Efta Minimum Criteria for Training in Family Therapy

General principles:

In developing the specific criteria the following general principles have been used:

A. Flexibility

Training in family therapy builds on the theoretical and clinical training/experience received as part of basic professional training (in clinical psychology, psychiatry, social work, etc). The criteria allow for the fact that models of training in different professions and in different countries vary, providing different starting points for specialist training in family therapy. Flexibility is needed both to accommodate the different learning pathways adopted by different trainings but also to leave room for developments in the future.

B. Generality

Wherever possible the training criteria have been defined at a level of generality which allows for commonalties between different models of family therapy training to be identified. This also allows comparisons with models of training being developed for other psychotherapies. The proposed criteria for family therapy compare well in such comparisons in spite of the fact that in many areas our approach to training is quite different. The training committee took the view that for the family therapy criteria to be credible did not require them to be same as those for other therapies but where they are different we need to be clear why they are different.

C. Specificity

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

LENGTH AND CONTENT OF TRAINING IN FAMILY THERAPY

Specialist training in family therapy cannot be considered in isolation. Although, in general, it takes place at a post-qualifying level, it builds on previous training and previous clinical experience which is normally gained within one of the mental health professions. In defining requirements for the overall length and content of training account has to be taken of at least the following components:

i) general clinical training (clinical psychology, psychiatry, social work etc)
ii) introductory family therapy training
iii) qualifying level training in family therapy

Length and hours of training

The overall length of training should be no less than seven years of which at least four should normally be specific to family therapy. The total number of hours of training will be of the order of 3 000 - 3 500 of which 700 - 900 hours will be an integral part of the specialist family therapy training.

Components of training

A. Theoretical study and practical teaching

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

1) Theory

a) Theories of individual and family life-cycle development
b) Learning about a range of family forms and different social systems
c) General psychopathology
d) Psychological therapies
e) Models of change
f) Models of family therapy and their application in different settings

2) Research

a) Empirical evidence for family interventions
b) Understanding research methodology

3) Ethical issues

4) Skills development

Between 1/3 - ½ of the specialist training should be dedicated to these areas.

B. Clinical training/clinical experience

Clinical training in family therapy builds on training in general clinical skills (usually acquired during basic training) and general clinical experience which should include experience of working with a range of mental health problems.

The main element of specialist clinical training in family therapy is supervised clinical practice with families. While a range of different types of supervision may be used there should always be a significant component of 'live' supervised practice. 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) will form 1/3 - ½ of the specialist training in family therapy.

C. Personal development

A significant part of any psychotherapy training is to ensure that trainees are able to identify and manage their own personal involvement and contribution to the process of therapy. The way in which this is achieved during family 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 ones own family. Aspects of personal development will also form an important part of the supervision process. 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. The goal is to increase self-reflexivity of trainees and their self-awareness as professional family therapists.

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