

## TRAINING: The Professional Preparation of Family Therapists

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# Meeting the Challenge

Having been a family therapy trainer in a formal sense for the past three years, I find that issues about training are continually raised. There has been a noticeable change in the nature of the issues I have faced, from the original question of 'do I myself have the required knowledge and skills, and ability to impart them to others?' to 'how do I keep abreast of new directions in family therapy?' to 'how do long-term trainers keep the fire alight?' More practical matters of cost, funding, pressures of work, selection processes and a myriad others are constantly raised.

I recall my first exposure to family therapy, as a social work student during the 70s. To me, the systemic way of thinking and bringing about change made total sense, and sparked my desire to learn more. It wasn't until the early 80s that I was in a position to pursue this interest, when I was employed at the Warwick Child and Adolescent Mental Health Clinic. I was privileged to be able to work with highly regarded family therapists in Andrew Relph and Nick Ramondo, along with other very dedicated staff. My training began my first day there, and continues now, some thirteen years later. After a few years, I decided to embark on a more formal training programme (run by Andrew Relph) in an effort to answer the question 'what did I know about family therapy?'

After completing the course, I wondered if I could now call myself a 'family therapist'; even after doing a subsequent advanced course, this question remained. This is one of those issues I also face as a trainer. At what point can one officially call oneself a family therapist? Does participating in training programs automatically qualify participants? How do trainers evaluate a trainee's knowledge and skill? Should training programs offer a pass/fail system?

Practising in a work environment where systemic therapeutic approaches are an integral part of treatment options provides many opportunities for significant learning and skill development. I had the luxury of working in such an environment, and it is difficult to identify what kind of training has been more effective—the formal or the informal. Now I am a trainer, the issue is whether formal training is of much benefit in isolation from opportunities for on the job training. I believe that integration of knowledge must go hand in hand with its practical application.

I have been providing family therapy training through the Health Department of WA—the Introductory Course in Systemic and Family Therapy (ICSAFT)—its name highlights the applicability of the approach not just to families, but individuals and groups, and the systems within which one works. ICSAFT consists of weekly three hour sessions over 40 weeks, which are made up of a combination of didactic teaching, tutorial,

experiential, and case presentation modes. Fifteen hours of supervision begins about week 30. A written short-answer examination covers each term's work. Feedback is obtained from trainees at the completion of each section.

The time involved in developing and running this program is greater than first imagined. Apart from the hours that went into setting it up, there is the time spent in preparation, face to face teaching and meeting with co-presenters, advertising, selecting trainees and marking exams. All of the presenters involved have full-time jobs that also demand their commitment and energy. After presenting the course for three years, I have to pay attention to maintaining interest and enthusiasm. While every group of trainees provides difference, the course itself is basically the same. I believe a course should evolve with its trainers, allowing new ideas to influence them, yet still provide the original context.

A training programme that is (currently) free is a very attractive alternative for many practitioners wanting to develop their skills and knowledge. Applicants are called from within the Health Department, and there are consistently high numbers wanting to do the training. With only ten places available, selection is made very difficult. The Curriculum Committee of the ICSAFT program has developed selection criteria which have provided some guidance, but still dilemmas are inherent in this process. Our criteria require, for example, that the practitioner work in an environment where practical application of the learning is possible; that the trainee be a relative novice in the area (we are clear that this is an *introductory* course); that the class have a balanced gender mix; and that the applicant have approval from their service unit to attend the training. However, as many applicants meet all these criteria, an additional guideline now restricts the program to those working mainly in a child or adolescent focused agency. Plans are under way to develop a similar training program for people working in adult focused service units.

From experience, having trainees who are working with a similar client population enables more relevant, and at times specialised, training to be provided. The risk is that the training may become too restrained by sameness, and exclude difference that can offer more stimulation. Providing training that is relevant, stimulating, applicable and affordable remains a constant challenge, for to feel that one has already met the challenge may lead to complacency and to loss of interest and excitement that are important ingredients in teaching.

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