

December 2013


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Recommended Citation

Asebedo, S., McCoy, M. A., & Archuleta, K. L. (2013). 2013 Membership Profile of the Financial Therapy Association: A Strategic Planning Report. *Journal of Financial Therapy*, 4 (2) 2. <http://dx.doi.org/10.4148/1944-9771.1067>

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2013 Membership Profile of the Financial Therapy Association: A Strategic Planning Report

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A second profile of the Financial Therapy Association (FTA) membership was conducted to continue the development of financial therapy as a new area of practice and study. The FTA was established in 2010 as an effort to bring together practitioners and researchers from diverse disciplines to share in a common vision of financial therapy. This profile report depicts the demographic profile (e.g., age, education, gender, occupation, income) and perspectives of members who participated in the survey commissioned by the FTA Strategic Planning Committee in 2013. The results of the membership profile survey highlight the future directions of and the challenges facing the FTA and the emerging area of financial therapy.

REPORT

Financial therapy is a growing area of interest among practitioners and scholars and has been conceptualized as the integration of “cognitive, emotional, behavioral, relational, and economic aspects that promote financial health” (Financial Therapy Association, 2013). In an effort to bring together practitioners and researchers from diverse disciplines to share in a common vision of financial therapy, the Financial Therapy Association (FTA) was established in 2010. Since its inception, the FTA has become a thriving organization, establishing a board of directors, creating both a consumer referral program and a website, and joining social media (e.g., LinkedIn, Facebook, Twitter). The FTA organizes and holds an annual conference in addition to sponsoring a peer-reviewed scholarly journal (*The*

Journal of Financial Therapy). In an ongoing effort to continue the development of financial therapy as a new area of practice and study, Archuleta et al. (2011) suggested that a profile of the membership should be conducted regularly. Like most young and growing associations, differing and evolving opinions and ideas among an association's members are inherent. Archuleta et al. (2012) interviewed FTA members and found that there is not yet a consensus on what financial therapy is or what it actually entails. Not only were the differing opinions influenced by various members' disciplines, but they were also driven by the experience of working with clients. For example, some practitioners that were interviewed believed financial therapy occurs when a mental health and financial planner work collaboratively with a client(s) to address the aforementioned goals, while others believed one practitioner trained in both mental health and financial areas can provide financial therapy.

Capturing the diversity of members' perspectives, ideas, and experiences in relation to financial therapy is an important aspect of developing a strategic plan to build a common vision and mission of financial therapy. Gale, Goetz, and Britt (2012) recommended, "regularly checking in and assessing membership views and feelings can be helpful" for the FTA to avoid making "decisions that can have unforeseen implications" (p. 4). In order to carefully approach the future development of financial therapy, the FTA Board of Directors took steps in 2013 to establish the strategic planning committee whose sole goal was to address the future development and direction of the association. Following the recommendations of Archuleta et al. (2011) and Gale et al., the FTA strategic planning committee's first step was to commission a second survey of its members to ensure that the FTA was moving forward in alignment with their membership. This report serves as the summary of the results of the second survey, which was based on the ten considerations proposed for FTA by Gale et al.'s review of interdisciplinary associations' pitfalls and successes. These considerations were:

1. Defining financial therapy and successful outcomes of financial therapy services.
2. Developing theoretical model(s) to explain and predict how people change behavior, cognition, and relationships within the context of financial therapy.
3. Identifying the unit of service or treatment in financial therapy.
4. Defining relationship dynamics and boundaries between professionals from different professions of practice, and between the professional and client when providing financial therapy services.
5. Developing a set of skills required to provide financial therapy services.
6. Developing assessment tools to determine when good work is achieved.
7. Ensuring knowledge and expertise required to provide financial therapy services.
8. Acknowledging the responsibilities of the professional and client and developing a sensitivity to power dynamics.
9. Addressing cultural and spiritual diversity.
10. Adhering to a code of ethical behavior, professional standards, and best practices.

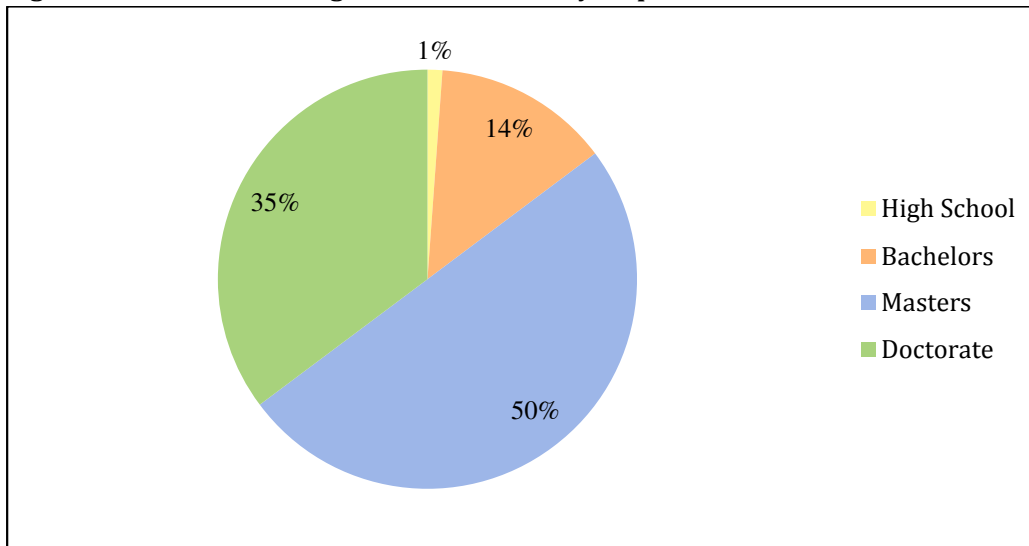
METHODS

The intention of this profile is to build upon existing data (Archuleta, 2011) around perspectives and trends of practice, education, and research associated with financial therapy. As outlined above, this profile addressed the 10 Considerations (Gale et al., 2012), with the exception of Considerations 8 and 9, which were deemed to be better addressed through qualitative methods. The electronic survey was emailed to all FTA members on July 24th, 2013 (N = 140). Overall, there were 88 respondents, yielding a 62% response rate. The number of respondents varied per question and, therefore, the number of persons (*n*) who responded to each question is included for ease of interpretation.

Demographic Profile of the FTA Membership

Before moving into the ten considerations, it is important to explore the demographics of the respondents. Therefore, questions were asked to elicit this information. The demographics of the 2013 survey respondents were similar to the initial membership profile conducted in 2011 (see Archuleta et al., 2012). In 2013, FTA members (*n*=83) ranged in age from 24 to 78 years, with an average age of 50.22 years (*SD* = 13.69). In regards to gender (*n*=88), 41% were male. In general, the membership sample (*n*=88) was well educated, with the majority (85%) reported having a Master's or Doctorate degree. Figure 1 illustrates the educational backgrounds of the FTA membership sample in 2013.

Figure 1. Educational background of FTA survey respondents



Source: Financial Therapy Association 2013 Member Survey
n=88

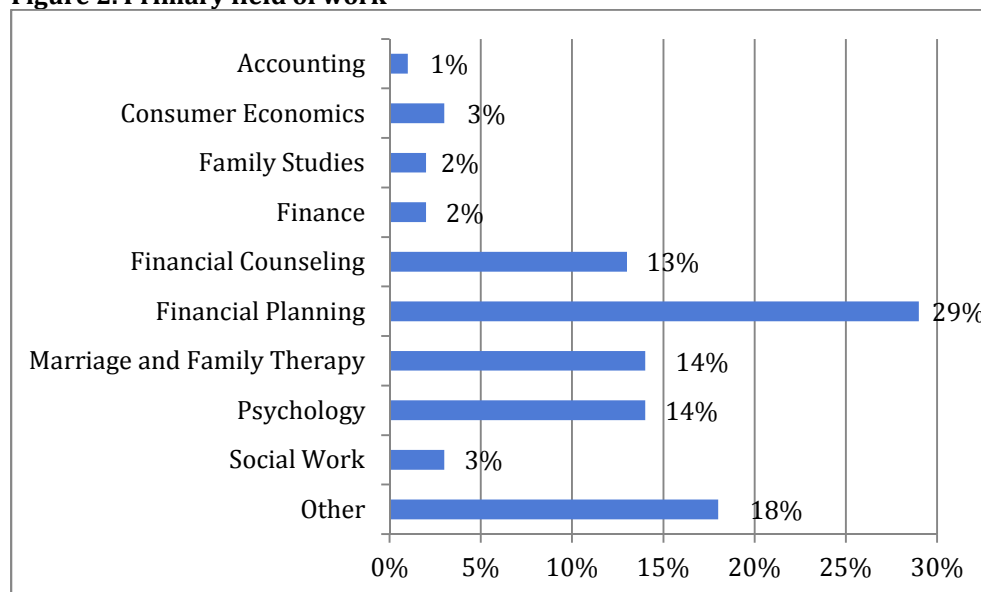
Respondents (*n*=84) were asked the field of study in which they attained their highest educational degree. Mental health fields (e.g., marriage and family therapy, psychology, social work, and counseling) were the largest group, accounting for 42%, followed by financial professionals (e.g., financial planning, finance, financial counseling,

consumer economics, and accounting), who were 31%. The remaining fields included human development, family studies, education, and business. Only 2.4% reported a finance and mental health degree combination.

Primary Field of Work among FTA Members

Survey participants ($n=87$) were asked to report their primary field(s) of practice or study. Approximately 44% chose financial planning, financial counseling, or finance. Marriage and family therapy, psychology, and social work comprised 31% of the sample. Figure 2 represents the primary fields reported, as well as “other.” Examples of “other” fields listed included: (a) research, (b) coaching, (c) mental health counseling, (d) psychotherapy, and (e) family therapy.

Figure 2. Primary field of work



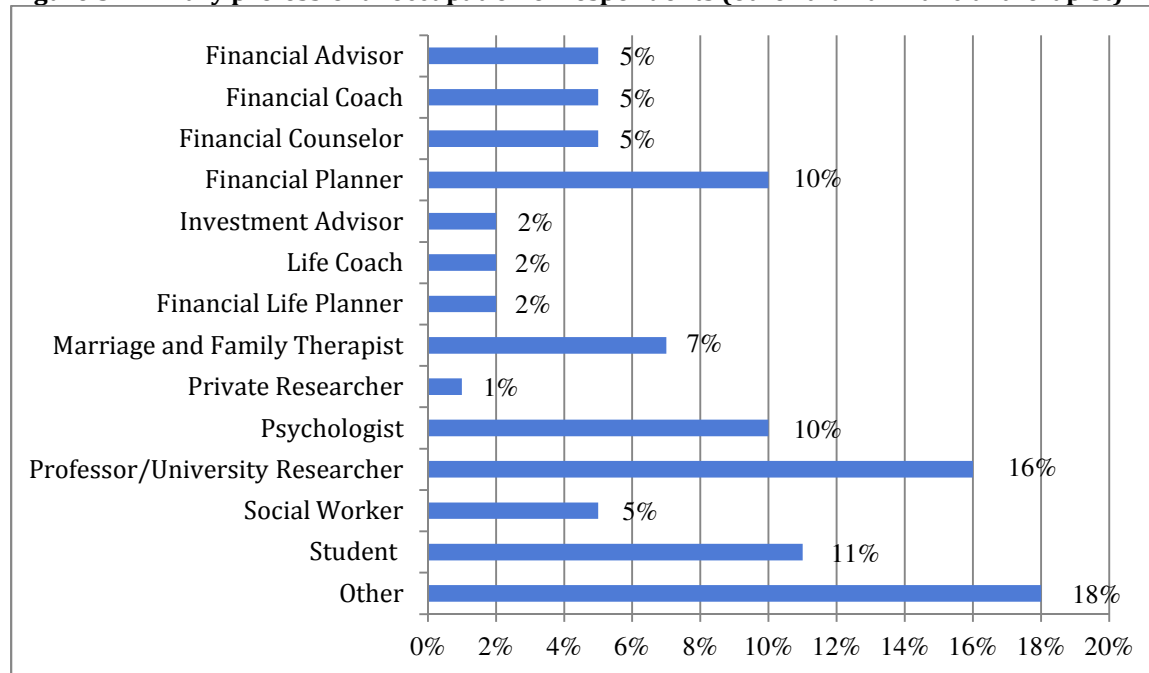
Source: Financial Therapy Association 2013 Member Survey
 $n=87$

Primary Occupations among FTA Members

Respondents ($n=87$) were asked to report their primary occupation other than a financial therapist. Primary occupation differs from primary field of practice, in which primary occupation refers to what professionals generally call themselves, whereas primary field of practice implies a broader area of study and practice. The field may be influenced by the professional’s formal training and background. For example, a professional may call him/herself a financial advisor, but is in the finance field of study. Another professional calling him/herself a financial advisor may consider financial planning as the primary field of study. Approximately 29% chose the primary occupation of financial advisor, financial coach, financial counselor, financial planner, or investment advisor. Twenty-two percent chose professor/university researcher, student, and private

researcher as a primary occupation. Marriage and family therapist, psychologist, and social worker accounted for 22% of the sample. Figure 3 represents the occupations reported, as well as the “other” category, which included: (a) psychotherapist, (b) business coach, (c) mental health counselor, (d) wealth counselor, and (e) speaker.

Figure 3. Primary professional occupation of respondents (other than a financial therapist)

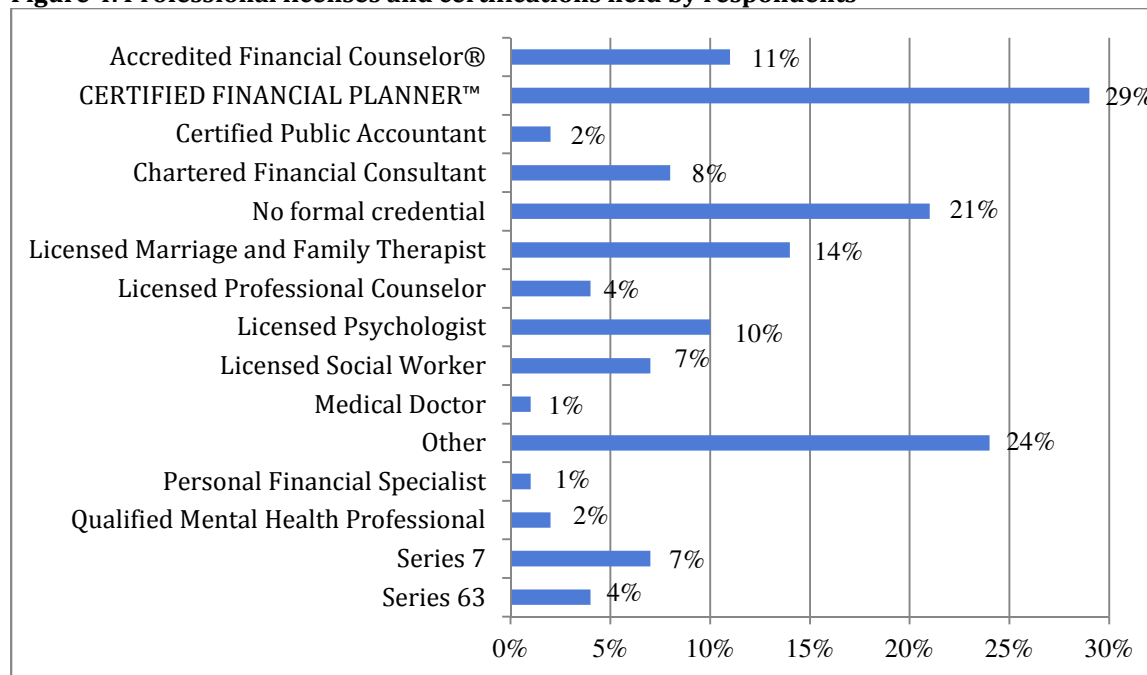


Source: Financial Therapy Association 2013 Member Survey
n=87

Professional Credentials Held among the FTA Membership

Respondents were asked to report the type of license or certification currently held. Multiple responses were permitted in order to capture professionals who hold more than one credential. As illustrated in Figure 4, respondents ($n=84$) indicated FTA members hold a wide variety of licenses and credentials.

Figure 4. Professional licenses and certifications held by respondents

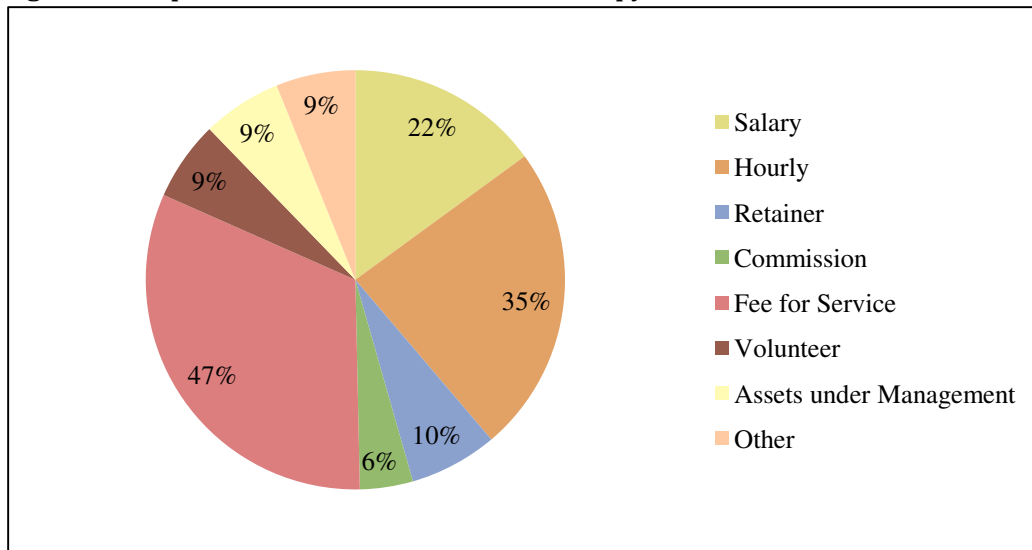


Source: Financial Therapy Association 2013 Member Survey
 Multiple responses permitted; n=84

Compensation Issues

The primary compensation models for financial therapy consist of hourly, salary, or fee arrangements. Those responding to this survey question (n=68) were able to select multiple methods of compensation. Figure 5 summarizes the various compensation models for financial therapy-related work reported by the survey respondents.

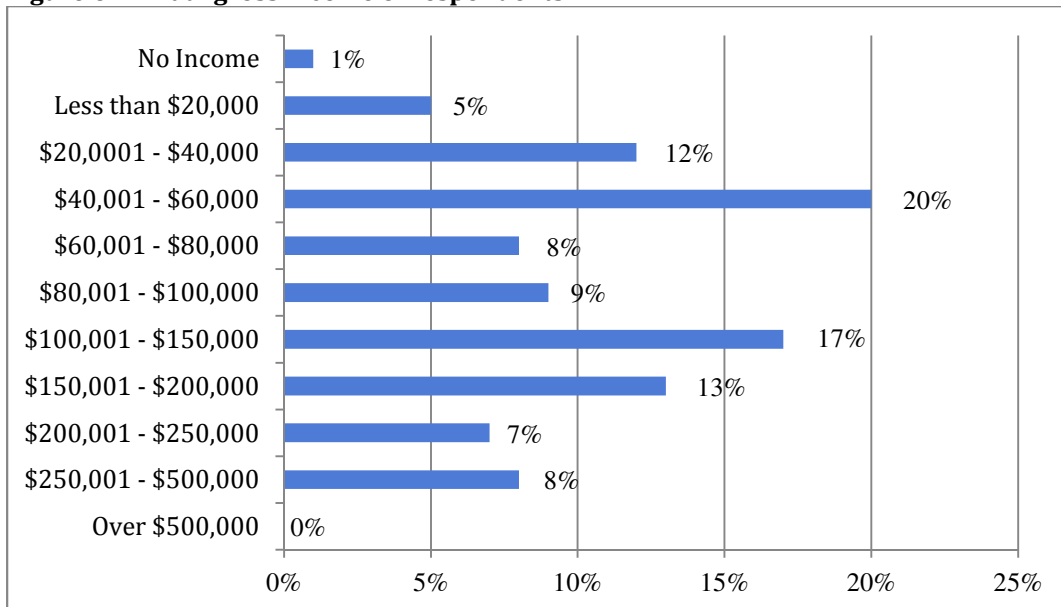
Figure 5. Compensation models for financial therapy work



Source: Financial Therapy Association 2013 Member Survey
Multiple responses permitted; n=68

Survey respondents reported their annual gross income, ranging from no income to between \$240,001 and \$500,000 (n=76). Annual income included income from all services the professional provided, not just financial therapy-related services. Annual gross income results are illustrated in Figure 6.

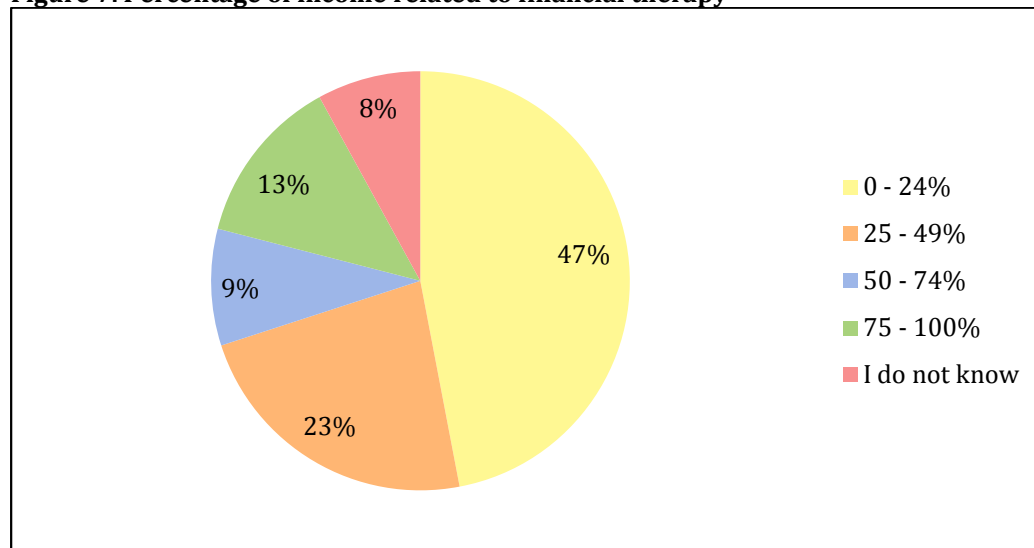
Figure 6. Annual gross income of respondents



Source: Financial Therapy Association 2013 Member Survey
n=76

Respondents were also asked to report the percentage of their total income that was derived from financial therapy services, as depicted in Figure 7. Forty-five percent of respondents reported that over 25% of their total income was derived from financial therapy work.

Figure 7. Percentage of income related to financial therapy



Source: Financial Therapy Association 2013 Member Survey
n=64

Finally, respondents were asked how long they have been doing work related to financial therapy as described by the Financial Therapy Association (i.e., “integration of cognitive, emotional, behavioral, relational, and economic aspects that promote financial health”). Although the answers varied greatly, ranging from 0 to 40 years. On average, respondents had almost nine years ($M=8.8$; $SD=8$) of work experience in the area of financial therapy.

MEMBERSHIP PERSPECTIVES IN RELATION TO 10 CONSIDERATIONS OF FINANCIAL THERAPY

In regards to the aforementioned ten considerations proposed by Gale et al. (2012), several survey questions were asked in order to assess respondents’ perspectives on 8 of the 10 considerations (excluding Considerations 8 and 9). The following results section describes the participants’ views of these areas.

Consideration #1 – Definition and Outcomes

What is financial therapy? Respondents were asked three separate questions related to the term *financial therapy*, which are:

1. To what extent do you agree that the FTA's definition of financial therapy (i.e., the integration of cognitive, emotional, behavioral, relational, and economic aspects that promote financial health) accurately describes your work/research?
2. To what extent do you agree with the FTA's definition of financial therapy?
3. To what extent do you agree the term *financial therapy* is related to your work/research?

Respondents were asked to rate their responses to each question on a scale from 1 (*strongly disagree*) to 10 (*strongly agree*). On average, participants were likely to agree with the definition ($M=8.17$; $SD=1.77$) and that the definition accurately reflected the work they do ($M=7.78$; $SD=2.09$). Participants were in moderate agreement that the term financial therapy was related to their work ($M=6.78$; $SD=2.76$). As a follow-up for those who disagreed with these items, respondents were asked to explain why they disagreed. Those who disagreed with the definition felt that the definition was too broad, that financial therapy only occurs when a therapist and planner work conjointly, that the word "economic" is not a strong enough word to describe the depth of the financial plan developed in the process, that the focus on financial health is too limiting, and that the definition is too complex for the average consumer.

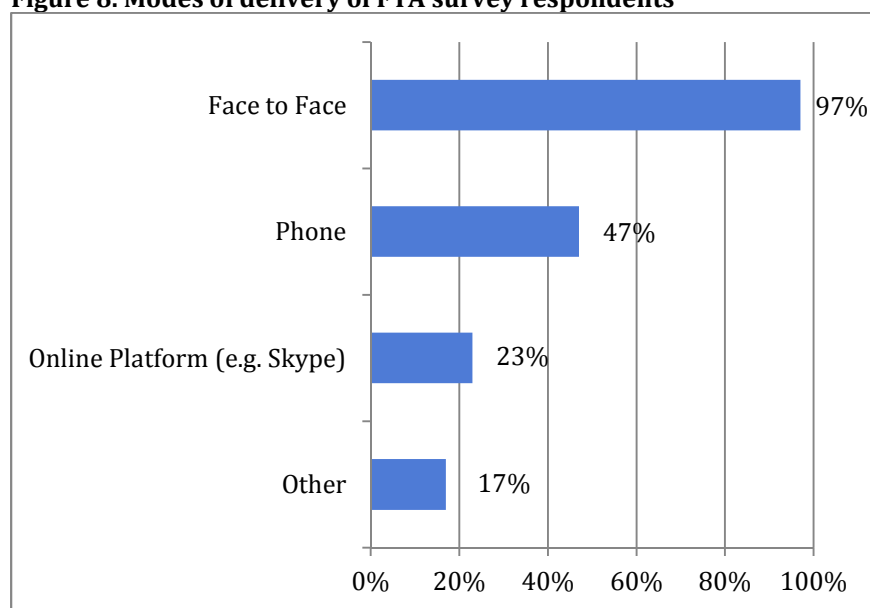
Despite participants being in moderate agreement that their work was related to financial therapy ($n=79$), only 18% of respondents called themselves "financial therapists." Those who reported that they did not call themselves financial therapists were requested to explain why. Themes developed from these responses included that the term "therapist" does not describe their work, lack of training, not actively providing services, other terms better describe work, need to learn more about the term "financial therapist," and regulatory concerns. Most of the themes presented reflect the fact that there are no formal educational requirements or credentials associated with being a financial therapist.

What are the desired outcomes? Gaining a consensus about what financial therapy actually is will help us better define the desired results of this intervention. Gale et al. (2012) pointed out varying professions may emphasize differently the aspects of financial therapy. For instance, financial planners may emphasize the financial side more than mental health professionals. To address this point, respondents were asked an open-ended question: "How would you describe the primary goal or outcome of financial therapy services?" Responses ($n=51$) varied, resulting in themes related to financial health, financial success, financial independence, financial literacy, well-being, enlightenment, and behavior change. In addition, respondents were asked if there was a point where financial therapy services end because financial therapy goals are met. Of the respondents ($n=74$), 36% felt there was a stopping point, but only 4% did not. The majority of respondents answered that they were either not sure (22%) or felt the question was not applicable to their practice (38%).

What does financial therapy look like? The practice of financial therapy looks different for the various existing professions (e.g., financial planner, marriage and family therapist, money coach) represented within FTA. To understand what financial therapy looks like, respondents who were actively engaged in working with clients were asked to

answer questions addressing the number of times the practitioner meets with a client(s), duration of the client-professional relationship, frequency of client meetings, length of each client meeting, and how practitioners meet with clients (i.e., face-to-face, phone, online platform, or other). Active practitioners reported that they see their clients for as little as one visit or for many years, and the duration of the relationship ranged from one session to lifetime. Frequency of client meetings was reported to occur as often as weekly, to as little as annually. Length of client meetings was reported to last for 30 minutes, or as long as 3 hours. Not all practitioners see their clients in person. In this sample, 3% do not see their clients in person. In addition, 47% of respondents also indicated they use the phone, and 23% use an online platform to deliver financial therapy to their clients in lieu of meeting in person. Figure 8 provides a summary of these responses.

Figure 8. Modes of delivery of FTA survey respondents



Source: Financial Therapy Association 2013 Member Survey
Multiple responses permitted; n=60

Consideration #2 – Theoretical Application and Development

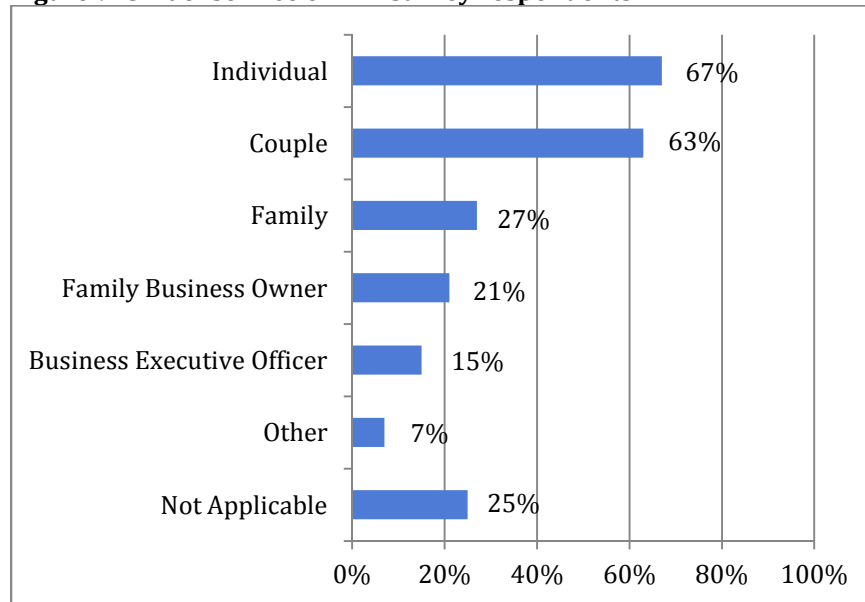
Gale and his colleagues (2012) highlighted the importance of using models and theories to “inform our professional decisions, undergird the research process in order to access effectiveness, and provide criteria for professional and ethical standards” (p. 8). As an interdisciplinary organization, the membership can consider using theories or models from either mental health or financial disciplines. Eventually, it would be beneficial to create a financial therapy theory or model to explain, predict, and test the practice of financial therapy (Gale et al., 2012). Participants were asked to list the theoretical approach/model or integration of models utilized in their client work. Responses ($n=36$) included: (a) Family Systems, (b) Neuroscience, (c) Bowenian, (c) Solution Focused Therapy, (d) Motivational Interviewing, (e) Behavior Economics, (f) Narrative, (g) ACT, (h) Cognitive Behavioral, (i) Jungian, (j) Psychodynamic, (k) Inner Child Analytical, (l)

Collaborative Language Systems, (m) Kolb Teaching Model, (n) Self-Psychology, (o) Neuroeconomics, (p) Experiential, and (q) Imago Couples Therapy.

Consideration #3 - Unit of Service

The unit of service for treatment at first glance appears to be a simple question. Most would consider the individual(s) present in the meeting room as the unit of service for financial therapy. However, Gale and associates (2012) challenged the idea of unit of service to be influenced by how culture, couples, and families impact each others' actions, perceptions, and values. To begin to address this complex point, respondents ($n=75$) addressed to whom (i.e., unit of service or treatment) they primarily provide financial therapy. Respondents were allowed to select multiple responses to this question. The overwhelming majority reported working with individuals (67%) and couples (63%). Figure 9 shows that the family, businesses, and executives were among other units of service assessed.

Figure 9. Unit of service of FTA survey respondents



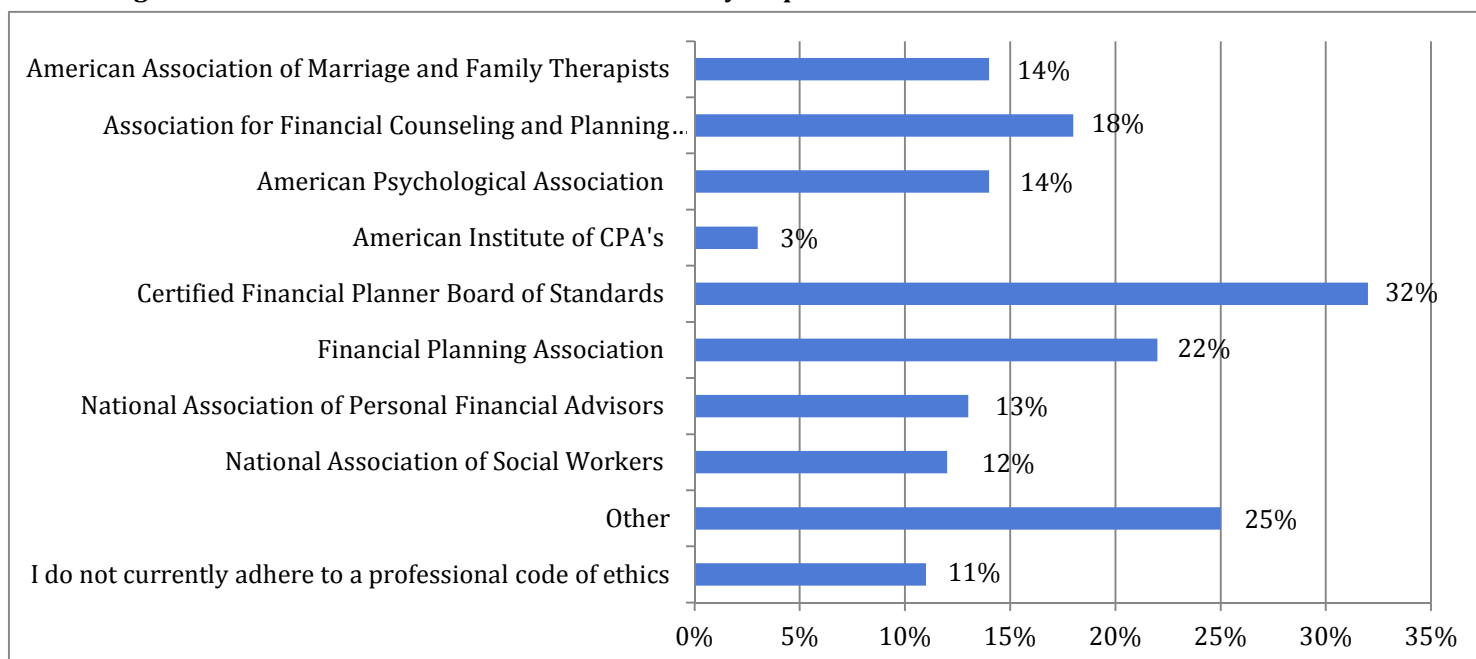
Source: Financial Therapy Association 2013 Member Survey
Multiple responses permitted; $n=75$

Considerations #4 and 10 - Relationship Dynamics and Professional Boundaries and Ethical Behavior

Considerations 4 and 10 are interconnected, as the boundaries around the relationships in the financial therapy room will have clear implications on what should be considered as ethical behaviors in practice. Issues facing professionals from diverse backgrounds can be complicated. Here, the results regarding the practitioner-client relationship and ethical codes of conduct are reported.

Practitioner/client relationship dynamics and professional boundaries. The relationship between a mental health professional and a client is different than the relationship between a financial professional and a client. For example, mental health professionals must adhere to explicit rules related to the avoidance of personal relationships with clients outside of the professional setting. In addition, mental health professionals are mandatory reporters of abuse and threats to safety. However, these rules are not applicable to most financial planners. An understanding of the ethical guidelines being utilized in the practice of financial therapy is important to developing an understanding of what is acceptable in financial therapy and, more importantly, what *should* be acceptable in practice (Gale et al., 2012). The respondents ($n=76$) of this survey answered whether they adhered to various professional codes of ethics (see Figure 10). The majority of respondents did abide by a code of ethics, namely the ones listed. Examples of “other” code of ethics respondents adhered to included: (a) International Coaching Federation, (b) American Mental Health Counselors Association (AMHCA), (c) California Board of Behavioral Sciences, (d) American Counseling Association (ACA), (e) International Association of Registered Financial Consultants (IARFC), and (f) Institutional Review Board (IRB).

Figure 10. Professional code of ethics of FTA survey respondents



Source: Financial Therapy Association 2013 Member Survey
Multiple responses permitted; $n=76$

Dual practitioner relationship dynamics and professional boundaries. Ethics around financial therapy are not clear yet, and they become even murkier when practitioners from two fields work together. One of the major discussion topics in financial therapy currently is whether or not the process requires both a mental health professional and a financial professional working conjointly. The alternative is a single professional who has training in both areas. This debate may be influenced by current codes of conduct and

professional training. Currently, 50% of the subsample ($n=30$) of mental health professionals collaborate with a financial professional when working with clients who present financial issues in therapy, while only 26% of financial professionals ($n=27$) collaborate with mental health professionals in their work.

When professionals from two different professions work together, ethical dilemmas can arise. Survey respondents were asked how they address differences in practice standards of client boundaries when working with a professional in a different discipline. When collaborating with a professional from a different field who adheres to a different code of ethics ($n=42$), 52% of respondents reported that they abided by their own code of ethics, and 24% reported that they abided by the most stringent code of ethics. Interestingly, 21% of respondents had not considered how to handle differences in code of ethics. When differences in ethical codes exist ($n=36$), the vast majority of respondents (75%) always or almost always communicate how the differences in professional boundaries will be handled within the engagement. In response to the question of if the Financial Therapy Association should develop a code of ethics, the majority of respondents ($n=74$) responded positively with maybe or yes (88%), with only 12% saying no. Reasons for each response varied. The resulting themes summarizing the responses can be found in Table 1.

Table 1
Development of code of ethics reasons

<i>Yes (62%)</i>	<i>Maybe (26%)</i>	<i>No (12%)</i>
<ul style="list-style-type: none"> • Establish legitimacy as a profession • Clarify boundaries • Protect self & consumers • Basic standard for a professional association • Standardize & integrate practice of financial therapy 	<ul style="list-style-type: none"> • Current code of ethics likely covers • More research needed • If providing certification • Application & training issues • Code of ethic diversity issues 	<ul style="list-style-type: none"> • Duplication issues • Confusion with primary discipline • Too difficult to create • Too many existing codes of ethics to adhere to

*Source: Financial Therapy Association 2013 Member Survey
n=74*

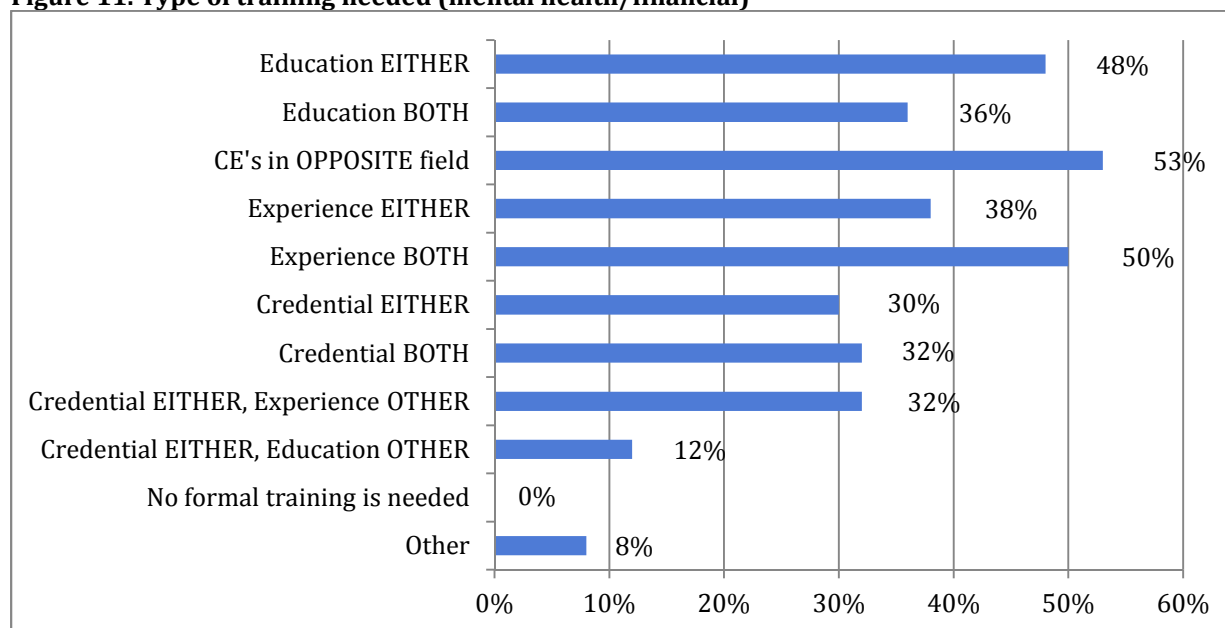
Consideration #5 - Necessary Skill Set

The next consideration refers to the skills needed to be a proficient financial therapist. In other words, what skills are required from the mental health and financial disciplines to provide financial therapy? Recently, an autoethnography was published about a marriage and family therapy doctoral student who took a financial course to develop a skill set (McCoy, Gale, Ford, & McCoy, 2013). She addressed how therapists can learn from the financial discipline and what financial planners can learn from mental health disciplines. From this student's perspective, she argued that therapists and financial planners fare better when they collaborate. Yet, when that is not possible, they do not need to be completely proficient in both fields. Instead, she suggested that therapists need to

learn practical financial skills (e.g., how to create budgets), how to recognize “red flags” of financial distress, and be able to access resources for clients (e.g., credit counseling bureaus). Planners need to learn more about how to manage emotions in session, how to address power dynamics, and learn techniques used to motivate change as well as other interpersonal skills. Similar to McCoy et al.’s (2013) findings, in an open-ended question the respondents of this survey suggested that interpersonal therapeutic skills (e.g., active listening, empathy) and a working knowledge of personal finance are both necessary skills. More specifically, they reported that practitioners need skills in the areas of communication, conflict resolution, relationships, and mental health (e.g., therapy, psychology, coaching).

How a financial therapist develops these skills provides another opportunity for dissension. Most respondents reported that formal education was not needed in both disciplines. However, some respondents did state that a strong mental health background was necessary to use the term “financial therapist.” Figure 11 shows the breakdown of the responses about what type of training is needed to call themselves a financial therapist. Respondents were able to choose multiple responses to this question. Although respondents varied in their opinions, the majority appeared to feel that experience and training (e.g., continuing education) in both fields is needed, but that education is only needed in one.

Figure 11. Type of training needed (mental health/financial)

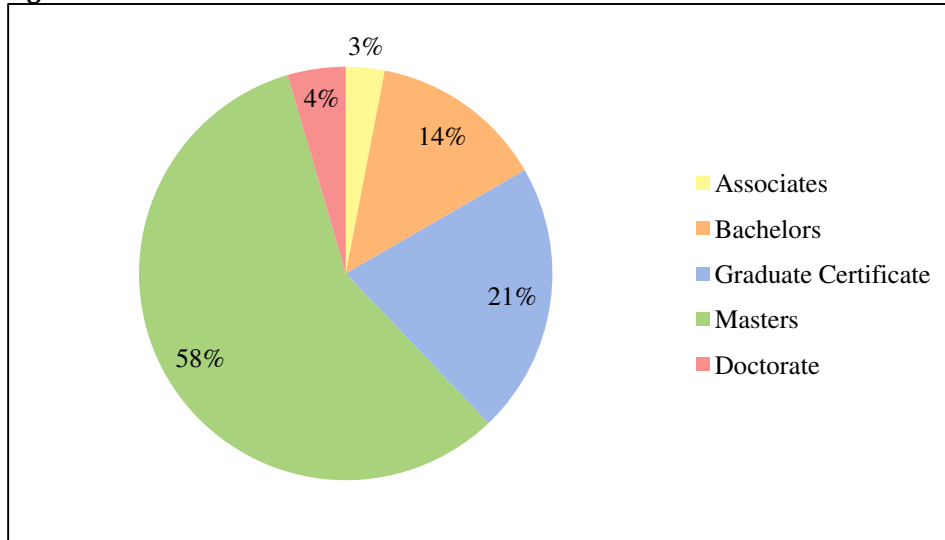


Source: Financial Therapy Association 2013 Member Survey
Multiple responses permitted; n=66

Respondents (n=66) addressed what level of education was needed to practice financial therapy. The majority of respondents (79%) agreed that at least a graduate

certificate or master's degree was needed. Figure 12 illustrates the level of education respondents believed those practicing financial therapy needed.

Figure 12. Level of education needed



Source: Financial Therapy Association 2013 Member Survey
n=66

Consideration #6 - Assessment Tools

Gale and colleagues (2012) pointed out that the only way to know when good work is being done is through evaluations, such as formal and informal assessments. Unfortunately, only one known study has been published evaluating the effectiveness of financial therapy thus far (Klontz, Bivens, Klontz, Wada, & Kahler, 2008); and no approach has been established as an evidence-based financial therapy model. However, there are numerous formal and informal assessments that can be used from either mental health or financial disciplines. The types of formal and informal assessments used are found in Table 2.

Table 2
Formal & informal assessments

<i>Formal (n=15)</i>	<i>Informal (n=26)</i>
<ul style="list-style-type: none"> • Klontz Money Scripts Inventory • Klontz Money Behaviors Inventory • PhQ-9 • Financial Behavior Assessment • OQ.45 • F.I.R.O. Testing • Willoughby Personality Schedule • Financial Anxiety Scale • Fear Survey Schedule • Motivated Asset Pattern Assessment • MSQ • Collaborative Language Systems • FDAS • GAF/GARF 	<ul style="list-style-type: none"> • Budget questionnaire • Money history • Financial behavior assessment • Family history • Online behavioral survey • Genogram • Spending patterns • Money egg • Money atom • Online behavioral survey • Attitudes toward money surveys • Value inventory • Risk tolerance assessment • Behavioral finance • Assessment of mood • Money quotient • Motivation for change • Improvement in goals

*Source: Financial Therapy Association 2013 Member Survey
n=70*

Of the 70 professionals who responded to the question about utilizing assessments, only 15% of respondents reported regularly using a formal assessment, and 17% used no assessment at all to monitor their progress. The rest reported *sometimes* using formal or informal assessments in their work.

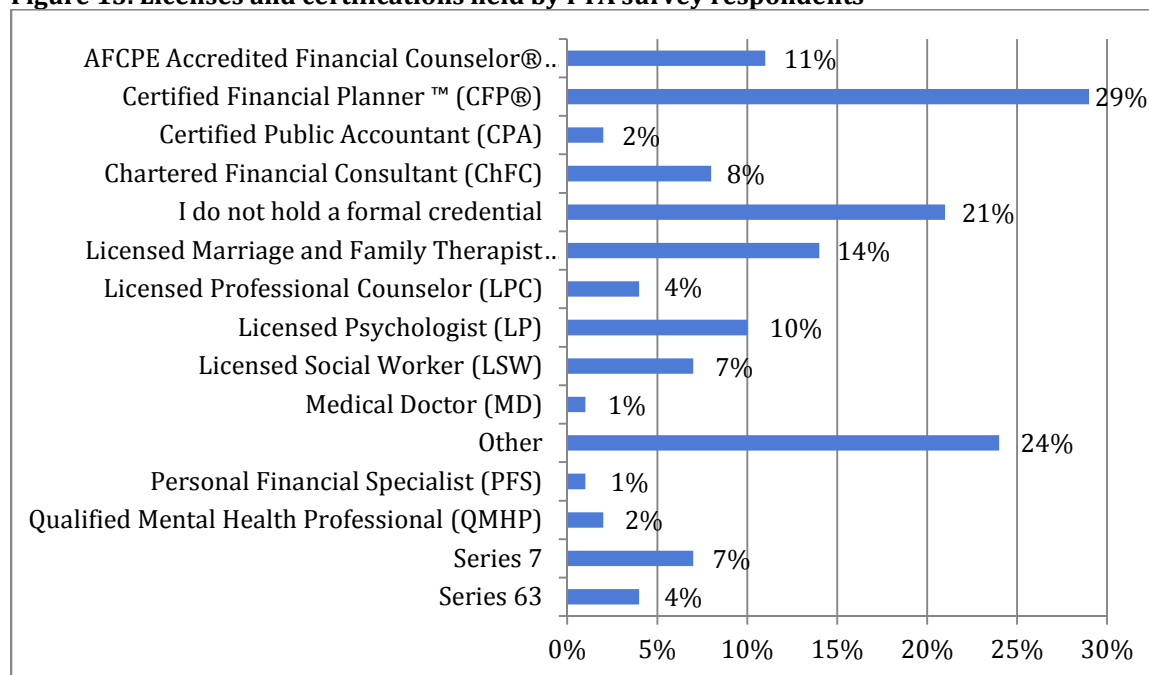
Few financial therapy assessment tools exist. Therefore, to move the field forward, assessment tools need to be created. In light of this observation, participants were asked to identify what type of assessment tools need to be developed to help determine when good financial therapy work is achieved. While 35% (*n=23*) were unsure of what assessments were needed, other suggestions from respondents included assessments of body language, couples relational skill sets, behaviors, conflict styles, health and money relationships, personality, financial progress and subjective well-being, and client’s expressed values and their actions.

Consideration #7 - Ensuring Knowledge Expertise

As the field of financial therapy continues to grow, the FTA will need to decide whether a regulatory body needs to be established to register or certify financial therapists with credentials or designations in order to provide consumer protection (Gale et al., 2012). Currently, most respondents reported holding credentials or designations in their home discipline, meaning that they held credentials in the field in which they received their main training or in which they primarily practiced. In regards to types of licenses or

certifications held, respondents were allowed to indicate multiple credentials. The single largest category was the CFP® designation. Twenty-four percent of respondents reported “other” types of credentials including: (a) Accredited Estate Planner (AEP®), (b) Certified Trust and Financial Advisor (CTFA), (c) Series 65, (d) Professional Certified Coach (PCC), (e) Specialty-Certified New Money Story® Mentor, (f) Enrolled Agent (EA), (g) Certified in Financial Forensics (CFF), (h) Certified Fraud Examiner (CFE), (i) Associate Certified Coach (ACC), (j) Board Certified Coach (BCC), (k) Chartered Retirement Planning Counselor (CRPC), (l) Accredited Asset Management Specialist (AAMS), (m) Chartered Life Underwriter (CLU), (n) Certified Money Coach (CMC), and (o) Registered Financial Associate (RFA). Figure 13 represents the variety of responses.

Figure 13. Licenses and certifications held by FTA survey respondents



Source: Financial Therapy Association 2013 Member Survey
Multiple responses permitted; n=84

Advantages and disadvantages of creating a formal regulation body were identified. When asked if they felt like financial therapists should have credentials or a designation of their own, most (62%) agreed that there should be a credential or designation. Respondents were also asked to provide reasons as to why or why not credentials or designations should be available. In response to a credential or designation in financial therapy being offered, these members felt like a practice standard would be created, would help to distinguish financial therapy from other professions, and would help create visibility and legitimacy of the profession. Major themes among the respondents who felt unsure reflected the field of financial therapy's infancy and having already existing credentials that are adequate. Reasons as to why a credential or designation should not be

available, or why respondents were unsure if one should be offered are summarized in Table 3.

Table 3
Credential/designations

<i>Yes (64%)</i>	<i>Unsure (26%)</i>	<i>No (11%)</i>
<ul style="list-style-type: none"> • Creates a standard • Allows for differentiation • Integrates various professions into one • Legitimizes the profession • Increases visibility 	<ul style="list-style-type: none"> • Financial therapy is too young to establish a designation /credential • There are too many current designations/credentials in general • Primary field designation/credentials likely suffices • Support depends upon requirements of designation/credential 	<ul style="list-style-type: none"> • Credentialing can cause exclusivity • Current designations/credentials are adequate • There are too many current credentials/designations

*Source: Financial Therapy Association 2013 Member Survey
n=66*

DISCUSSION

This report serves as a follow-up membership profile, completed two years after the initial membership profile in 2011 (Archuleta et al., 2011). At the time the survey was sent out to members, there were 140 members, representing a decrease in membership since 2011, yet the response rate grew from only 28% to 62%. The decline in membership should not be looked upon negatively for a number of reasons. First, FTA membership in 2010 was obtained by donation rather than a standard membership fee that is now in place, which allowed for individuals to become members and browse the benefits of membership without making a financial commitment. Second, because there was not a structure set to automatically identify and renew annual memberships, many memberships were carried over from 2010. The FTA Board spent a considerable amount of time in 2012 and 2013 working on a system to better track and notify current and former members of their membership status. Third, members may be more involved in the association than in 2011 as indicated by an increase in response rate; therefore the decreased membership may represent those who are more committed to FTA and its mission and vision. Finally, attendance at the annual conferences has included at least 70% of the membership, another sign of an active and engaged membership.

In regards to the basic demographics of the association, most statistics remained relatively the same (i.e., age, gender, education attainment, profession, and income), but the percentage of income from financial therapy has grown. Presently, 92% of respondents reported that they received some income from financial therapy, whereas only 72% received income from financial therapy in 2011. The higher financial therapy income is also

another sign that current FTA members are more invested in the association simply due to the type of services they perform. Regardless of why membership may have decreased, continued efforts by existing members and the FTA Board of Directors to recruit new members should be a primary focus moving forward.

One of the largest differences in the 2013 profile is that the survey was framed around the ten considerations for interdisciplinary associations created by Gale et al. (2012). The 2011 profile was not organized in the same manner, but did ask many similar questions. For instance, in both surveys, members were asked their opinion on the definition of financial therapy created by the association. It appeared that a majority of the respondents agreed with the definition of financial therapy and stated that it was related to their work. Despite the high rate of agreement with financial therapy's definition and its applicability to their work, only 29% of respondents in 2011 and 18% of respondents in 2013 identified themselves as a financial therapist. The 2011 survey did not go into any further detail. However, the current survey explored why a disconnect appears to exist between conducting financial therapy and calling oneself a financial therapist. In 2013, participants reported reasons for this discrepancy primarily related to having no formal educational requirements, licensures, or certifications that would signify that they could legally or ethically call themselves a financial therapist. Others stated that conducting financial therapy was only part of what they did rather than their primary occupation. Qualitative methods should be implemented to gain deeper insight into this discrepancy.

The 2013 survey also asked how long the participant had been doing financial therapy, what the desired outcomes of financial therapy were, what financial therapy looks like, and what the necessary skill sets were to practice financial therapy. These questions were not in the 2011 survey, and therefore, no comparison data is available. Future profiles should include similar questions to explore how the membership views are evolving in these areas.

Another core topic of both the 2011 and 2013 survey was the professional practices of the membership in regards to their collaboration across disciplines. In 2013, 50% of mental health professionals reported that they regularly collaborated with a financial professional during financial therapy-related practice, whereas in 2011, only 41% reported collaboration efforts. However, less of the association's financial professionals are collaborating with mental health professionals (45% in 2011 and 26% in 2013). The decrease in collaboration efforts by financial professionals is interesting because they are still active in the financial therapy field. One hypothesis as to why this trend is occurring is that financial professionals may have more access to training on interpersonal and intrapersonal issues, and are therefore implementing this training in their practice without the mental health practitioner in the room. Further research is needed to not only explore this shift further, but to also gain insight into the benefits and challenges of working across disciplines.

Due to the cross-disciplinary nature of financial therapy, ethics was a focus in both profiles. As the FTA continues to mature, creating an overarching framework to provide insight on how to handle gray areas, like relationship boundaries, confidentiality, and

mandated reporting, may be prudent (Gale et al., 2012). In 2011 and 2013, the majority of members (69% and 88%, respectively) asserted that a code of ethics needs to be established for the Financial Therapy Association. Yet, more research is needed to understand what should be included to accommodate the diverse professionals involved.

Another component of ethical work is the use of theory and research in practice. In 2011, 62% of participants reported using a theoretical approach in their practice. Whereas, in the current survey only 41% of participants reported using a theoretical approach. As our field continues to grow, the importance of utilizing theory and evidence-based practices is important to the establishment and credibility of a new field. Utilizing theory and knowing what works in financial therapy (i.e., evidence-based practices) not only creates a common thread and increases quality and effectiveness of services among practitioners, but also helps to provide training to new financial therapy professionals. However, to create evidence-based practices, increased collaboration efforts between researchers and practitioners need to exist. It is essential for practitioners conducting financial therapy-related work to share their methods and have them tested in order to ensure that practice methods are being supported by research. The thought of having researchers evaluate what practitioners are actually doing may be an intimidating notion, but it is necessary to gain credibility and train future financial therapists.

In addition, because research on effective practices is imperative to the growth and quality of financial therapy services, practitioners need to be current on the latest financial therapy-related research. Unfortunately, only 33% of respondents reported that scholarly journals are the most important source of research and resources. Furthermore, many of the respondents did not list *The Journal of Financial Therapy* as a journal they utilize, despite it being the flagship journal of the field. *The Journal of Financial Therapy* is an open access journal (i.e., anyone can access it for free), is sponsored by the FTA, and provides the latest research trends related to financial therapy. FTA members receive a complimentary electronic copy of *JFT*, in which each article published in the issue is combined into one document. To move the emerging field of financial therapy forward, more work is needed to create theory that supports the interdisciplinary nature of financial therapy work, as well as support for evidence-based practice. Publishing this type of research in *JFT* and increased readership by members about this type research, is pertinent.

CONCLUSION

Gale and colleagues (2012) encouraged the Financial Therapy Association and its members to explore their own perspectives and values and to engage in dialogues about the ten considerations through online discussions, conference participation, ongoing publications, and letters to the FTA Board, small group discussions with those in your local area, and to even consider serving as FTA Board Members. The goal of this 2013 membership profile is to act as a springboard for this dialogue. In an attempt to continue this exploration and our strategic planning efforts, additional qualitative research is being planned for at the next annual Financial Therapy Association conference. Members and those who are interested in developing financial therapy are strongly encouraged to attend.

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