



International Accreditation Commission
for Systemic Therapy Education

1800 3rd Avenue, Suite 512 • Rock Island, IL 61201 USA
Tele. +1-309-786-4491 • Fax. +1-309-786-0205 • Secretariat: wjhibert@aol.com
www.ifta-familytherapy.org

**TIER 1 - PRIMARY ACCREDITATION STANDARDS FOR
FOR SYSTEMIC THERAPY EDUCATION AND TRAINING
PROGRAMS**

**APPLICATION
January 1, 2017**

**Mission Statement of the International Accreditation Commission for
Systemic Therapy Education**

Created as a semi-autonomous body under the auspices of the International Family Therapy Association (IFTA), the International Accreditation Commission for Systemic Therapy Education (IACSTE) focuses on the development and implementation of quality standards for programs around the world that provide systemic therapy education and training. These standards are created to enhance the development of professionals who will be qualified to provide systemic therapy for individuals, couples, and families in the communities in which they live and work.

INSTRUCTIONS

Complete the application below on a separate Word document.

Follow the numbered paragraphs and insert your content between the numbered paragraphs. You will expand the application as you complete the sections. Please keep all answers in order following the application sequence. Please answer all of the questions by using the numbers assigned.

Please use a 14 pt font.



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PLEASE TRANSLATE ALL DOCUMENTS INTO ENGLISH.

**Application for a Tier 1 Accredited Family Therapy
Education/Training Program**

PLEASE USE THIS PAGE AS THE FIRST PAGE OF YOUR APPLICATION.

Date: _____

Name of Institution:

Name of the Graduate Program for which you are applying:

Postal Address:

Email Address: _____

Web Site: _____

Telephone Number: _____ Fax _____

Contact - The person presenting this application:

Name _____

Title _____ Email: _____

Application fee: _____



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CONTACT INFORMATION:

- 1. Name of contact person:**
- 2. Postal Address:**
- 3. Email address:**
- 4. Name of the Institution offering the preparation program:**
- 5. a) In addition to systems theory, is the family therapy training program built on an additional philosophic or theoretical orientation?**
b) If the answer to 5a is Yes, please describe the orientation.
- 6. Describe the context for marriage and family therapy training programs and how this program fits into the current family therapy preparation context in your country:**
- 7. List the courses you are offering in Category 1, Theoretical Foundations.**

List the course title, instructor and his/her degree, contact or credit hours for each course AND a brief description of the content of the course and the method of instruction (e.g., lecture, lecture and discussion, lecture and role play, or lecture and videotapes). (e.g., Introduction to Family Therapy, Robert Smythe, Ph.D., 3 credit hours. This course covers these topics: General Systems Theory, Cybernetics, Pseudomutuality, Schism and Skew, Pseudohostility, The Double Bind, and Post-modern Theories. Lecture.)



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8. List the courses you are offering in Category 2, Research Methodology.

List the course title, instructor and his/her degree, contact or credit hours for each course AND a brief description of the content of the course and the method of instruction (e.g., lecture, lecture and discussion, lecture and role play, or lecture and videotapes).

9. List the courses you are offering in Category 3, Ethics and Related Professional Issues.

List the course title, instructor and his/her degree, contact or credit hours for each course AND a brief description of the content of the course and the method of instruction (e.g., lecture, lecture and discussion, lecture and role play, or lecture and videotapes).

10. List the experiences you are offering in Category 4, Clinical Skills Development.

a. Explain how the student will accumulate 250 hours of clinical practice in practica or clinical internship, at least 125 of which hours should be with relationship cases (couples or families).

b. Describe the process by which you define competence in these areas: *(Formerly,..... Explain how this program will know whether a student has demonstrated competence in the following areas To be deleted.)*

- i. Establishment of Therapeutic Contact With Client System**
- ii. Client Assessment and Diagnosis**
- iii. Treatment Planning**
- iv. Therapeutic Interventions and Case Management**
- v. Assessment of treatment and clinical outcomes**



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11. List One Continuing Education Program

Specify the date, time and program agenda for the first class of graduates from your program.

12. Method of Supervision

a) Please explain how the students are receiving their supervision (i.e., individual or group) and how it is observed (i.e., live, videotaped, etc.).

b) Describe the clinical sites where the student works.

-- Do the students work full-time or part-time at the sites?

13. PROGRAM FACULTY:

List each teaching faculty member by name, title, highest earned degree, and the course each faculty member teaches.

14. SUPERVISOR FACULTIES AND THEIR EDUCATION AND TRAINING:

List each supervisor and provide the following for each:

- 1) Resume or Curriculum Vitae (CV): In English, please**
- 2) Highest earned degree**
- 3) Program title**
- 4) Supervision background, supervision each received in his/her training:**
 - Name of each of faculty member's supervisors**
 - Orientation of each of these supervisors (systemic or otherwise)**
 - Time frame of supervision**
 - Hours of supervision received**

Note: IACSTE recognizes clinicians who are duly licensed and qualified as Marital and Family Therapists elsewhere (e.g., in the USA) who teach or supervise in another country. Interested persons should contact the IFTA Secretariat for additional information.



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15. PROGRAM PROMOTION

Please attach samples of fliers, brochures, and web site information about your program. If they are not in English, please provide translations of the material you use to inform potential students of your program.



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Completing the Application Process for an Accredited Family Therapy Preparation Program

Please forward the **Word** document, answering all of the questions, to the IFTA Secretariat. The Commission will review the application and respond with their evaluation within two months.

Fees:

Application Fee

Electronic bank transfer to the IFTA BANK account must send the application fee. See the appendix for further information. Once the application fee has been received, the Commission will review the application.

Category I: \$250
Category II: \$200
Category III: \$100

If your program receives Accredited Status, the following 3-year fee applies.

Category I: \$250
Category II: \$200
Category III: \$100

**If you wish to have your program accredited as a Marriage and Family
Therapy Education and Training Program, please contact:**

Dr. William Hiebert
IFTA General Secretary
1800 3rd Avenue, STE 512
Rock Island, IL 61201 USA
wjhiebert@aol.com 309-786-4491



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Directions for an Electronic Bank Transfer

You may pay the application fee for the Accredited Family Therapy Preparation Program status by a bank transfer. Please take the following information to your bank. Please ask for an Electronic Transfer, not a Wire Transfer. Wire Transfers cost you and us money. Electronic Transfers are generally free of charge.

Please email us when you sent the electronic transfer so that we may watch for it: info@ifta-congress.org

**NAME ON ACCOUNT: INTERNATIONAL FAMILY THERAPY
ASSOCIATION**

SWIFT or IBAN CODE: USBKUS44IMT

ROUTING NUMBER: 073000545

ACCOUNT NUMBER: ask for account number

**NAME AND ADDRESS OF LOCAL BANK : USBank, 230 18TH
STREET, ROCK ISLAND, IL 61201 USAIFTA CORPORATE
OFFICE: 1800 3rd Avenue, STE 512, Rock Island, IL 6120**



International Accreditation Commission for Systemic Therapy Education

Dorothy Becvar, Ph.D., Chair; John Lawless, Ph.D.; Johnben Loy, Ph.D.; Lois Paff Bergen, Ph.D.; Robert Stahmann, Ph.D. Warwick Phipps, Ph.D.