

ANZJFT Symposium: What are the Core Learnings of Family Therapy?

Glenn Larner, Chris Lobsinger, Malise Arnstein, Amaryll Perlesz, Bruce McNatty, Kerrie James, Jenny Brown and Sophie Holmes

Five experienced Australian and New Zealand family therapists and trainers seek to answer the question: 'What key concepts and core learnings should be part of any family therapy training course?' They debate the usefulness of making 'shopping lists' of core concepts, the importance of considering trainers' and trainees' contexts in the formation of their values and perspectives, and the distinctive role of Family of Origin work in training, clarifying central themes. Three experienced trainers respond to the issues raised.

First generation family therapists practised structural and strategic therapy and thought in the language of communications, general systems and cybernetics. Then came second-order cybernetics, constructivism and the Milan school. More recently the core elements of family therapy have become aligned at various times with social constructionist, reflective and conversational practices, with cultural, feminist or narrative perspectives. Some family therapists today emphasize a solutions-focused, intergenerational or object-relations approach and still others focus on political action, social justice or spirituality.

So, within this healthy diversity, what are the basic concepts or core learnings that should be part of any training course in family therapy in Australia and New Zealand? We asked family therapists and trainers in the field what theory and practice should be an essential part of a teaching course. Which most identify *family therapy*? Such questions concern the future of the discipline as well as its past traditions.

The timing is auspicious. Family therapy is becoming recognised as an integral component of evidence-based therapy practice, particularly with children and adolescents. Recent job advertisements are more likely to seek applicants with family therapy skills. Integration is the new buzzword, and family therapy training can enhance and enrich other forms of therapeutic work and contribute to best practice. For example, clinical psychologists using cognitive therapy may address the family contexts in which personal schemas arise, or psychiatrists treating persons with serious mental illness can apply medications in family-sensitive ways. Some form of training in family therapy could well become uniform for a range of mental health professionals.

To this end family therapy is now taught in diverse institutions and settings at certificate, postgraduate diploma

or masters level, in social work and psychology departments, training institutes in psychiatry, private colleges and relationship counselling agencies. Our Symposium is a step towards setting a benchmark for future training and planning in the profession. It also prepares the discipline for a wider presence in the therapy-training field and consolidates recent moves of state organisations towards PACFA and discussion of a national professional association.

Symposium Structure¹

In the first stage, an email discussion sets the scene for a teleconference between participants to provide an opportunity for maximum exchange of ideas and creative dialogue across several locations. In the next stage, invited reflections



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from other key figures involved with family therapy training programs continue the reflective process. In the final stage, discussion and exchange of ideas will hopefully continue in the form of responses from readers of the printed Symposium; we invite you to continue the discussion on our website www.anzjft.com.

Stage 1: Email Discussion

Four family therapists from Australia and New Zealand with excellent credentials and reputations were invited to participate in email discussion to reach a consensus on common themes and issues in family therapy training. The four were: Malise Arnstein (ACT), Amaryll Perlesz (Victoria), Bruce McNatty (NZ) and Chris Lobsinger (Qld). As convener, my role was to act as a facilitator and moderator in the conversation, set an agenda of questions for the teleconference and act as organiser and timekeeper. An edited version of the email discussion, which took place between March and June 2001, is provided below.

Chris Lobsinger, Posted 20/03/01

The question 'What basic concepts or core learnings should be part of any training course in family therapy?' has the danger of generating answers which are about as interesting as shopping lists: 'milk, bread, sugar...' and so on. On closer consideration I found myself considering a meta-question: 'How will family therapy on the whole be affected by the idea of being defined by a set of core learnings?' A refusal to be pigeonholed has been a useful tool for family therapy, which has been free to borrow ideas from various fields for inclusion within the nebulous entity called family therapy. This freedom to borrow gave family therapy its ability to act as a forum for 'alternative voices' in the first place and has become to some extent part of our identity.

This culture of creativity and/or confusion is bound to give rise to competing positions taken by various stakeholders. I think that it is highly likely that reaching agreement about what should be core learnings in family therapy training will be relatively easy compared to the debate about what will inevitably have to be left out. I have two concerns. The first and more important is that the response will be one of apathy, and that by default, decisions about core learnings will be given over to training bodies that are more interested in 'product development' than training family therapists. My second fear is that the widely inclusive group of family therapists will divide into small schools advocating for the inclusion or exclusion of one or more components with such energy as to obscure the overall goal of training family therapists.

Below are some of the 'schools', which can be joined in an effort to advocate on behalf of a particular model, theory or method.

1. The 'Credibility' school

Mine is bigger than yours

Mine is newest

Mine is proven by scientific evidence

2. The 'Simplicity' school

It's all the same anyway

It's all about relationship (or systems, or biology, or gender)

3. The 'Higher moral ground' school

Mine is the most ethical

Mine is the kindest

Mine is most holistic and collaborative

4. The 'Anti establishment/new order' school

Mine is anti authoritarian

Mine is pro women

Mine is pro victims

Mine is anti experts

5. The 'It's not necessary' school

What did people do before family therapy anyway? We survived.

What people need is social justice, not family therapy

What people need is employment, not talk.

You counsellors just think you're better than us.

6. The 'Please be quiet, I am trying to watch Survivor' school

Yes, yes, all right already! Can we watch Michael kill the pig now?

All of these schools have their implications for what should be taught as 'basic' to family therapy. The paradox is that by commenting on these positions I may appear to benefit by having the last word. Of course the only way to counter this is for someone else to have a meta-comment about my comments and so on and so on!

The 'Mine is Bigger than Yours' school — this very large school bases its supremacy on the democratic ideal of majority rule. The 'Mine is Newest' school is always a sure way to get interest and implies that what is newer is better than anything in the past. The 'Mine is the most Ethical' school is very important because of its power to define all that came before as inferior or even abusive in the current context. The 'Simplicity' school is a great school because you can take it with you as you go along. For example as a young social worker, I might have said, 'That — well, it's all about social justice anyway'. After studying basic counselling I could then say 'It's all about listening and reflecting' and after studying systems theory I could say 'It's all about systems!'

Recently I have been offered a membership to the 'It's all about Stories' school. I have toyed with membership but I am currently under pressure from my colleagues in the 'Mine's bigger' school to refuse membership. As well, my friends in the 'Mine is more ethical' school want me to resign my membership of all the others. Then again, the 'It's all about Love' school has asked me to join their elite group of expert untrained caring people; all I have to do renounce all my previous life experience and education as a requirement for membership. I am told that as I have a considerable amount to renounce, I am considered a good prospect for membership.

So what do I think should be core learning for family therapy training? Personally, I think that core learnings should include for starters:

- Systems theory as the meta-theory (theory about theories) which acts as a container for the rest
- The historical development of family therapy within the wider context of psychotherapy
- A general and respectful covering of psychodynamic, constructivist, and postmodern theories, couched within the meta-framework of systems theory
- An exploration of the issues around assessment and pathology
- The inclusion of cultural and social justice critiques
- Skill practice, which includes micro skills

I also have a personal belief the training should be as rigorous as possible. Far too often trainers favour one side of the 'book learning vs. real experience' dichotomy. Of course both have value, and the exclusion of either is just not good enough. Family therapy training should mean training, not just education, and not just the experience of supervised practice.

It is also my belief that 'how' of training is as important as the 'what'.

- Family therapy should be taught in an atmosphere which values direct service provision and direct service providers
- It should value both intellectual study and experiential learning
- It should be learned and taught in the style of an artisan or craftsperson, learning an art through rigorous engagement
- It should be taught by experienced and suitably enthusiastic persons who have a love for family therapy and direct practice
- Face to face study, the use of video tape and other more personally challenging methods need to be employed frequently, as family therapy is ultimately about having a lived experience with real persons in real time
- Students should leave training as trained therapists who have skills and can practice *to a level of competence*. This is the goal of training as differentiated from education alone

In summary I think a sense of humour about the various competing schools is needed. A renewed focus on the development of the skills, knowledge, and craft is required. This also means that students need to be helped to learn, even mentored or coached. Not just left to fend for themselves in the wilderness of family therapy or viewed as simply 'consumers' of training programs. Students need to be valued as people who have chosen to undergo the demanding process of learning to be family therapists.

Glenn Lerner, Posted 26-3-01

Chris, thanks for your symposium response. I particularly liked the inclusion of 'how' as well as 'what' questions and

the focus on training and skills competence in a family therapy-friendly setting. I would like to use your piece to generate questions and begin discussion on the topic for the symposium. On my part I would be interested to know how you define and use systems theory in your family therapy practice?

Chris Lobsinger, Posted 29-3-01

Glenn, how I think I define systems theory in my practice is in a more general sense as a meta-theory, that is a theory of theories. Some questions that I think arise from my piece are: What defines a systemic perspective we might use? What purpose must it serve? What is the mission of family therapy? What was it then and what is it now? Who do we trust with looking after and developing the identity of family therapy?

Malise Arnstein, Posted 16-4-01

I have some stray questions to add to Chris': 'What differentiates family therapy from other forms of therapy?' Is it possible to make such a differentiation? Is it of any clinical utility? What are the common threads across different theoretical approaches to families in therapy? Does one draw a distinction between couple therapy and family therapy? When does one suggest family therapy, or couple therapy over other forms of therapy? When does one suggest it as *complementary* to other therapies? What are the limits of family therapy? Where has family therapy succeeded/failed at delivering on its initial promise of helping families? Well, this could become a litany of unanswerable questions!

Amaryll Perlesz, Posted 31/5/01

Glenn, I've read what you've posted thus far, and I have a few responses to throw into the ring. I know virtually nothing of the participants' history of teaching or their current training interests or contexts, and it seems to me that the questions people pose will come from where they're situated professionally and personally and whether they work in the private or public sector. For instance, Chris Lobsinger suggests that a list of the core concepts of family therapy risks being 'about as interesting as shopping lists: "milk, bread, sugar" and so on.' I, on the other hand, find the original Symposium question quite interesting, somewhat vexing and very difficult to answer. Particularly when I have to add the question 'How do I assess our trainees' competencies in these "core learnings"?'

At Bouverie, we ask these questions, or ones like them, every day. Even though we have our students with us for 312 hours over two years, I am still wondering at the end of that time if students have taken on and integrated 'basic concepts' — however defined — and if they have discovered within themselves a sense of their own styles together with some of the 'skills' — however defined — that we might have tried to teach them. The other thing that frequently happens at Bouverie is that because we have so many teachers within our training, we already have in-built diversity — despite a core curriculum — about what to

teach, how to teach it and how to assess whether or not it's been learnt. We have constantly revised core curriculum over the 20 years that I have been teaching there, so obviously there are historical contexts, which determine the answers to just these two questions.

Recently, we had a teachers' professional development session on 'Issues in Assessment' and a lively two hours were spent trying to understand our own unspoken criteria for marking essays — there were clear written criteria given to both students and markers — when the eight teachers present had marked the one essay with scores as wide ranging as from 83 down to 45, with a fair spread in between!! There was a similar diversity in teachers' views of what core clinical skills might we expect from students after two years — and how we might assess these. We expect such diversity at Bouverie, because as teachers we have diverse personal and professional backgrounds and we teach an eclectic systems based course, and not one that is theoretically or technically modality specific.

I can't agree with Chris's assertion that 'reaching agreement about what should be core learnings in family therapy training will be relatively easy compared to the debate about what will inevitably have to be left out'. Firstly, if it were so easy to determine 'core learnings' then logically it would also be easy to know what should be left out. But more significantly, 'core learnings' will always be context dependent and therefore impossible to determine without locating the context and more fully understanding the participants in that process [i.e. the students/teachers, basic philosophies and values of teaching, the funders of the training, the qualifications sought, whether it's an award course or continuing education, whether it's a semester of family therapy in another course, etc.] Malise also asks an interesting question about the difference between family therapy and other therapies. I think there are likely to be core learnings across the board, but specific skills and theory for family therapists.

So, Glenn, I'm afraid to say that I'm still interested in the questions you originally asked. The question of what is a benchmark level of training for family therapists is important in our work. As we begin to acknowledge the diversity in our own patch here at Bouverie, we have also taken more interest in identifying basic philosophies of teaching and the values we bring to our work and how these fit with those of our students. The other kind of bigger picture questions that I'm interested in are what are the fundamental skills and core concepts required for teachers and supervisors of family therapy. In fact, starting in July, we are about to run a new Graduate Certificate in Supervision, Teaching and Consulting in Family Therapy (and perhaps at the end of the course I'll be able to answer more of these questions — somehow I doubt it!!).

Glenn Larner, Posted 7-6-01

With the teleconference getting closer, it's time for serious dialogue. Amaryll, I appreciate your sharing your experience at Bouverie. As I read your message I began to glean

some of the basic concepts in your own vision of training: diversity, an eclectic systems model (here I think you agree with Chris), basic competencies or demonstrated skills in applying specific family therapy approaches, basic knowledge or competence in how to be a therapist or clinician in general, knowledge of other approaches in therapy (as Malise suggested).

Now as you say the definition of core learning will vary according to the context of training, the type of course, where it is taught, who teaches it (teaching style, values, theory preference), the trainees, etc. Again, how each of us defines a benchmark in family therapy will depend on our own training, professional background and philosophy. And possibly a fair proportion of the 'core learning?' may be differently defined or unshared between us; and to that extent the Symposium may not reach a consensus.

In all of this *my* core learning in doing therapy has been to take on board a sense of incompetence, an element of what I call 'knowing not to know'. In other words knowing enough to not know and respect and encourage the family's knowing. For me this would be a core learning (or perhaps unlearning!) component though perhaps more as a post-script to basic family therapy training.

Bruce McNatty, Posted 13-6-01

I was taken by many of Chris Lobsinger's irreverent comments and chuckled at his various 'Schools'. Chris states that the question of 'core learnings' has the potential to generate a 'shopping list'. For me however, this question is totally compelling. (OK, so I don't get out much ...) I grapple with this question constantly, so I will be very keen to hear the thoughts of other participants, although as Glenn has suggested, it is highly likely that there will be no consensus. In trying to answer such a huge question, I think the notion of context is so important, something that Amaryll referred to and it is this, as a lone teacher, that provides reassurance for me at those 'What should I be teaching?' times. All factors relating to teaching can and should be shaped by this.

I was wondering about the need for trainees to do family of origin work. I guess there are also potential questions around the relationships between training and supervision, theory and technique. I wonder about the role of 'executive skills' (perception, etc.) and also about the micro-skills Chris mentions: should it be assumed that these will be already present in trainees?

I am also very interested in what amount of education and training is required, before people identify solely as family therapists. I notice in the program for the Pan Pacific Congress in Melbourne [2001], there are a variety of guest speakers profiled, many who have been active in the field for several decades. Whilst some identify as family therapists in conjunction with remaining aligned with an earlier profession, no one identifies solely as a family therapist. I do not believe this group to be unusual in this regard and I think this is an interesting dynamic.

Chris Lobsinger, Posted 24-7-01

I think the issue of identity pointed out by Bruce is paral-
lelled by the question 'What distinguishes family therapy
from other forms of counselling and psychotherapy? What
is the difference that makes the difference?' If there is no
discernible difference at this point in time, then is family
therapy identity simply based on a negative description —
what we are not? Is family therapy, that which is not *not*
family therapy? Somehow I think only Bateson could get
me around this one!

Stage 2: Teleconference²

The July teleconference involved the four original partici-
pants with myself as facilitator and moderator. The agenda
evolved from the email discussion, but because of time lim-
itations, two important questions were deferred for future
discussion, namely: 4. *What unique skills and qualities
should teachers and supervisors of family therapy have?* 5. *How
should trainees have their skills and competency assessed and
how can training programs in family therapy be evaluated?*

Glenn: Folks here is Question 1: *What key concepts and core
learnings should be part of any training course in family
therapy in Australia and New Zealand? Who would like to
kick off?*

Malise: I'm presupposing basic counseling interview skills
and professional training in psychology, social work or psy-
chiatry and the like. I think students will need information
about human development and attachment processes. Because I
have been studying self psychology I've included emotion-
affect theory. Students need to know about normal family
development, life cycles and transitions in crises, like the
effects of divorce and separation for parents and children.
You need to be well grounded in abnormal psychology and
psychopathology, even though you might disagree with it.
If you are going to fight the dominant story you need to
know about it first.

You need to be well-versed in theory concerning the
structure and organisation of families, and verbal and non-
verbal communication, as well as systems theory and the
history of family therapy. It is good for a trainee to be well
grounded in at least two theoretical approaches to family
therapy such as Milan, family of origin approaches like
Framo's, strategic family therapy or narrative family
therapy, brief or solution focused family therapy. An area
often neglected is issues specific to marital therapy such as
knowing about intimacy, couple formation and sex therapy.
There are also the cross-cultural issues. I also believe family
therapists should have done some personal therapy and
know about the dynamics of their own family. And finally
skills to interview more than one person in the room.
That's my list.

Bruce: I agree with all of Malise's points. The given is basic
engagement and counselling skills and a good interpersonal
style. Knowing about the context of family therapy is impor-

tant, particularly the early development of the field. Also the
notion of the systemic paradigm, followed up by Bowenian
notions, which bring an ahaa! factor to the theory. Work on
the self, where you fit with your own family is very impor-
tant, as is a developmental framework; this is the foundation,
before looking at more specific models. In my work context
of a child and family community mental health centre,
where we have a lot of chaotic families, structural family
therapy is helpful, as is the use of circular questions and
hypothesizing in the Milan systemic approach.

Malise: The Milan approach is the one that most clearly
teaches how to interview people in a family.

Bruce: I fully agree. I also like the usefulness of solution-
focused ideas particularly for families with young people.
Students with a CBT background gravitate to that model
nicely. Then there is a need to be continually aware of the
space between the therapist and family members and in the
New Zealand context the cultural perspective is important,
therapy has to be consultative. The balance between theory
and practice is also interesting: how do we pick up the con-
cepts along the way through the practice?

Glenn: I find myself still learning basic concepts through the
practice many years later. It dawns on me, *that's* what it is!

Bruce: That ahaa! thing I mentioned.

Glenn: Chris perhaps you could pick up here.

Chris: There's a lot of agreement already. A systems theory
perspective as a meta-theory provides a container for every-
thing else. Family therapy didn't develop in a vacuum, so
the historical stuff and psychotherapy in general should be
included. I agree with teaching pathology and assessment.
Cross and trans-cultural counselling ideas and social justice
critiques are part of a systemic and contextual perspective
and should be there all along the way. Then there's skills
practice and micro-skills learning. The more you practise
skills, the more you find skills to practice. Other agreement
concerns the integration of theory and practice, particularly
developing the person of the therapist and what Bruce
talked about, interpersonal style, even though it may be
hard to teach.

Malise: That is true across disciplines. The issue of who has
natural skills and whether people may be required to do
personal work.

Chris: What's good for the goose is good for the gander!

Glenn: How many of us have had their own personal
therapy? I had a number of years of psychoanalytic therapy.

Malise: I certainly have

Amaryll: Me too. We encourage our trainees to do that
though it's not mandatory.

Bruce: I certainly haven't.

Glenn: It's waiting for you!

Malise: I think it's all incredibly important and I agree with Chris's point — you need an overall systemic perspective to hang it all on.

Bruce: Especially when people get stuck, which inevitably they will, they need to know the safe places, what to go back to.

Malise: You also need some basic knowledge about how other systems work, like the impact of health, school and justice systems, the compensation and work systems. Those things impinge enormously on the work we do.

Glenn: Yes, the context is vital. Amaryll, would you like to comment on what has been said so far?

Amaryll: We have well defined curricula for a range of levels of training at Bouverie. I ask how long have I got them for and where are they coming from, before I ask what I want to impart or discover with them? I did talk to some of my colleagues about this symposium. The idea of group teaching and how you work together as a team is important for us. It's not so much *knowledge* but *core ways of thinking and behaving with trainees* that makes a family therapy course distinctive from other types of learning in their undergraduate and postgraduate training, like clinical psychology. Things like context, circularity, connectedness, curiosity and constraint. These are core at introductory levels as well as over several years of training. One other thing is the idea of family-sensitive practice.

Glenn: How do you define that?

Amaryll: The idea of being sensitive to families in a general way for people not necessarily training as family therapists but who are working with families: case managers, teachers, welfare coordinators, legal workers seeing families in a range of justice contexts. They do a year of training; we call it a graduate certificate in 'family sensitive practice and family therapy'. They may or may not choose to go on to become family therapists. We invite people in the health, welfare, education and justice sectors to be more family sensitive as a starting point.

Bruce: That introduces them to systemic concepts.

Amaryll: Yes. I like Malise's idea of being systemic yet eclectic, as a structure to hang things on, like a coat hanger. Family-sensitive practice is like that as well. I guess you can be family-sensitive without being systemic but we want both. But family sensitivity seems to come before systemic. You can be incredibly systemic without being family-sensitive.

Convener's Note: At this stage there was extensive discussion of the role of family of origin work in training which led to the next question to be considered: *How and who do we identify as family therapists? Or what is the difference between training in family therapy and other therapy approaches?*

Amaryll: Malise, are you saying that as family therapy training becomes more university and curriculum-based there will be less personal growth?

Malise: No. I think you can systematise certain aspects of it, whereas in the early stages of family therapy we all had our professional background and that may or may not have included personal work, more often not. Then in family therapy training you did a workshop here and there and picked up along the way what you could. I never had family therapy as part of my doctoral training. I think people coming through now can benefit from having the kind of discussion we're having in the symposium.

Amaryll: At Bouverie we are better at integrating family of origin within work contexts, making it meaningful in the context of stuckness in therapy. We use an Ackerman technique that's been around for thirty years that relates stuckness with families to students' personal histories. It's just fantastic, they really see the relevance of family of origin to their work.

Bruce: I find it difficult in actual work settings with colleagues to explain the relevance of family of origin work. You have to be careful in setting it up so people feel safe and it doesn't become office gossip. If that's done, people feel enthusiastic about it and come back to it again once they have more theoretical knowledge.

Glenn: Have you got something to add Chris?

Chris: I was thinking about a key distinction between education and training. Education says 'Here is the theory and this is what it looks like', where training would mean when you leave the program you have done, and can do, some form of family therapy. I think it's easier in large institutions to provide education than actual training.

Malise: What you need is both.

Chris: Training has a hard edge, a judgment has to be made, students have to come up to standard so they can practise with some competency and leave with a sense of knowing what they are doing. One of the things I resented in my social work education was they would give us the illusion of training, leaving us to find out we hadn't practised basic skills. Our teachers were afraid to judge us on those things.

Malise: Academics may not do clinical work themselves.

Chris: I'd like to see family therapists *trained* and I'm not sure universities do that very well.

Bruce: I wonder what any training program is about, is it to produce someone highly skilled or a base level practitioner?

Chris: That's an important distinction to make.

Amaryll: We are a university but we have hundreds of hours of practical clinically supervised work. In one of the recent APS journals an article reported questioning 4000

therapists about what was most significant in their training, and overwhelmingly they said the actual supervised clinical practice was far more influential than the knowledge about therapy.

Glenn: I'm supervising a Masters in Clinical Psychology student at the moment who is almost green in terms of clinical experience and loves the opportunity to *do* family therapy in a real life setting instead of *talking about* therapy.

Malise: My psychology training had an internship. The Bouverie system is preferable.

Amaryll: You have to acknowledge our program is expensive; it's actually very costly to do good live clinical supervision of family therapy work. We have an actual clinical service where trainees are supervised in clinical practice. Most private trainers don't have that sort of luxury.

Bruce: Amaryll, when people finish the Bouverie course, do they go off with reasonable beginner level skills or higher?

Amaryll: We have a variety of students, how they come out depends on how they come in. We get highly experienced clinicians, like people who have been social workers for ten or twenty years, and we get people straight out of undergraduate health and welfare courses.

Bruce: There's a base level competency and anything over that is a bonus?

Amaryll: They come out eligible for full membership of VAFT so one would hope they have reasonable skills and are well trained. I'd like to know what the field thinks about them, but many do go on to teach, supervise, practise and run services.

Glenn: To look at one aspect of Question 2: '*Who are family therapists, how do we identify them?*' I work on an adolescent mental health team of clinical psychologists, social workers, psychiatric registrar, and psychiatrist. They don't identify themselves primarily as family therapists but they do family therapy and have supervision in it. I'm intrigued there are more and more clinicians out there saying yes we are interested in family therapy, yet they do not identify as family therapists in the first instance.

Bruce: What does it take for people to identify solely as family therapists?

Malise: Solely, now that's a luxury.

Bruce: Do people remain strongly aligned to their original profession regardless of how committed they are to family therapy?

Malise: Does anyone of us do solely family therapy?

Amaryll: Probably not.

Glenn: Occasionally I have to do psychological testing; I'm a psychologist.

Malise: I see myself as a psychologist and a therapist with a sub-specialty in family therapy. It's one of my areas of work. We can look at the question in terms of what a client would ask in trying to find a family therapist.

Amaryll: I change my identity from researcher to teacher to practitioner of family therapy or to neuropsychologist depending on what I'm asked to do.

Glenn: But might you still see neuropsychological testing within a family therapy or systemic framework?

Amaryll: Yes, I would work systemically in all those contexts, but may not identify as a systemic therapist in them.

Chris: The other issue is we are using the word *systemic*, but there are people out there who say being systemic is nothing to do with being a family therapist.

Malise: Narrative therapists drop *family* altogether.

Bruce: That was last year's *Symposium* (laughs)

Chris: I'm glad I wasn't there! But we don't even have a unifying definition of family therapy. The other issue is the industrial one. Social workers tend to use the term 'family therapist' liberally. There is a need to draw a distinction but then there is resistance to it. What is family therapy and how is it different from anything else?

Malise: If you were saying to the general public 'These are the kinds of things a family therapist would address', what would you say?

Chris: It's very hard to identify with a difference that isn't clear.

Bruce: I wonder if it's a developmental issue for this part of the world? The AAMFT are in their 44th year now, training has been going on for several decades and there is a big population identifying solely as family therapists.

Amaryll: What about something as simple as a *family therapist is a therapist who focuses on families and works in a family-sensitive way with families, where there is more than one generation present in the room on at least one occasion*. In addition to all the things we said at the beginning about context, circularity, connectedness and constraint.

Glenn: That still identifies narrative therapists as family therapists and they can identify themselves that way even though they may work mostly with individuals.

Malise: On the other hand a lot of people not trained as family therapists would bring more than one person into the room, like people who do mediation. Are they family therapists?

Amaryll: That's a very good question Malise, what's your answer? I don't think they are, because they are trained in mediation and conflict resolution.

Malise: They're still trying to make communication better and do something with all parties involved.

Chris: At the Psychotherapy in Australia conference a few years ago a number of people from a particular religious denomination identified as family therapists. They had no training but they worked with families. We can talk about what *we* think is necessary but if we can't communicate it in a reified way it's hard for the public to grasp what it is.

Malise: There is a dilemma in our local family therapy association (ACT), which is at the point of not surviving, about whether we should encourage interested people to join and identify as family therapists when they have had little or no training. Some of us think if they are open enough to come and explore other ideas, we should welcome them.

Glenn: On the one hand you want to identify who is in the family therapy profession in terms of training and standards, but on the other hand you don't want to exclude interested professionals from coming into the club. That's how I see the dilemma for the future of family therapy. For example the team I work with — how to encourage them to take on systemic notions and training opportunities, even though they don't identify solely as family therapists?

Amaryll: I'm pretty optimistic about the future of family therapy. The cost of training clinical psychologists, for example, is prohibitive; it's just much cheaper to become a family therapist. I think we'll be fine. We have no shortage of trainees.

Convener's note: At this stage the teleconference discussed the type of family therapy courses available in the various locations, which led to the following issues:

Malise: In terms of the future of family therapy what I see is the institutionalising or systematising of the training.

Chris: That's the issue; family therapy will be defined through this process, which is why this conversation is important. Some major distinctions need to be talked about now because institutions have their own agendas, definitions may just become pragmatic according to what's necessary for the market. Does it get wider and wider or narrower depending on what market you're going after?

Malise: What is happening in the US or Britain?

Chris: I've talked to a number of people there, but the context is different. Psychiatry, psychology and social work are all seen as clinical disciplines, which means their graduates are often expected to do family therapy. People identify as family therapists but mostly belong to one or other of those disciplines.

Glenn: And in New Zealand Bruce?

Bruce: There is family therapy training in social work and a little bit in the local clinical psychology program. In-

house squabbling, particularly at a cross-cultural level, has got into the way of the development of the field.

Glenn: Well question 3 asks: '*What directions should future training in family therapy take?*' Is it going to engage more with approaches like cognitive therapy, will it look at the application to particular client populations like psychosis?

Bruce: If it is cross-fertilised by other approaches, it may lose its identity. The momentum of the field will be bigger than all of us — it will happen.

Amaryll: I think we're closer to Britain in our training, certainly Bouverie is. The closest to our training are the Institute of Family Therapy and Tavistock, which are integrated with clinical programs. With PACFA there will be more emphasis on quality assurance and standards, family therapy will have a Guernsey under that. This will give family therapy more of an identity.

Malise: Compared with the early days, family therapy is becoming less personality- or leader-focused. It is one of a range of skills that people who work in clinical fields will need. There's always a balance between institutionalisation and innovation.

Convener's note: After a brief discussion of accountability and evidence-based practice issues, it was time to stop.

Stage 3: Invited Reflections

At this stage the conversation is broadened to include reflections on the symposium from other key players in the family therapy training field including: Kerrie James (Director of Training, Relationships Australia NSW), Jenny Brown (Private Practice, Sydney), and Sophie Holmes (Director of Williams Road Family Therapy Centre, Melbourne).

Kerrie James: I read the discussion with interest, surprised somewhat at how much concordance there was between participants and also that my own views were very similar to those expressed by the panel. I will address some of the points they have raised.

The key concepts in family therapy were discussed in relation to the training of students. I agree that students should be involved in personal awareness and exploration. Preferably they should apply their family therapy frameworks to their own personal histories and family relationships. I think the Bowen model provides a good family of origin framework (systemic concepts, structured approach) but has some limitations. Considerable time is required to properly embark on family of origin exploration and differentiation moves, and unfortunately, training programs are usually time limited. We also find that it is important to balance the focus on anxiety and un-differentiation central to the Bowen framework with students identifying their personal strengths and areas of resilience.

Ideally, all family therapy approaches should be taught within a broader social constructivist perspective and viewed as 'lenses', not eternal truths.

I agree with the panel that systemic theory should provide an overarching framework, as this is the lens that most essentially captures the uniqueness of relationship patterns. Learning to actually 'think systemically', that is to account for behaviour in terms of context and relationships, is a difficult challenge for many students. This shift is particularly hard for students trained in individual or psychodynamic frameworks. Therefore, I think that family therapy training should emphasise understanding an individual's problems or symptoms as embedded in relationships and systemic patterns, the historical evolution and internalisation of relationships, and the social/political context of relationships.

Practice based, evidence based, competency models seem to be the catch-cry of the day. I think that the emphasis on outcomes and competencies in both training and professional practice requires trainers and supervisors to approach assessment in a more rigorous manner. I'm inclined to share Amaryll's 'uncertain' tone in her hope that her trainees come out competent. The actual assessment is hard; someone may be able to demonstrate engagement skills with one family but not another. Training just touches the tip, it launches students into practice, one hopes they pursue ongoing professional development in family therapy and seek supervision.

Engagement — a joining process at the beginning of sessions and the close tracking of family members' expressed needs and communications, is an essential skill. Real engagement only occurs once families have felt that their issues or problems have been understood and responded to adequately. An important focus of training should be the relationship trainees establish with families and their 'use of self'. This draws together their family of origin work, their conceptual understanding and their practice skills.

I also think that information from research about relationships needs to inform our theoretical base. How do we learn about relationships? What leads people to separate or end relationships? What are the characteristics of enduring relationships? The concepts and theory need to be broader than just family therapy.

Finally, training programs need to address professional ethics and not just rely on an undergraduate qualification in a profession to provide a thorough grounding in issues such as confidentiality or appropriate professional boundaries. Concepts central to family therapy need to encompass the unique ethical requirements that arise when working with more than one person and reinforce professional ethics already held. Broadly these involve an understanding of power dynamics, and boundary issues arising from relating to more than one person in a therapeutic context.

Jenny Brown: What should be at the core of family therapy training? The attempt to answer this question certainly

parallels the field's efforts to define itself more clearly without excluding the rich diversity of thinking within the various models.

The symposium dilemma that particularly engaged me was the notion of core learning. Is it useful for the field to remain resistant to any pigeonholing? Has Family Therapy developed out of borrowing from other models or has it been a clear paradigm shift from intrapsychic models? Much of the discussion debated this issue, grappling with the tendency for various stakeholders to take positions of pseudo certainty.

I agree with the importance placed on the need for an over-riding structure to hang training on and I agree that learning to think systemically is central to this. With this in mind, it is clearer to talk about Family Systems Training rather than Family Therapy training.

I am of the view that Murray Bowen's theory of emotional systems has the potential to provide a sound foundation for family systems/therapy training. As an open system of ideas, it invites trainees and trainers alike to become joint investigators in testing the theory's usefulness in describing human behaviour. My experience is that the other models of systems thinking fit well under Bowen's broader coat hanger; however this should in no way be confused with collections of unrelated concepts and techniques usually called 'eclectic'. As the symposium emphasised, socio-political lenses need to be incorporated within a systemic framework to prevent a blinkered practice that assents to oppressive assumptions about gender and family organisation.

I wonder whether the drive towards togetherness in the field has blurred its clarity about distinctive systemic thinking. All systemic models of therapy view presenting problems in the operation of interconnections. Another common denominator is that the systems thinker is always aware of his/her impact on the system being observed. While it is useful to compare and to utilise approaches that privilege the individual's internal experience, the family therapist will firstly view the individual as a member of the relationship system. Family therapy training does not need to be defined in terms of how many people are attending a session. The *theoretical basis* defines the practice as opposed to whether the therapist is seeing an individual, couple or family.

In terms of the ongoing debate on family of origin work and its place in training, I think that personal family of origin work should be optional and separate from the core training. Trainees are helped to broaden their thinking about the impact of family of origin patterns in their own lives but the choice to engage in personal therapy remains a self-directed effort. I have seen many students struggle with a compulsory assignment on differentiating efforts in their family of origin: they seem to have missed the benefit of this work because of their lack of a sense of personal choice.

With regard to the symposium discussion on the 'how' of training, it seems vital to evaluate whether the methods of training core concepts *model* the core concepts. For example, do linear notions of transfer of knowledge give way to a circular process that does not disguise gaps and

does not presume that all questions have been answered? How much is differentiation encouraged by the reciprocal process of trainer and trainee challenging each other to think for her/himself?

Sophie Holmes: Thoughtful reflection on a spoken conversation is hard enough but a written conversation is nearly impossible! And then Glenn tells me that my task is to be brief, which is the most difficult of all, but I will give it a go!


Chris, you commented about the politics of ideas and clinical practices but particularly the risk of defining a set of 'essentials of Family Therapy' and pigeonholing. Chris, a bit like you, I believe the risk is that we lose too much by distilling but most of all we facilitate the loss of an already endangered urge to think through and to evaluate ideas. I think defining, simplifying and having warm comfortable pigeonholes makes life so much apparently easier for us all. Also, if your trainees are like my trainees, they get overwhelmed by the creative confusion of the Family Therapy field. They also tell me how scared they feel when they walk into a room with a family in deep distress and or conflict. They have a fantasy that having 'the key ideas' on the tip of their tongue or on the edge of their brain will make all the difference. The reality is that all the neat ideas and wonderful things they see Michael White do on video disappear, and so they should, when they walk in to the therapy room. My research shows that the most high skilled and effective family therapists do not enter the room filled with ideas, in fact they walk in open and available to meet the family in all the complexity of their struggle. So I talk with my trainees about how they might 'simply manage' or 'just hang in there' with the emotionally charged, complex and intense processes. The question is: *what do they already know*, through life experience, *about how to proceed in a helpful way?* Being able to sit in a firm but kindly way with the uncertainty in the room while taking small, uncomplicated steps in the conversation is the starting point. After the session I ask them: 'So do any kinds of concepts help in making sense of what you face in the room with that family?' The ideas of family therapy are not redundant in this situation, but I think that there is something we all need to learn concurrently with the conceptual structures of family therapy. Like Amaryll, I think that there are core ideas which family therapists need to know and to clearly articulate, primarily in action but also in words. Family Therapy is, at its centre, about the profound effect interact-

ing with others has on our most important experience of ourselves and others. A family therapist working with a family needs to keep a steady mind and heart on the processes of interaction and, over the last 40 years or so, the family therapy community has developed a rich array of ideas which are very useful tools that allow him/her to do it. Ideas and concepts are tools (not truths) which then allow us to hold on to something or to do something and family therapy ideas allow the therapist to do something helpful to ease the family's suffering. These simple ideas are very important and useful to me because they offer release from the power struggles and politics of clinical practice that haunts the field of psychotherapy and counselling. Is that brief enough?

Oh, one more thought: as for training, I like Vygotsky's view of learning and development as indivisible and the idea that there is a deliberate and exploratory process which fuels it. Many trainees, sometimes assisted by their teachers, treat their training in family therapy as if it were a hurdle race — in fact that is how graduate training is increasingly moving. Fortunately we at Williams Road, along with Swinburne University, are resisting it with a passion. The teachers' task is active and direct participation in the unique development of each trainee. In practical terms, it requires teachers to be well versed not only in the ideas and practices of family Therapy but in other ways of thinking about human suffering. Teachers need to be skilled at noticing how the trainees go about their thinking and their work and they need to engage personally with them so that they and their thinking-in-action with families grows. The direction and the nature of the growth will be different for each individual trainee Family Therapist and in the long run the specific details reflect on the integrity of both the teacher and trainee.

Endnotes

- 1 The symposium structure evolved from initial discussion between the convener and the editors of the journal and took a dialogic form in the email discussion and teleconference based on a suggestion from Amaryll Perlesz.
- 2 This vital part of the symposium was generously funded by the VAFT research committee

We are interested in continuing the conversation initiated in this Symposium (see below). 

Your ideas are welcome!

We are interested in continuing the conversation initiated in this Symposium. For this purpose, we have organised our first website forum around these ideas. The forum will go for a period of two weeks starting Sunday 8 September at 11.00 a.m. Eastern Standard Time and 1.00 p.m. Kiwi Time.

If you want further clarification, check the Discussion Page at www.anzjft.com or feel free to contact **Maria Nichterlein** new coordinator of the page at m.nichterlein@xtra.co.nz
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