

2020 Membership Profile of the Financial Therapy Association

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The Financial Therapy Association (FTA) periodically releases a report of the state of its membership. This report is from membership data collected in 2020 as a follow-up to the 2011 and 2013 reports. Since the 2013 report, FTA developed a code of ethics and professional certification. The current report highlights differences in membership characteristics and perspectives of financial therapy and the developing field and profession.

Keywords: financial therapy; Financial Therapy Association

INTRODUCTION

The Financial Therapy Association (FTA) was officially established in 2010. The FTA was founded to provide a place for scholars and practitioners from various professional backgrounds (primarily financial services and mental health) to network, exchange resources, and develop what we now call financial therapy. The founders were interested in understanding the intersect among cognitive, emotional, behavioral, relational, and financial aspects of well-being and how to help clients move toward optimal overall well-being through these interconnections. The FTA describes financial therapy “as a process informed by both therapeutic and financial competencies that helps people think, feel, communicate, and behave differently with money to improve overall well-being through evidence-based practices and interventions” (FTA, n.d.).

FTA has led the charge as a not-for-profit entity by creating a new professional certification, an education resource hub, and a networking platform. For example, an education series was developed to meet the new Certified Financial Therapist-I™ certification requirements. Regular monthly continuing education webinars offering educational content relevant for both practitioners and scholars are presented. Weekly online coffee chats and specialized study and book review groups offer not only networking opportunities but skill and knowledge expansion. These are opportunities in addition to the typical annual conference. FTA offered a series of webinars in May 2020 that directly targeted relevant issues that practitioners, scholars, and clients faced. Due to the COVID-19 pandemic, the 2020 annual in-person conference was canceled.

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Soon after the establishment of FTA, the *Journal of Financial Therapy (JFT)* launched. A primary goal of *JFT* was to disseminate cutting-edge and interdisciplinary research about evidence-based practices and sound theoretical frameworks to provide the best care to clients. *JFT* includes member profiles to highlight the work that both practitioners and scholars are doing to move the field of financial therapy forward.

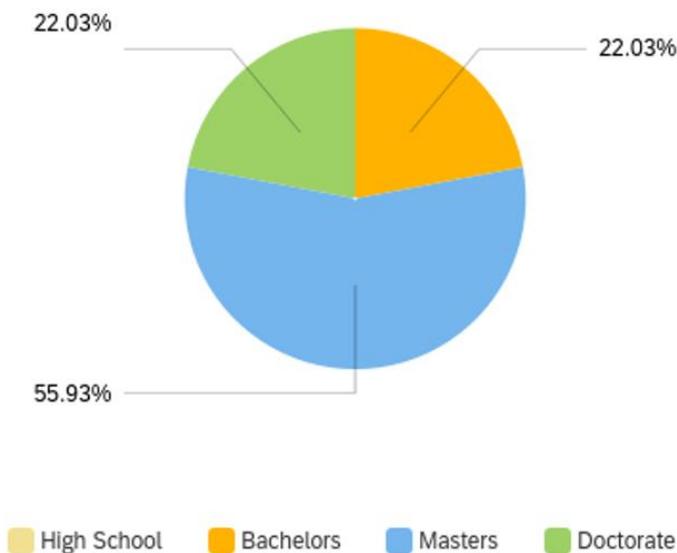
To better understand its members, FTA published reports in *JFT* in 2011 and 2013 about its membership (Archuleta et al., 2011; Asebedo et al., 2013). Archuleta et al. (2011) recommended that a regular report of the membership profile should be conducted regularly. However, a report has not been conducted since 2013. In the summer of 2020, the Financial Therapy Association launched a survey to assess its membership's current demographic and professional trends. A summary of the survey is presented here.

Demographic Profile of the FTA Membership

Respondents (n = 113) ranged in age from 26 to 78 years, with an average age of 46.57 years (SD = 1.19). With regards to gender (n = 118), 39% reported being men and 60% were female, the remaining 1% reported being genderqueer/nonbinary or preferred not to disclose. In general, the membership sample (n = 118) was well educated, with the majority (77.96%) reporting having obtained a Masters' or a Doctorate degree. Figure 1 illustrates the educational backgrounds of the FTA membership sample in 2020.

Figure 1.

Educational Background



Note: n = 118

Respondents (n = 114) 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 41%. Financial professionals comprised the second-largest group (e.g., financial planning, finance, financial counseling, consumer economics, and accounting), which accounted for 30%. The remaining fields included other branches of economics, business administration, human development, family studies, engineering, political science, executive mentor coaching, communications, divinity, and geography. A small portion (2.63%) of the sample reported a finance and mental health degree combination.

The participants were asked if they had received any additional formal education training, such as college or university-sponsored certificate programs. Out of those who responded (n = 58), 33% had additional certificates in financial programs, 19% had mental health certificates, 29% had both mental health and financial certificates, and 7% had coaching certificates. The remaining respondents held various academic certificates and degrees, such as a Minor in Journalism, Master of Art, Certificate in Public Health, Bachelor of Arts, and Certificate in Conflict Resolution. Some respondents had formal educational training related to their work as eating disorder specialists and supervisors, certified intuitive eating counselors, human design specialists, and quantum alignment practitioners.

Primary Field of Work among FTA Members

The survey participants were asked about their employment status. Out of 118 respondents, approximately 84% were employed full-time, 12% were part-time employed, and 4% were not employed. Survey participants were asked to identify their primary field(s) of practice or study. Of the respondents (n = 118), approximately 62% reported a financial related primary field (e.g., financial planning, financial counseling, or finance), while 30% reported a mental health-related primary field (i.e., marriage and family therapy, financial therapy, psychology, and social work). Figure 2 represents the primary fields reported, as well as “other” (7%). Examples of “other” fields listed included: (a) combination of psychology, finance, and family law, (b) wealth counseling, (c) education/language, (d) financial coaching, (e) executive mentor coaching, (f) teaching, and (g) consultant and speaker financial psychology. Only one percent noted “financial therapy” as a primary field of practice or study.

Figure 2.

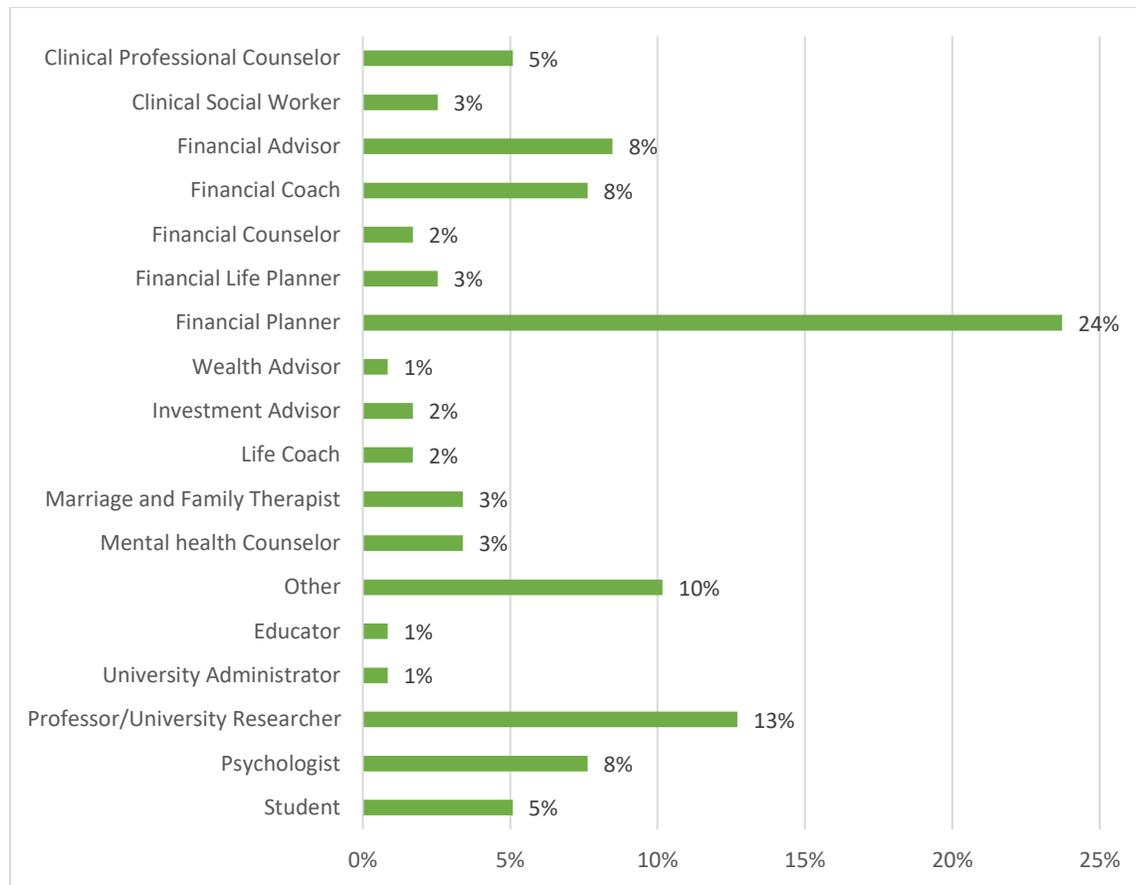
Primary Field of Work



Note: n = 118

Primary Occupations among FTA Members

Respondents (n = 118) were asked to report their primary occupation other than a financial therapist. Approximately 48% identified their primary occupation as a financial professional (e.g., financial advisor, financial coach, financial counselor, financial planner, investment, or wealth advisor), while 22% identified themselves as a mental health professional (e.g., marriage and family therapist, psychologist, social worker, professional clinical counselor, and mental health counselor). Twenty percent of respondents identified their primary occupations as scholars and educators, such as professor/university researcher, student, private researcher, educator, or university administrator. Figure 3 represents the occupations reported, as well as the “other” category (10%), which included: (a) family office manager, (b) mediator, (c) executive leadership coach, (d) energy and financial alignment consultant, (e) registered licensed sales assistant, (f) real estate, (g) consultant, (h) coach trainer, (i) mindfulness teacher, and (j) loan officer.

Figure 3.*Primary Professional Occupation (Other Than A Financial Therapist)*

Note: n = 118

The respondents who identified as students reported their field and level of study. Out of the eight respondents, five students were studying financial planning, with one student's emphasis on financial therapy. The other fields of study were couples and family therapy, financial counseling, and behavioral economics. Out of five respondents, four students reported pursuing a Master's degree and one a doctoral degree.

Professional Credentials Held among the FTA Membership

Survey participants reported how many years they had been members of the Financial Therapy Association. Out of the respondents (n = 89), 9% were not members when taking the survey. For those respondents (n = 79) who were members, the years of membership ranged from less than one year to 11 years, with an average of 3.84 years (SD = 3.37).

The survey participants reported the type of license or certification they held at the time of the survey. Multiple responses were permitted in order to capture professionals who

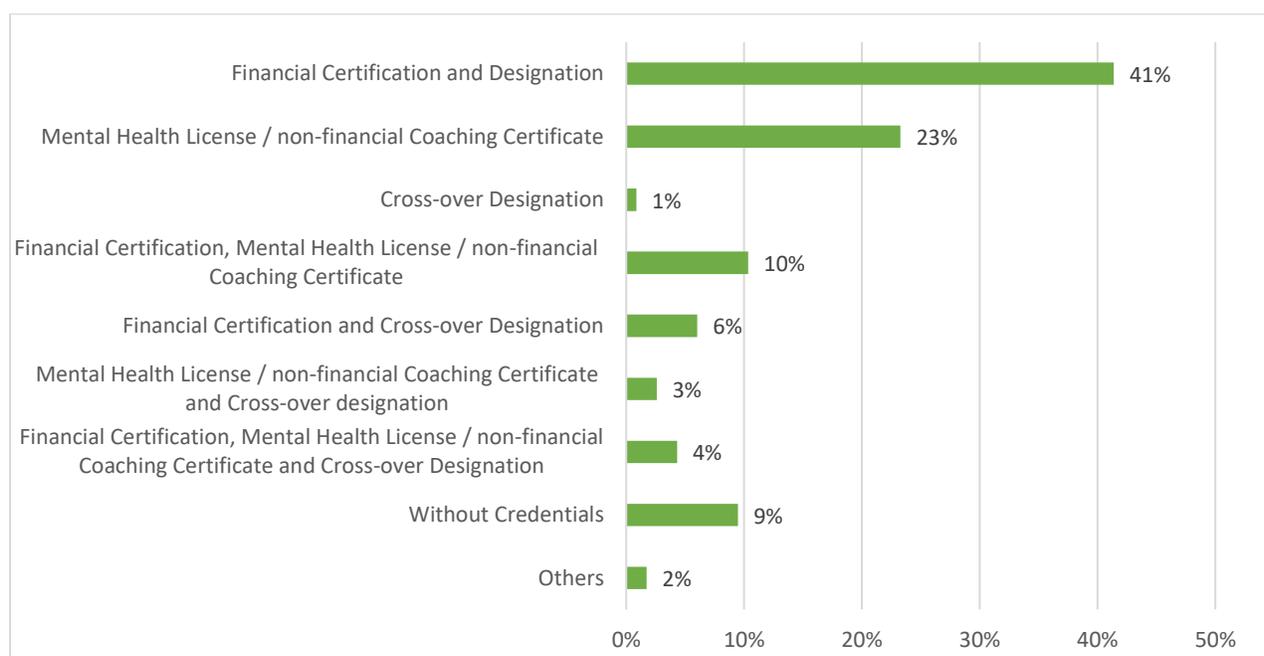
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held more than one credential. The licenses and credentials were grouped into four main categories to organize open-ended responses: (a) financial certification and designation, (b) mental health licenses and non-financial coaching certification, (c) cross-over designation (d) other.

As illustrated in Figure 4, out of the total respondents (n = 116), 41% held only a financial certification or designation, 23% held solely mental health license / non-financial coaching certificates, and 1% held solely cross-over designation. Almost a quarter (23%) of the respondents had multiple credentials belonging to two or more designated categories. Nine percent of the respondents did not hold any credentials. Others (2%) included CELTA, lawyer, court mediation license, and MSPAS

Figure 4.

Professional Licenses and Certification



Note: Multiple responses permitted; n = 116

Respondents (n = 46) who were not practicing financial therapy at the time of the survey were asked if they intended to do so in the future. Approximately 52% reported “Yes,” 11% said “No,” and 37% were “not sure.” Respondents who reported having no intention or were unsure about practicing financial therapy in the future were further asked the reason behind their answers. The data were categorized into three main themes to organize the responses (n = 18). Approximately 39% indicated that they had different career paths or identifications, 22% perceived having a lack of qualifications, and 17% responded that their workplace did not provide or promote financial therapy. The remainder (22%) of the sample had different reasons such as time constraints, the possible broadening of the work-life, and unwillingness to step into the field of mental health counseling.

In response to the question about intentions to pursue the CFT-I™ certification, the majority (54.12%) of the respondents (n = 82) replied “Yes,” and 42.35% answered “No.” An open-ended follow-up question was asked to the respondents not intending to pursue the CFT-I™ to explain their reasons for not planning to pursue the subject certification. The responses (n = 34) were categorized into six themes. Twenty-six percent of the respondents suspected that the cost associated with the certification might not outweigh its benefits. Twenty-four percent of the respondents viewed the certification as not necessary or not adding value to their practice. Nine percent said that their practice did not align with the CFT-I™ requirements. While 12% responded that the certification was not their current goal, 9% expressed a lack of knowledge about the certification. The remaining 21% were either unsure, thought they were ineligible to pursue CFT-I™, had recently completed some other certification, or had not received the certification print despite indicating they earned it.

To those who planned to pursue CFT-I™, a follow-up question was asked if they also intended to pursue CFT-II™ designation. Of the responses (n = 48), approximately 63% planned to pursue the CFT-II™ designation, while 37% of the respondents did not. Respondents (n = 17) who did not aim to pursue the CFT-II™ designation were asked a follow-up question about why they did not intend to pursue the certification. The responses were categorized into four themes. Around 35% of the respondents had concerns relating to cost and benefit from the certification. Twenty-nine percent of respondents indicated that they lacked knowledge about CFT-II™ certification. Twenty-four percent were undecided about pursuing the designation, and 12% noted that they lacked the required qualification.

To those who had plans to pursue CFT-II™ designation, the next follow-up question was if they also intended to pursue CFT-III™ designation. Out of the respondents (n = 45), approximately 49% agreed that they also had plans to pursue the CFT-III™ designation, and 51% said they were not planning to do so. For respondents (n = 17) who answered they did not intend to pursue CFT-III™, a follow-up question was asked about why they did not intend to pursue the third level. While 53% of the respondents were unsure, 47% of the responses revolved around two themes: (a) it was not their goal, and (b) they lacked the required qualification to pursue the CFT-III™ designation.

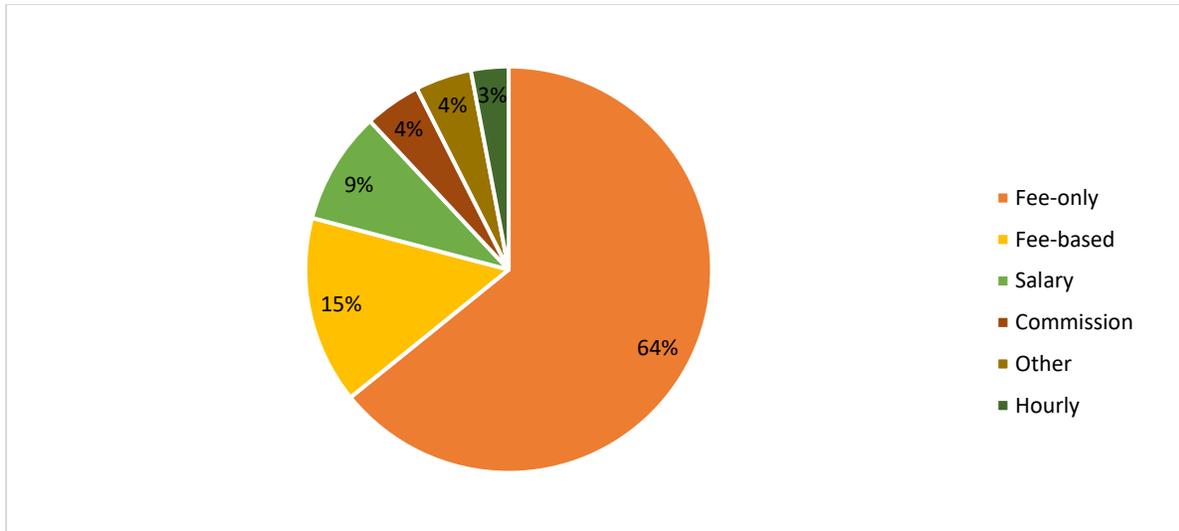
Survey participants were asked if they intended to list the certificate on their website, business cards, or other marketing material if they obtained the Certified Financial Therapist – I™. Out of those who responded (n = 49), almost all (96%) noted that they would list it, with only 4% responding they would not.

Compensation Issues

The primary compensation models for financial professionals consist of fee arrangements, salary, commission, and hourly rates. Out of those responding to this survey question (n = 67), 64% were fee-only, 15% were fee-based, 4% were commission-based, 3% were hourly rates, and 9% were salaried. Compensation of the remaining 3% was a combination of the above (e.g., (a) day job – salary, private practice (hourly), (b) fee-based, hourly, and flat fee, and (c) hourly rate and legal aid rate). Figure 5 summarizes the various compensation models for financial professionals.

Figure 5.

Compensation Models for Financial Professionals

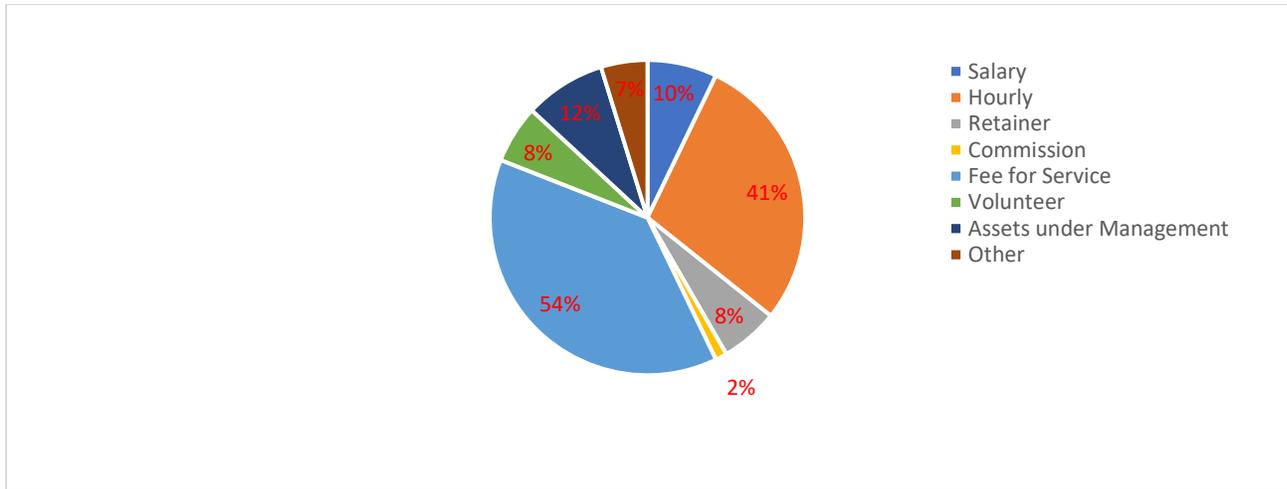


Note: n = 67

The financial therapists also reported their compensation methods. Those responding to this survey question (n = 59) were able to select more than one compensation method. Fifty-four percent of respondents reported receiving fee-for-service, 41% were reimbursed on an hourly basis, 12% got an asset under management charge, 10% were on salary, 8% received retainer fees, 2% received a commission, and 7% were compensated with other methods. “Other” included (a) compensations based on engagement; (b) compensations based on project; (c) compensations based on court project and field research with volunteers and later hourly; and (d) salaried compensation by the company which collects AUM. While it is highly unusual for mental health professionals to report receiving assets under management or commission compensation, it is likely they either identified primarily as a mental health professional but also worked in a financial setting.

Figure 6.

Compensation Models for Financial Therapists

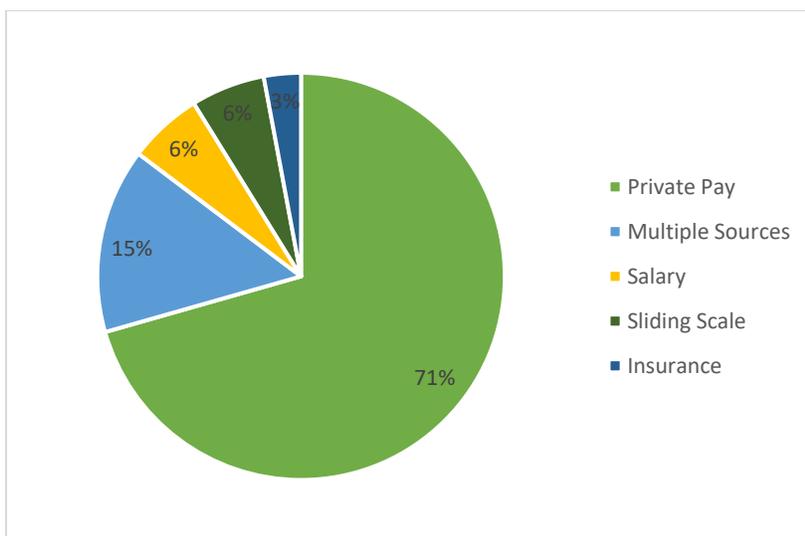


Note: n = 59

For the mental health professionals (n = 34), 71% got reimbursed through private payment, 6% were salaried, 6% had a sliding fee scale, 3% had payment from insurance, and 15% had multiple sources.

Figure 7.

Fee Schedule of Mental Health Professionals



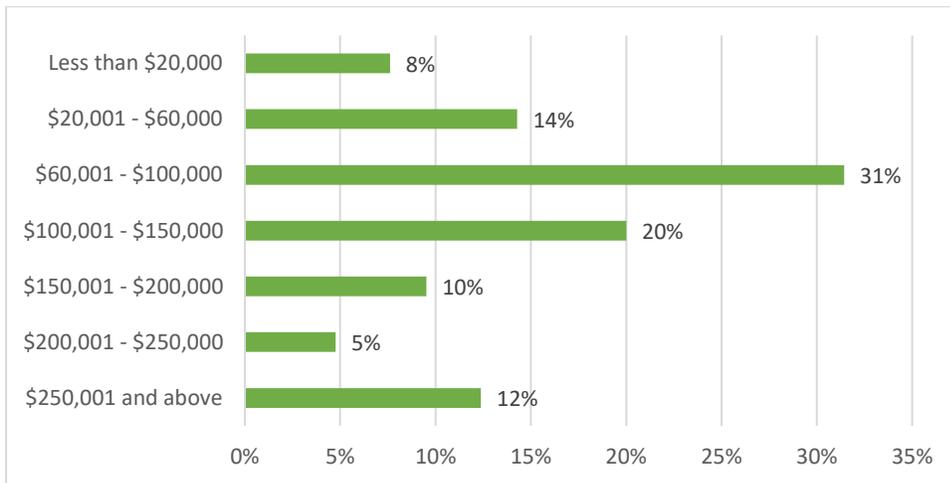
Note: n = 34

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The annual gross income of the survey respondents (n = 105) ranged from no income to \$250,001 and above. Proportions of the respondents falling in various income clusters are illustrated in Figure 8.

Figure 8.

Annual Gross Income of Respondents

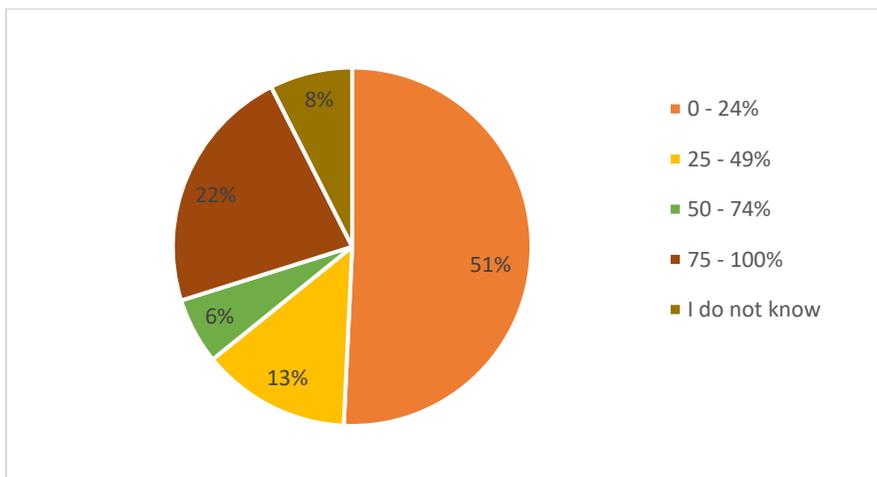


Note: n = 105

Respondents were asked to report the proportion of their income from financial therapy services out of their total income. As depicted in Figure 9, 41% of respondents (n = 67) reported that they derived over 25% of their cumulative income from financial therapy.

Figure 9.

Percentage of Income Related to Financial Therapy



Note: n = 67

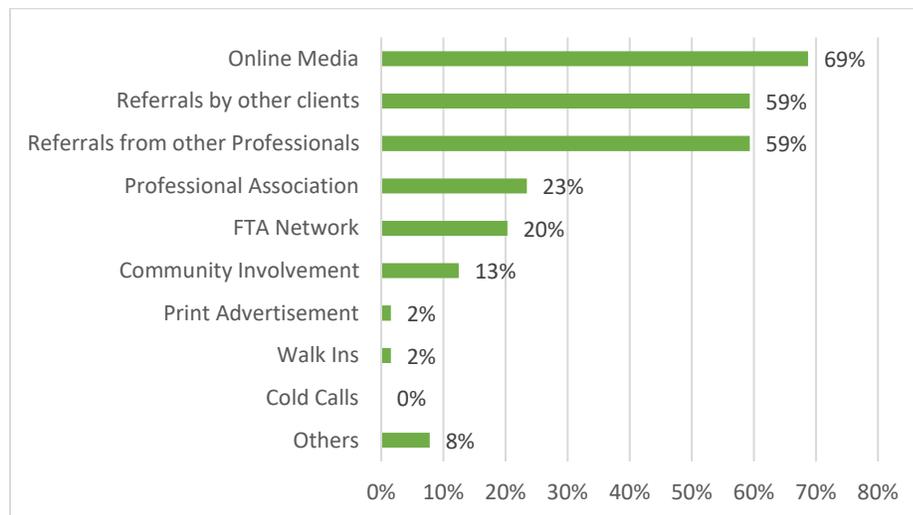
The participants were asked the number of years they had been doing work related to financial therapy as described by the Financial Therapy Association (i.e., “process informed by both therapeutic and financial competencies that help people think, feel, and behave differently with money to improve overall well-being through evidence-based practices and interventions”). Although the answers varied greatly, ranging from 0 to 38 years, on average, respondents ($n = 74$) reported doing financial therapy for about seven years ($M=7.36$; $SD=6.99$).

Clientele Profile of FTA members

A portion of the survey was designed to ask practitioners about their clientele. For the respondents ($n = 69$), the top three ways clients found them were online media, referrals by other clients, and referrals from other professionals.

Figure 10.

Top Three Ways Clients Find Service Providers

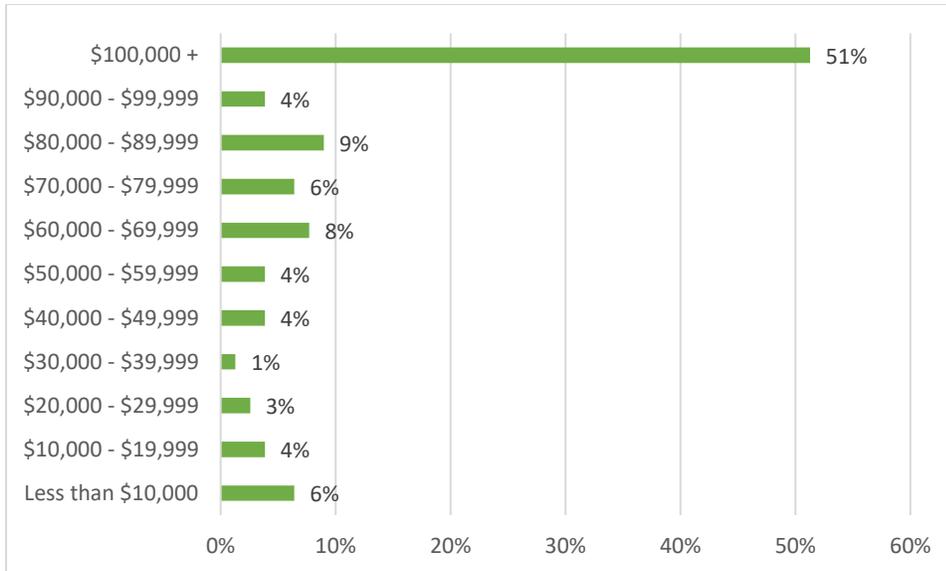


Note: n = 64

Slightly more than half (51%) of the respondents ($n = 78$) reported that their clients' average income was above \$100,000, and for 10% of the respondents, it was less than \$20,000. Client income was not separated among various types of professionals in the study.

Figure 11.

Average Income of The Clients of the FTA Members

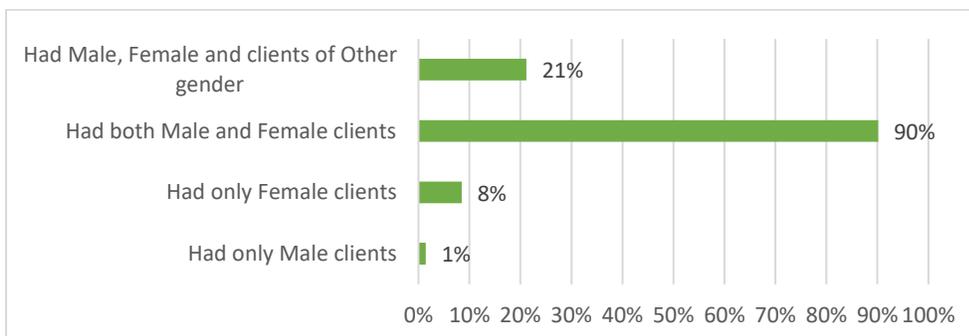


Note: n = 78

The survey participants were asked to report the gender composition of their clientele. Ninety percent of the respondents (n = 71) served both men and women clients, while 1% reported working with only male clients, 8% worked with only female clients, and 21% reported working with male, female, and “other” gender clients (e.g., transgender, genderqueer or non-binary).

Figure 12.

The Proportion of FTA Members Serving Different Genders

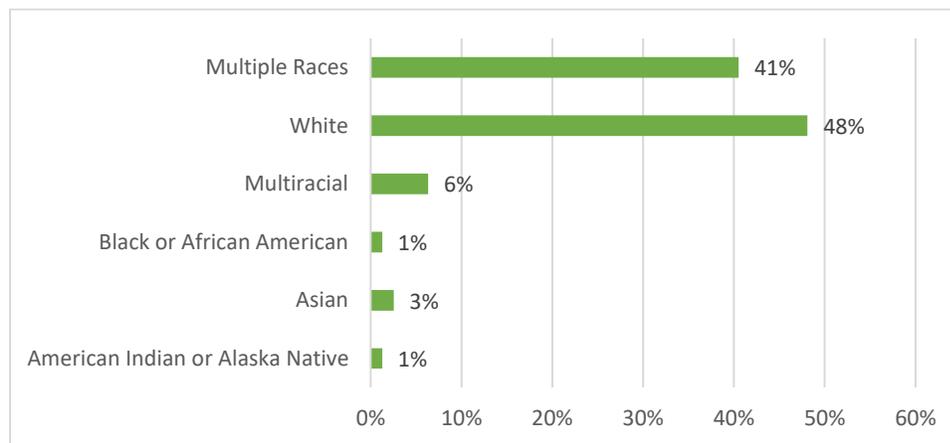


Note: n = 71

Forty-eight percent of the respondents ($n = 79$) worked only with White clients, 6% worked only with multiracial clients, 3% served only Asian clients, and 1% worked only with American Indian or Alaska Native clients. Forty-one percent of the respondents worked with multiple races (multiple races is a combination of two or more of the above races, including Latino/a). It is to be noted that no practitioners provided service only to Latino/a client(s). Figure 11 depicts the proportion of FTA members working with different races/ethnicities.

Figure 13.

The Proportion of FTA Members Serving Different Races/Ethnicities



Note: $n = 79$

Membership Perspectives About the 10 Considerations of Financial Therapy

As a follow-up to Asebedo et al.'s (2013) membership profile, questions were asked of survey respondents about the ten considerations of financial therapy as outlined by Gale et al. (2012). The ten considerations were: (a) "Defining financial therapy and successful outcomes of financial therapy services;" (b) "Developing theoretical model(s) to explain and predict how people change behavior, cognition, and relationships within the context of financial therapy;" (c) "identifying of the unit of service or treatment (e.g., individual, couple, family, or broader) in financial therapy;" (d) "defining relationship dynamics and boundaries between professionals from different professions of practice, and between the professional and client when providing financial therapy services;" (e) "developing a set of skills required to provide financial therapy services;" (f) "developing assessment tools to determine when good work is achieved;" (g) "ensuring knowledge expertise required to provide financial therapy services (e.g., credentialing or continuing education);" (h) "acknowledging the responsibilities of the professional and client and developing a sensitivity to power dynamics;" (i) "addressing cultural and spiritual diversity;" (j) "adhering to a code of ethical behavior, professional standards, and best practices" (p. 5). Similar to the 2013 profile, we report on the first seven considerations plus the last consideration.

Consideration # 1 – Definition and Outcomes

Respondents were asked to rate on a scale from 1 (*strongly disagree*) to 10 (*strongly agree*) to measure the extent they agreed that the FTA’s definition of Financial Therapy (“process informed by both therapeutic and financial competencies that helps people think, feel, and behave differently with money to improve overall well-being through evidence-based practices and interventions”) accurately describes their work/research. On average, participants (n = 83) were likely to agree that the definition of financial therapy accurately reflected their work (M = 7.98, SD=1.86).

Those respondents who disagreed that the FTA definition accurately described their work were asked to explain why they disagreed. Respondents (n = 10) believed that the definition was beyond the primary scope of their work, that “therapy” was not a fitting term, or that they (i.e., the respondent) did not follow evidence-based practices.

The survey participants were asked if they recognized themselves as financial therapists. Amongst the respondents (n = 118), only 30% of respondents called themselves financial therapists. Of the respondents who did not recognize themselves as financial therapists, 36% used titles relating to their primary disciplines, as depicted in Table 1. For those who called themselves a “financial therapist” (n = 35), the number of years they referred to themselves as such ranged from one to 20 years (M= 4.83 years, SD = 4.05).

Table 1.

Related Fields of Preferred Titles Other than Financial Therapist

Recognized as	n	%
Coach	14	33%
Financial Professional	13	30%
Mental Health Professionals	7	16%
Financial Therapists in progress	3	7%
Alternative Financial Mental Health Professionals	4	9%
Other	2	5%
Total	43	100%

All the respondents reported why they did or did not call themselves financial therapists. Respondents who recognized themselves as financial therapists and responded to the question (n = 28) identified four key reasons: (a) holding relevant certification or educational qualifications (29%), (b) interest in the emotional or psychological aspects of clients around money (21%), (c) working as licensed therapists (18%), and (d) the term accurately describing their work (25%). Other (7%) included (a) the respondent had been a member/BOD member for FTA for a few years and (b) the term financial therapist resonated with clients and prospects.

Those participants who reported that they did not recognize themselves as financial therapists and answered the question were further asked to explain why. Respondents (n = 41) cited lack of credentials and accreditation (54%), financial therapy not being the focus of the respondents' work (32%), and the respondent's ambivalence about the term (15%) as reasons why they did not call themselves financial therapists.

What are the desired outcomes?

The survey participants were asked an open-ended question: "How would you describe the primary goal or outcome of financial therapy services?" While responses (n = 62) varied, with some respondents focused on only one desired outcome, most respondents had an array of such outcomes. More than half (58%) of the respondents described the primary goal of the services as the financial well-being of the clients. Likewise, 45% of responses included behavior change around money in some way, 39% cited improved relationship with money, and 11% suggested client goal accomplishment as the primary outcome.

In addition, respondents were asked if there was a point where financial therapy services ended because financial therapy goals were met. Of the respondents (n = 74), 50% felt there was a stopping point, and only 6% did not feel such a point existed. Other respondents answered that they were either unsure (12%) or felt the question did not apply to their practice (30%).

What does financial therapy look like?

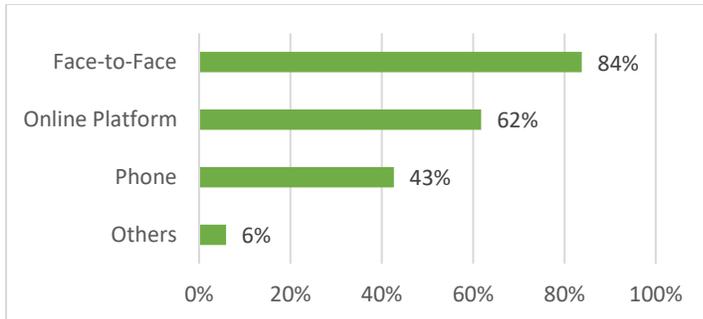
The participants were asked to report their typical interactions with clients. Practitioners (n = 49) reported seeing their clients for as little as one visit or many years. Responses seem to be in alignment with the primary profession. The visits also varied depending on the client's needs and changing interests.

Responses soliciting frequency of client interactions (n = 57) revealed that meetings could be as often as weekly and as far off as on an annual basis. Responses seem to be in alignment with the primary profession. For example, weekly and bi-weekly would indicate mental health, quarterly/bi-annual/annually would indicate financial services. The length of client meetings was reported to last for as little as 30 minutes to as long as five hours, but the most commonly reported time spent with a client was 50-60 minutes.

The practitioners were also asked about the modes of delivery for the financial therapy-related services. Though many respondents (n = 68) provided in-person services, 21% did not see their clients in person but used online platforms and phones. The onset of the pandemic during the survey might have an impact on the mode of service delivery. Many respondents used multiple modes of service delivery. Eighty-four percent of the respondents said they offered face-to-face service, 62% used online platforms (Skype, Facetime, zoom, etc.), and 43% indicated they used phone. Six percent used family meetings, email, text, group training, and one-on-one coaching.

Figure 14.

Modes of Delivery



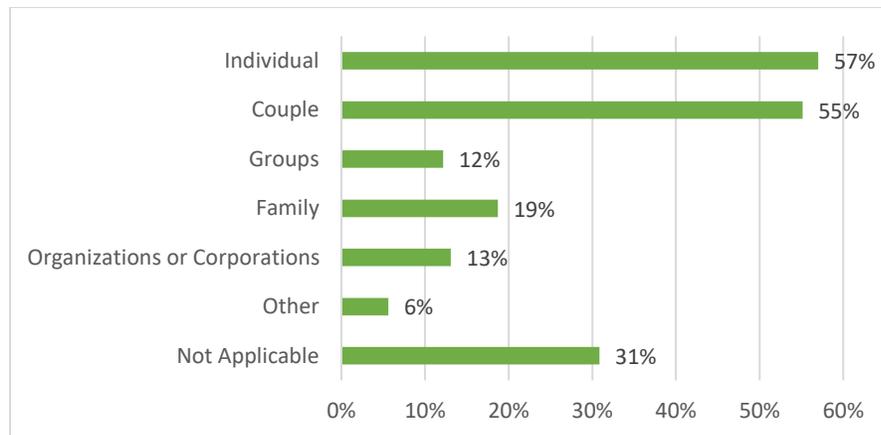
Note: n = 68

Consideration #2

Participants reported the theoretical approach/model or integration of models they utilized in their client work. Respondents (n = 48) mentioned 35 different models and approaches. But the most popular were CBT (Cognitive Behavioral Therapy), Solution Focused Therapy, Narrative Therapy, ACT (Acceptance and Commitment Therapy), Bowen model, and Family Systems Therapy. Emotionally focused therapies, experiential internal family system, motivational interviewing, and psychodynamic were also mentioned.

Consideration #3 – Unit of Service

The survey also queried on the unit of service or treatment the respondents provided financial therapy with the option to select multiple responses. Of the respondents (n = 107), the overwhelming majority reported working with individuals (57%) and couples (55%). Figure 13 shows that other units of service were groups, families, organizations, or corporations. The 'other' category under the unit of service was comprised of universities, kids in divorce, business owners, military, and financial advisors.

Figure 15.*Unit of Service*

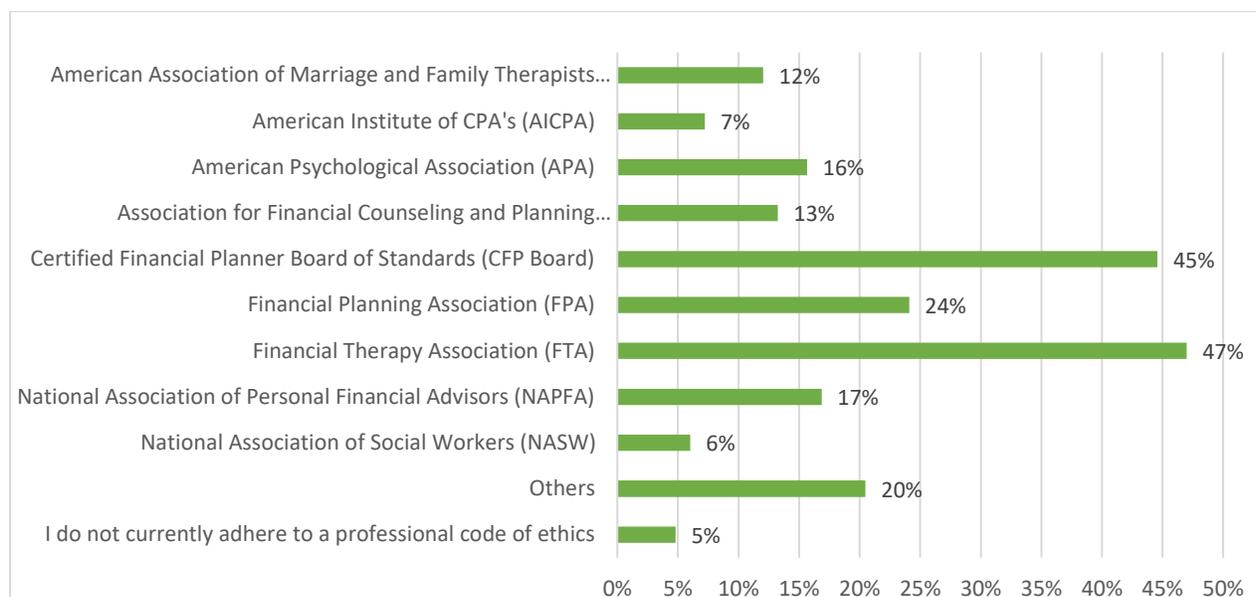
Note: n = 107

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

The participants reported whether they were aware of the FTA Code of Ethics. Of the respondents (n = 87), 86% responded “yes,” and 14% said they were unaware of the code of ethics. Respondents (n = 83) also reported one or more professional codes of ethics they adhered to (see Figure 14). Slightly under half (47%) of the respondents noted they abide by the FTA code of ethics and 45% by the CFP Board code of ethics. Examples of “other” code of ethics respondents adhered to included ethics from (a) American Counseling Association (ACA), (b) AATA, (c) American College of Financial Services, (d) Financial Planning Association Malaysia, (e) Behavioral Financial Advisor, (f) Financial Counseling Australia, (g) ICF, (h) CFA Institute, (i) FINRA, (j) California Association of Marriage and Family Therapists, (k) California Board of Behavioral Sciences, and (l) Financial Psychology Institute.

Figure 16.

Professional Code of Ethics



Note: Multiple responses permitted; n = 83

The survey participants were asked if the financial therapy services were incorporated into another service area they offered. Out of the responses (n = 70), the financial therapy services were incorporated by 34% of respondents in their mental health services/practices and by 50% of respondents in their financial services/practices. Sixteen percent of respondents answered that their financial therapy services were standalone. Out of the respondents (n = 86) providing financial therapy, 49% provided financial planning advice as part of their engagement, and the rest did not. Amongst respondents (n = 68) offering financial therapy, 22% said that they provide investment advice as part of their engagement, while most did not provide any investment advice.

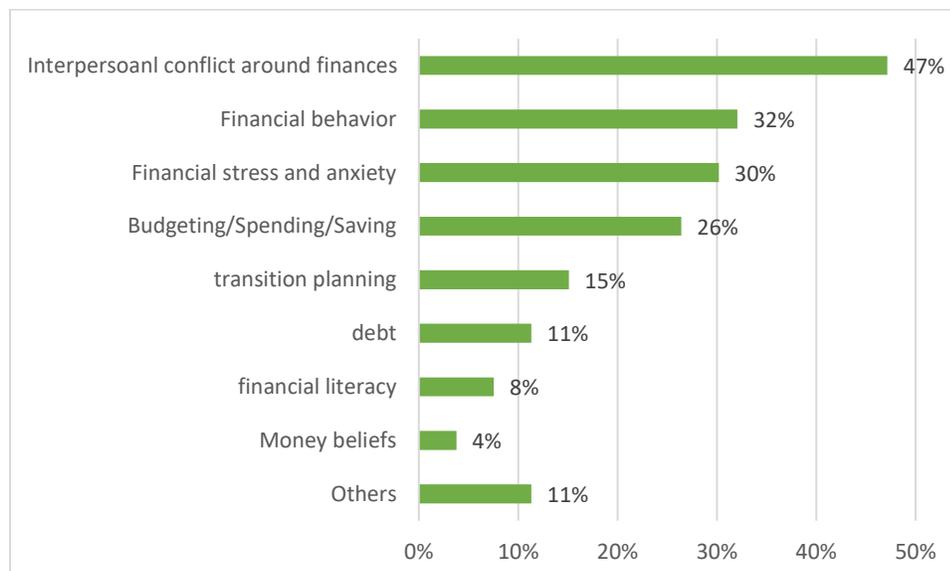
The respondents were requested to describe their services if they provided financial therapy services. While some respondents offered several services, the responses (n = 45) have been thematized under seven different service types as listed in Table 2. Fifty percent of the respondents indicated that their services were related to nonspecific financial therapy, 38% responses suggested the services were focused on the relationship with money and 24% implied offering financial planning services. Twenty-one percent each hinted at providing relational services and multi-faceted services, 12% indicated offered specific-financial therapy services, and 5% provided group coaching services.

Table 2.*Services Offered by Practitioners*

Service Themes	n	%
Nonspecific Financial Therapy	21	50%
Relationship with money	16	38%
Financial Planning	10	24%
Relational	9	21%
Multi-faceted	9	21%
Specific Financial Therapy	5	12%
Group Coaching	2	5%

Note: n = 45

The survey participants described the primary presenting issue(s) with their financial therapy client(s). The primary issues dealt with by the respondents (n = 53) are thematized into nine categories. Forty-seven percent of the respondents dealt with interpersonal conflict around finances, including financially abusive relationships and financial infidelity. The next three most presented issues were financial behavior, financial stress and anxiety, and budgeting/spending/saving. Fifteen percent of the respondents dealt with transition planning (related to retirement, divorce, and death of a spouse). Others included lack of goal and prioritization, poverty, self-sabotaging, sudden wealth, and rearing children.

Figure 17.*Primary Presenting Issues*

Note: n = 53

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The participants were asked if they had given a referral because they thought a client could benefit from a financial therapy-related service beyond their scope of practice. Amongst the respondents (n = 63), 65% agreed that they had given such referrals, and the rest reported they had not given referrals.

When the respondents (n = 44) referred their clients to various practitioners/sources, they referred 43% to mental health professionals, 23% to financial professionals, and 32% to both mental health professionals and financial professionals. Five percent of the referrals were to other practitioners like lawyers, attorneys, and nutritionists.

Dual practitioner relationship dynamics and professional boundaries

The mental health professionals described if they regularly collaborated with a financial professional when working with clients who presented financial issues in therapy. Around 54% of the mental health professionals (n = 28) said they regularly collaborated with a financial professional, and 46% said they did not pursue such collaborations.

Likewise, the financial professionals were asked if they regularly collaborated with a mental health professional when working with clients. For respondents (n = 45) who were financial professionals, around 42% said they regularly collaborated with a mental health professional when working with clients, and 58% said they did not pursue such collaborations.

Survey respondents were asked how they addressed differences in practice standards of client boundaries when working with a professional from a different discipline. When collaborating with a professional from a different field adhering to a different code of ethics, 52% of respondents reported that each of the professionals abided by their own code of ethics, 24% reported that they abided by the most stringent code of ethics, and 14% of respondents had not considered how to handle differences in code of ethics.

Ten percent of the respondents had different answers. One respondent reported that the codes of ethics were typically similar, and only a small difference came up occasionally in which the other professional was informed. In this case, they proceeded in a way consistent with both codes. Some professionals from different fields also jointly developed a code for their client interactions, which considered both sets of requirements. Other professionals said they only refer to fiduciary codes. When differences in ethical codes came up (n = 44), the vast majority of respondents (84%) always or almost always communicated how they would handle the differences in professional boundaries within the engagement. Nine percent of respondents reported they communicated sometimes, and 7% reported that they never or almost never communicated about handling such differences within the engagement.

Researchers also disclosed if they collaborated with a practitioner to conduct research relevant to practitioners. Among the respondents (n = 16), 81% said they collaborated with a practitioner, whereas 19% reported they did not. The practitioners were also asked if they collaborated with a researcher to conduct research about their practices.

Among the respondents (n = 37), 32% reported collaborating with a researcher, and 68% reported they did not.

Consideration #5 – Necessary Skill Set

The survey participants were asked about the types of skills they believed necessary to be a financial therapist. Most participants mentioned more than one skill. The responses (n = 66) are categorized into six themes. Of those who responded, 59% indicated communication and counseling skill requirements, 55% suggested skills around financial planning, 41% emphasized mental health and financial therapy skills, 9% stated ethics, and 5% indicated relational skills. Nine percent of the respondents answered that other skills were required but did not specify what exactly those skills were.

Table 3.

Skills Necessary for Financial Therapy

Necessary Skill Set (Themes)	n	%
Communication/Counselling Skills	39	59%
Financial Planning Skills	36	55%
Skills in Mental Health and Financial Therapy	27	41%
Therapeutic Approaches	16	24%
Ethics	6	9%
Relational Skill	3	5%
Other	6	9%

Note: n = 66

Consideration #6 – Assessment Tools

Of the 79 professionals who responded to the question about utilizing formal assessments with their clients, only around 4% reported using such assessments prior, during, and at the conclusion of financial therapy services. Eleven percent reported using formal assessments prior to working with clients, 10% at some point during their work with clients, and 23% said they used the formal assessments sometimes depending on the client's situation. Twenty percent of respondents reported regularly using an informal assessment, and 10% said they did not use assessments at all to monitor their progress.

Table 4.

Frequency of Formal Assessment

Conducted formal assessment	%
Prior to working with clients	11%
At some point during working with clients	10%
Prior, during, and at the conclusion of financial therapy services	4%
Sometimes depending on the clients' situation	23%
Never, but conduct an informal assessment	20%
Never	10%
Not Applicable	22%

Note: n = 79

Of those professionals conducting a formal assessment (n = 35), 34% said they used multiple assessment tools. The Klontz Money Scripts Inventory (KMSI) was the most popular, with 71% reporting using it. Twenty-six percent used financial well-being and financial behavior measures, 14% used money belief measures (separate from the Klontz Money Behavior Inventory-KMBI), 9% used the KMBI, 9% used relational measures, and 9% used compulsive purchasing measures. Fourteen percent of respondents used other assessment tools such as financial decision tracker, Financial Core Quadrants, VIA Strengths & Enneagram, MAWSI, and OQ. Note that assessments are listed as reported in the survey to not assume which assessment the respondent may be referring to.

Table 5.

Formal Assessment Tools

Assessment Tools Used	n	%
Klontz Money Script Inventory(KMSI)	25	71%
Financial well-being and financial behavior measures	9	26%
Money Belief Measures	5	14%
Klontz Money Behavior Inventory (KMBI)	3	9%
Relational Measures	3	9%
Compulsive Purchasing measures	3	9%
Other	5	14%
Use multiple tools	12	34%

Note: n = 35

Survey participants were asked the types of informal assessment that they use if any. Thirty-seven respondents identified assessments they used. See Table 6 for a list of informal assessments. Please note that survey respondents identified these assessments as informal assessments.

Table 6.

Informal Assessment Tools

Summary of informal assessment
Assessment of financial comfort and knowledge
Assessment of goals, readiness, and confidence around change
Analysis of asset, debt, cash flow, budget, and net worth
Conflicting money script inventory
Genograms, psychosocial history
Financial integration inventory
Financial therapy questionnaire
Money egg, money atom, various money script exercises, Kinder three questions
Money history questionnaire
Money health inventory
Money quotient, wheel of life
Money maturity (Development levels, using sentence completion and language analysis)
Motivated asset patterns
Personal values assessment
Proprietary tools
Structured interview techniques

The survey participants were asked an open-ended question about the type of assessment tools they think need developing to assess good financial therapy work. Out of the responses (n = 26), six participants answered they were not sure of any such tools. Eight themes were drawn from the remaining responses, as reported in Table 7. Of those responses, 20% of the respondents indicated the need for tools that assess goals, client outcomes, and financial psychology, respectively. Ten percent of the respondents suggested tools to assess a couple's financial relationship, objective financial measures, and holistic well-being, respectively, and 5% indicated the need for subjective financial measurement tools. Other suggestions were strength-based tools and shorter assessment questionnaires with 30 questions or less.

Table 7.

Assessment Tools to be Developed

Assessment tool themes	n	%
Assessment of client outcomes	4	20%
Couple's financial relationship	2	10%
Financial psychology measures	4	20%
Goal assessment	4	20%
Holistic well-being	2	10%
Objective financial measures	2	10%
Subjective financial measures	1	5%
Other	2	10%

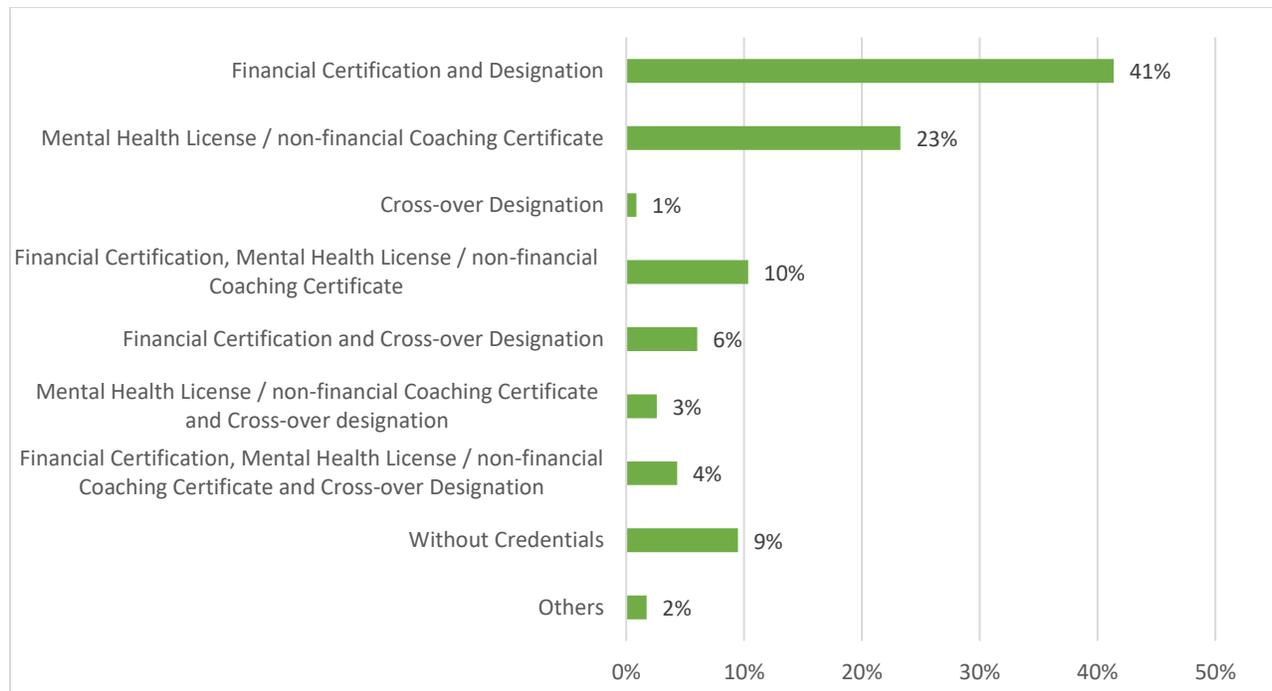
Note: n = 26

Consideration #7 – Ensuring Knowledge Expertise

Most respondents reported holding credentials in the field in which they received their main training or primarily practiced. Many respondents mentioned multiple credentials regarding the types of licenses or certifications they held. Those credentials were categorized into four broad groups due to the extensive list of licenses and certifications:

1. Financial certification and designation,
2. Mental health licenses and non-financial coaching certification,
3. Cross-over designation, and
4. Others.

The single largest category was financial certification and designation (41%). Twenty-three percent held mental health license/non-financial coaching certificates, and 23% held multiple credentials that belong to two or more of the designated categories. Figure 16 represents the variety of responses.

Figure 18.*Professional Licenses and Certification Held by Respondents*

Note: Multiple responses permitted; n = 116

The survey participants were asked what type of continuing education they thought was required for the financial therapists. Of the responses (n = 79), 76% opted for the need of a minimum number of continuing education credits related to both the financial and the mental health fields, and 24% opted for a minimum number of continuing education credits related to either the financial or mental health fields.

Respondents were asked to rank the eight listed sources of obtaining the latest updates in financial therapy research or new resources/trends in practice, with 1= *most important* and 8 = *least important* source. While some respondents ranked all the listed sources, some ranked only a few of the eight sources. Based on the average of responses as listed in the table below, the scholarly journals ranked as the most important way of keeping oneself updated, followed by professional national conferences/workshops, internet websites, social media, professional association magazines, newsletters, other and local/regional professional meetings, and workshops.

Table 8.

Useful Sources to Obtain Updates in Financial Therapy Research or Practice

Source	n	Average rank	Standard deviation
Internet websites	77	3.95	1.91
Local/Regional Professional Meetings/Workshops	63	5.44	1.96
National Professional Conferences/Workshops	69	3.84	2.12
Scholarly Journals (electronic or print)	73	2.56	1.70
Newsletters	71	4.62	2.91
Professional Association Magazines	71	4.37	1.92
Social Media (e.g., blogs, posts, Facebook, LinkedIn, Twitter, etc.)	70	4.07	2.21
Other	39	4.97	3.23

Other sources included webinars, academic coursework, Research gate, financial therapy classes, FTA monthly coffee chat, educational programs, tutelage of the Brad and Ted Klontz, books, and Google alerts (i.e., books, articles, papers).

The survey participants named the top five resources such as scholarly journals, professional association magazines/newsletters, websites, and/or social media outlets that were helpful for their financial therapy research or practice. Based on the responses (n = 67), the top resources are listed in the table below. Responses are listed as reported in the survey.

Table 9.*Top Five Resources*

Resources	n	%
AFCPE	4	6%
Brad Klontz	2	3%
Carl Richards newsletter	2	3%
<i>*Contemporary Family Therapy</i>	2	3%
Family Firm Institute Practitioner	2	3%
<i>*Financial Planning Review (FPR)</i>	2	3%
FTA (Financial Therapy Association) / <i>Journal of Financial Therapy</i>	38	57%
FPA (Financial Planning Association)	5	7%
<i>*Journal of Family Economic Issues (JFEI)</i>	2	3%
<i>*Journal of Financial Planning (JFP)</i>	19	28%
<i>*Journal of Financial Counseling and Planning (JFCP)</i>	7	10%
kitces.com (Michael Kitces website)	6	9%
LinkedIn	5	7%
NAPFA	4	6%
Psychology Today	3	4%
Twitter	3	4%

Note: n = 67; *Scholarly Journals

DISCUSSION

The Financial Therapy Landscape

As noted at the outset of this report, the Financial Therapy Association has made significant progress in moving the field of financial therapy into a profession. Much has changed in the professional and academic landscape of financial therapy between the 2020, 2011, and 2013 reports. First, the organization grew to 334 members in 2020 from 140 members in 2013 (Asebedo et al.) and 250 in 2011 (Archuleta et al.). The development of a code of ethics in 2017 and certification (CFT-I™) in mid-2019 have increased the visibility of financial therapy and created a structure to become a financial therapist. When the 2011 and 2013 reports were published, no specific requirements to become a financial therapist, or more specifically a Certified Financial Therapist-I, were available. Instead, respondents came to their own conclusions as to what they thought a financial therapist did or should do, which help to set the stage for the development of the financial therapy certifications sponsored by the FTA. Now, professionals can pursue a professional certification. The CFT-I™ certification was officially made available at the end of May 2019, with three applications already submitted by June 2019 to obtain the designation.

Furthermore, no academic programming at an accredited university was available. In 2015, Kansas State University launched a graduate certificate in financial therapy, and in 2017 began to offer it as a track in their Master's degree program. Since then, Creighton University, Golden Gate University, and Texas Tech University have added financial psychology and behavioral finance pathways into their curriculum; however, none refer to their programs as "financial therapy." Most recently, the University of Georgia launched a behavioral financial planning/financial therapy track as part of the Master's in financial planning program. However, this track was not officially available when the survey was disseminated.

Code of Ethics

One of the calls for action in the 2013 Membership Profile was to create a code of ethics to help professionals navigate the complexities of financial therapy work. The 2011 report (Archuleta et al.) reported that 69% of respondents desired a code of ethics, while 88% wanted a code of ethics in 2013 (Asebedo et al.). As noted, the FTA released a code of ethics in 2017. In 2020, 86% of the respondents knew that the FTA had a code of ethics, and 47% said they adhered to the ethical guidelines. Keep in mind that not all of those who responded were practitioners, called themselves financial therapists, nor held a CFT-I™ certification. However, any member can uphold and adhere to the professional code of ethics. Outside of the FTA code of ethics, financial professionals' most popular code of ethics was the Certified Financial Planning Board of Standards. For mental health professionals, the American Psychological Association code of ethics was the most prevalent.

Compared to the 2013 membership profile (Asebedo et al.), 30% of respondents called themselves financial therapists in 2020 versus 18% in 2013. Interestingly, respondents on average mostly agreed with the financial therapy definition in 2020 ($M = 7.98$, $SD = 1.86$), but slightly less than in 2013 ($M = 8.17$, $SD = 1.77$). While the definition has not changed much since 2013, the parameters of who can pursue the CFT-I™ have been set and potentially narrowed or broadened from what participants may have initially thought. In 2020, most respondents identified their primary occupation (48%) and primary field (62%) as financially related. In comparison, survey respondents identified their primary occupation (29%) and their primary field (44%) as financially related. The growth among financial professionals may indicate that the practice or profession of financial therapy is currently more attractive to financial professionals. This growth could result from the increased attention within financial planning and financial counseling professions around the importance of client behavior and client communication. However, few academic programs offer needed curriculum or training in these areas.

Sources of Information

In the 2013 report (Asebedo et al.), only 33% reported scholarly journals as a primary source of information. Since FTA's establishment, a primary goal has been for practitioners to utilize evidence-based interventions, tools, and techniques and to disseminate cutting-edge research. These undertakings are offered through the *Journal of Financial Therapy*, a scholarly publication sponsored by FTA. The first issue was published in 2010. In 2013, *JFT*

was not even mentioned in the list of sources. In 2020, scholarly publications were the most prevalent source of financial therapy-related information, with *JFT* as the highest ranking. These results indicate that respondents recognize the importance of utilizing science to inform their practices, and *JFT* is fulfilling its purpose.

CONCLUSION

The 2020 FTA Membership Profile Survey was disseminated amid a pandemic, and we would be amiss if we did not note that responses could have varied due to the timing of the survey. The pandemic brought professional best practice challenges for holding and conducting client sessions in financial therapy and the professional's primary field/occupation (Archuleta et al., 2021). The pandemic also brought new client challenges and emphasized the interconnections of physical and mental health, couple and family relationships, and finances on one's well-being. Regardless, the 2020 profile report has shed light on the ever-evolving field of financial therapy.

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