



**E F T A**

## **European Family Therapy Association**

### **Minimum Training Standards**

#### **A. Guidelines for training family and systemic therapists and supervisors at the European level**

##### **1. Introduction**

**1.1** EFTA is primarily an advisory rather than a regulatory body. In relation to training standards its role is to define, through its three chambers, the criteria for the quality of training both of individual family and systemic therapists and supervisors and of training programmes in institutes and schools.

**1.2** EFTA is recognised by the European Association for Psychotherapy (EAP) as the European Wide Accrediting Organisation (EWAO) for family and systemic therapy.

**1.3** The guidelines below set minimum standards that should be progressively applied by local/national registration and accrediting bodies.

**1.4** They were agreed by the General Board of EFTA at its meeting in Lisbon in May 2010. They supersede all previous versions.

##### **2. Context**

**2.1** The goal of EFTA is to achieve recognition for family and systemic therapy as a distinct, scientifically-based form of psychotherapy practice and to ensure rigorous standards of training and professional practice throughout Europe.

**2.2** Where local standards or legislation are inconsistent with those determined as appropriate by EFTA, EFTA will seek to have those standards and laws amended.

**2.3** In some European countries psychotherapy practice and training is regulated by statute. In others there is, as yet, no legislative framework and responsibility for registration and/or recognition and/or voluntary or statutory accreditation normally rests with the National Family Therapy Organisation (NFTO) where such exists.

**2.4** Where no statutory regulation exists the local NFTO sets the detailed standards in collaboration with the three EFTA chambers and ensures compliance in its jurisdiction.

**2.5** Where no NFTO yet exists EFTA undertakes a temporary regulatory role.

**2.6** EFTA seeks to ensure that a local regulatory authority is created at the earliest opportunity. This is in accord with the principle of subsidiarity described below (3.4)

### **3. Principles**

The following general principles apply:

#### **3.1 Flexibility**

Training in family and systemic therapy builds on the theoretical and clinical training/experience received as part of basic professional training in a health or social discipline. The guidelines allow for the fact that models of training in different professions and countries provide different starting points for specialist training in family therapy. Flexibility is needed both to accommodate the various learning pathways adopted by different trainings but also to leave room for future developments.

#### **3.2 Generality**

Wherever possible the guidelines have been defined at a level of generality that allows for commonalities between different models of family and systemic therapy training to be identified. This also allows for comparisons with models of training being developed for other psychotherapies.

#### **3.3 Specificity**

There are aspects of family and systemic therapy training that are specific to family and systemic therapy, whether in terms of theory, personal attitudes, methods of supervision or clinical practice. These are important because of the central role that they play in family and systemic therapy but also because they provide a rationale for why it is appropriate to retain some of the differences from other training models.

#### **3.4 Subsidiarity**

Subsidiarity is the organisational principle that matters ought to be handled by the least centralised competent authority. The central authority should have a subsidiary function, performing only those tasks that cannot be performed effectively at a more immediate or local level.

## **4. Guidelines for training family and systemic therapists**

**4.1** Specialist training in family and systemic therapy builds on previous training and clinical experience that is normally gained within one of the health or social sciences/disciplines or equivalent.

#### **4.2 Duration**

i) Training should be no less than seven years (including a primary degree or equivalent) of which at least four should normally be specific to family and systemic therapy.

ii) The total number of hours of training will be of the order of 3,000 - 3,500 of which 700 - 900 hours (or equivalent academic credits) will be an integral part of the specialist family therapy training. These hours include self-directed as well as tutor-directed learning.

### **4.3 Components of training**

#### **4.3.1 Theoretical study and practical teaching**

The knowledge and conceptual understanding that are needed for a complete family and systemic therapy training will be acquired partly during general training and partly during specialist family and systemic therapy training. Although the way these are to be combined may vary, the following areas should always be covered:

- i) Theory
  - a) Principles of systemic theory: systems and communication
  - b) Theories of individual and family life-cycle development
  - c) Learning about a range of family forms and different social systems
  - d) Psychopathology: general and systemic
  - e) Psychological models and therapies
  - f) Models of change
  - g) Models of family and systemic therapy and their applications in different settings
- ii) Research
  - a) Research evidence for family and systemic interventions
  - b) Understanding research methodology
- iii) Ethical issues
- iv) Skills development

Between one third to one half of the specialist training should be dedicated to these areas.

#### **4.3.2 Clinical training/clinical experience**

- i) Clinical training in family and systemic therapy builds on training in general clinical skills (usually acquired during basic training) and general clinical experience that should include experience of working with a range of mental health problems.
- ii) The main element of specialist clinical training in family and systemic therapy is supervised clinical practice with families, couples, individuals and organisations. While a range of different types of supervision may be used there should always be a significant component of 'live' supervised practice.
- iii) The clinical component of the training (including both direct work with families under supervision and observing/discussing the work of other trainees in a supervision

group/team) will form one third to one half of the specialist training in family and systemic therapy.

#### **4.3.3 Personal development**

i) A significant objective of any psychotherapy training is to ensure that trainees are able to identify and manage their own personal involvement in and contribution to the process of therapy.

ii) The goal is to increase self-reflexivity of trainees and their self-awareness as professional family and systemic therapists.

iii) The way in which this is achieved during family and systemic therapy training varies considerably. It may include personal therapy, group work, family of origin work (e.g. using genograms) or, in some cases, direct work with the trainee's own family.

iv) Aspects of personal development will also form an important part of the supervision process.

v) Given the diversity of personal development work (and the varying needs of individual trainees), it would be misleading to make specific requirements for the amount of time that should be devoted to this area of training.

#### **4.3.4 Continuing personal and professional development (CPD)**

It is strongly recommended that all family and systemic therapists undertake CPD after completion of training.

## **5. Guidelines for training family and systemic therapy supervisors**

**5.1** EFTA seeks to ensure that family and systemic therapy supervision and training is conducted by suitably qualified practitioners and teachers. Training and supervising require specific skills and knowledge that should be provided and acquired through appropriately designed and delivered teaching and learning methodologies (e.g. courses, apprenticeships, mentoring, etc.) Training to become a family and systemic therapy supervisor must be both rigorous and flexible.

**5.2** A family and systemic therapy supervisor is a qualified family and systemic therapist who is eligible to:

- i) Supervise the clinical work of those people training for registered family and systemic therapist status.
- ii) Provide supervision to registered family and systemic therapists as part of their continuing professional development.
- iii) Provide supervision of teams and staff working with families and networks or individuals wishing to work with a systemic orientation.
- iv) Teach on family and systemic therapy training programmes.

Standards that ensure competence to carry out these functions should be devised at national level.

**5.3** Applicants will have already successfully completed a family and systemic therapy training course as outlined in 4 above and be registered as a family and systemic therapist with their NFTO (where such exists).

**5.4** In order to be recognised as a family and systemic therapy supervisor the following training components must be successfully completed during a minimum period of four years.

Not less than 300 hours composed of:

- i) Taught courses
- ii) Observing systemic supervision
- iii) Conducting systemic supervision in a variety of settings including live team supervision
- iv) Supervision of supervisory practice including retrospective and live supervision
- v) Personal and Professional Development (PPD)

**5.5** The supervisor in training must complete at least two years of clinical practice during the four-year training period.

## **B. Guidelines for institutes/schools at the European level**

### **6. Guidelines for family and systemic therapy training institutes/schools**

**6.1** In some jurisdictions the requirements for training institutes are specified in legislation. The primary accrediting body for any training institute or school is the local NFTO, where such exists, in collaboration with EFTA-TIC.

**6.2** The institute/school must provide a training programme containing the components outlined in section 4 above.

**6.3** Two thirds of the teaching/training staff of the institute/school must be registered family therapists and at least one third must be trained supervisors as specified above in section 5 (where such registration structures exist at the national level).

These guidelines were redrafted by the EFTA Training Standards Committee - Luigi Onnis (chair), Phil Kearney, Javier Bou and Juan Luis Linares. They are based on, incorporate and supersede the previous texts adopted by the EFTA Board in 2003. They were agreed by the EFTA Board at its meeting in Lisbon in May 2010 subject to the final approval of the President, Prof. Arlene Vetere. This approval was granted on June 2<sup>nd</sup>, 2010.