OF ALCOHOLIC OR DYSFUNCTIONAL FAMILIES
- AGING PARENTS
- AIDS/HIV
- ANXIETY DISORDERS/PHOBIAS
- ASSERTIVENESS
- BEHAVIORAL MANAGEMENT
- BLENDED FAMILIES/STEP PARENTS
- CAREER COUNSELING
- CHILDREN
- CO-DEPENDENCY
- CO-PARENTING
- COUPLES
- CRISIS INTERVENTION
- DEPRESSION
- DEVELOPMENTAL ISSUES
- DISSOCIATIVE DISORDERS
- DIVORCE & SEPARATION
- DOMESTIC VIOLENCE
- DREAM WORK
- EATING DISORDERS
- EAP ASSESSMENTS
- EMDR
- ENCOPIRESIS/ENURESIS
- FAMILY THERAPY
- FORENSIC EVALUATIONS / GAL
- GAY / LESBIAN ISSUES
- GERIATRIC ISSUES
- HYPNOTHERAPY
- INFERTILITY
- LEARNING DISABILITIES/SPECIAL ED.
- LIFE TRANSITIONS, MID-LIFE
- LOSS & GRIEF
- MEN'S ISSUES
- MEDICAL CAUSES FOR PSYCHIATRIC SYMPTOMS
- MISCARRIAGE/INFANT LOSS
- MORAL DILEMMAS
- MOTHER/DAUGHTER RELATIONSHIP
- MULTIGENERATIONAL ISSUES
- NEUROFEEDBACK
- NEUROPSYCHOLOGY
- PARENTING
- PARTNERS/FAMILIES OF MEDICAL PATIENTS
- PASTORAL COUNSELING
- PHYSICAL ILLNESS/CHRONIC PAIN OR ILLNESS
- PTSD
- PREGNANCY/POSTPARTUM
- PSYCHIATRIC CONSULTATION
- PSYCHOPHARMACOLOGY
- PSYCHOLOGICAL TESTING
- SEXUAL ABUSE
- SEXUAL DYSFUNCTION
- SINGLE PARENTING
- SPIRITUALITY
- STRESS MANAGEMENT
- SUBSTANCE ABUSE/ADDICTIONS
- SUPERVISION
- WOMEN'S ISSUES
- OTHER

*I hereby attest that all information provided is true and accurate.

Signed: ______________________________________________________ Date: __________________________

Any misrepresentation may result in termination of membership.