

# **UKCP Standards of Education and Training (2020)**

## **The Minimum Core Criteria**

### **Family and Systemic Psychotherapy**



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13.21. Assessments must be done in every year of the training and in years 1 and 2 they must include an assignment that applies Family and Systemic Psychotherapy and systemic practice to an area of practice and also a case study.

13.22. In years 3 and 4 there must be:

- a) Regular assessments of clinical practice which include live observation of practice.
- b) An extended piece of research-based work such as a dissertation or literature review.
- c) An assessment of student's knowledge of research methods and data analysis (both quantitative and qualitative methods).
- d) A recording of a therapy session with written and/or verbal commentary.

13.23. The overall course assessment must utilize a variety of lenses and include:

- a) Difference/diversity and power.
- b) Self-reflexivity.
- c) Safeguarding and risk.
- d) Ethics.
- e) Research and clinical evidence.

13.24. Training Organisations must ensure that their handbooks or guidance documents clearly cover:

- a) The assessment requirements for progress within and between each stage of the programme.
- b) The assessment requirements for measuring achievement within the training.
- c) The assessment requirements for determining fitness to enter the UKCP Register.
- d) Clear procedures for students and trainees to appeal in relation to assessment procedures or outcomes, and through which students and trainees may raise concerns or complaints about the assessment procedures or criteria or their operation.
- e) The appointment of at least one suitably qualified and experienced external examiner (including relevant guidance to support appropriate contact by students and trainees with the examiner, where relevant).

## 14. Qualifications and Registration

14.1 Training and/or accrediting organisations shall specify whether qualification coincides with recognition of applicants as eligible for registration by UKCP.

14.2 Where qualification and registration do not coincide, organisations:

- a) Must specify what further professional development is required for registration. The definition of such further professional development might include considerations relating to the nature of supervision and the range, quantity and intensity of practice and/or study.
- b) Must ensure the process of assessment of readiness for registration shall correspond in general to the requirements of Section 13 above.

14.3. Training and/or accrediting organisations must demonstrate how the learning outcomes associated with their accredited training(s) support graduates in meeting the UKCP's and relevant UKCP college/organisational member standards of proficiency for registration.

14.4. Students and trainees must be given information about UKCP registration, and career advice. Family and Systemic Psychotherapists applying for UKCP Registration for the first time are required to do this via a Training or Accrediting OM.

## 15. Continued Professional Development

15.1. Training organisation must encourage their graduates to actively consider their continuing professional development needs in line with UKCP registration, and where possible provide ongoing opportunities for continued learning to the community of Family and Systemic Psychotherapists.

## Appendix A: Policies and Procedures

Training organisations must have an available, appropriate and up-to-date:

- Appeals Policy
- Application procedure and APEL Policy
- Code of Ethics and Practice
- Complaints procedure (for complaints against the organisation)
- Complaints procedure (for complaints against students and trainees, tutors and supervisors)
- CPD policy
- Data management and retention Policy
- Diversity and Equality and Power Policy
- Grievance Procedure
- Health and Safety Policy
- Policy for mitigating circumstances
- Policy for student who fail components of a training
- Sabbatical Policy
- Safeguarding Policy that fits with generic and college specific requirements and those of the setting(s) that their graduates work in
- Social media Policy
- Student support policies

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## Appendix B: Live Clinical Supervision

Live clinical supervision is a form of supervision, which is at the heart of Family and Systemic Psychotherapy training. This form of supervision is required, in addition to other forms of supervision such as retrospective and the review of recorded sessions. It provides an experience for the student that is isomorphic with the approach. Many well qualified Family and Systemic Psychotherapists value the opportunity to be live supervised on occasions because of the unique learning experience that is provided by this method.

This form of live clinical supervision is carried out as part of a live session with family, couple or individual. The supervisor will observe the session, sometimes from behind a screen, with the aid of a video link or sitting in on the session (taking an observer perspective). This is, of course, described and discussed with clients who can refuse this way of working or opt out at any time. Most clients really value the opportunity to receive different perspectives. In this way the method models the importance of collaboration, consideration of different perspectives, dialogue and attunement.

It is a requirement for training that all trainees have a minimum of 300 hours experience of working in a live supervision group of (normally 3-5 trainees and a supervisor). This provides a multi-level and intense working experience in which trainees learn from the observation of and contribution to colleagues' therapy, the supervisor's interventions and discussion, and are expected to reflect on and share their own perspectives. Each trainee will bring a unique set of life experience, family positioning and culture which can inform the discussion and therapy.

The supervisor manages the group with the following aims:

1. To ensure high quality therapy for the clients.
2. To help therapist and other group members to develop their knowledge, skills and self-reflexivity.
3. To link theory and practice.
4. To model and encourage collaborative learning.
5. To explore diversity and power issues (whose voice is heard and how is it heard) both in the therapy system and in the supervision group.
6. To identify moments of "stuckness" or "unease" in the therapy and explore these with the trainee and group.
7. To identify strengths in the therapy and use these as learning experiences for everyone.
8. To identify personal and professional issues which provide opportunities and constraints for group members in their thinking and interventions.

Typically, there will be a discussion before the therapy session begins in which the last session is reviewed and ideas for the coming session are explored. Personal hypotheses and assumptions will be questioned and talked about, and there will be some planning for the session.

The therapist will then begin the sessions and at one or more points the supervisor may make interventions by phone or in person. These are always done in a respectful way both to the therapist and clients and tend to be tentative and curious rather than instructional (more modelling). The aim will be to add another perspective to the discussion or thinking, or perhaps to reflect voices that have not been heard (in the instance of multiple clients in the room). The therapist listens and then picks up the therapy, having taken on

board the intervention. Clients will be asked for their reaction to the new ideas. Often the supervision group will come into the therapy room towards the end of the session and have a reflective discussion in front of clients and therapists. This discussion will be taken up by the therapist in the final part of the session.

There are many models of “reflective team” which fit with different systemic approaches to therapy.

The experience for the trainees is rich with experience of many layers of thinking and observation. The post session discussion allows for further exploration of thoughts, behaviours, emotions and relationships. The process of trainees having the opportunity to observe and comment on the therapy in real time provides an extremely useful learning experience. Openness and curiosity are encouraged with value placed on the discussion of alternative paths. Particular points in the therapy can be discussed whilst still fresh in everyone’s experience.

Over the 2 years of training this supervision group develops into a close working group. The members follow each other’s learning journey very closely. Because the culture is one of curiosity, respect for difference and a value placed on uncertainty they can become safe places to explore therapy and the trainees own personal and professional development. They are not therapy groups and the supervisor will advise individuals if they think they would be helped by a therapy setting. Courses provide support for the groups and consultation if issues occur or they do not seem to be working in the expected way.

## Appendix C: Reflecting Team

Live supervision teams in systemic psychotherapy have been used both in a training context and as a therapeutic intervention since the 1970's. Since Andersen's introduction in 1987, the reflecting team is an intervention widely used in current UK practice in systemic psychotherapy especially when clients are seen in a training or team context or by co-therapists. It is also used within the classroom and tutor and supervision groups.

In this intervention, members of the observing team (that is the group who are observing the therapy but not directly interacting with family members) have a reflecting conversation between themselves and in front of the therapist and clients. This conversation is characterised by tentative reflections, observations and hypotheses that seek to open up possibilities and broaden perspectives. The members of the reflecting team will carefully construct their comments to be beneficial to all family members. The comments are not interpretations, detailed analysis or definite viewpoints. The team members remain interested, curious and tentative, voicing possibilities and ideas rather than conclusions

When the discussion ends the reflecting team takes its place in an observation room or at the back of the therapy room and the therapist and family discuss what they have heard and their responses.

## Appendix D: Hours

The purpose of this Appendix is to provide to trainings about the required number of hours expected, and the means of demonstrating these.

### Summary of hours across the four years of systemic psychotherapy training

- Tutor/trainee guided hours: 600 including 300 live clinical supervision (See Appendix 2).
- Trainees clinical practice hours with clients: 300 plus live clinical supervision group reflecting team membership.
- Supervision hours: 353.

### Breakdown of taught, clinical and supervision hours

#### Year 1 and 2

<b>Tutor taught hours</b>	120
<b>Systemic practice</b>	60 (plus evidence of application of systemic ideas to work in current professional role in own workplace)
<b>Supervision of systemic practice</b>	10
<b>Independent study</b>	240
<b>Portfolio of learning (journaling), including attention to self-reflexivity</b>	120





<p><b>Retrospective Supervision</b></p> <p>Supervision of agency practice undertaken by a qualified systemic psychotherapist</p>	33
<p><b>PPD groups</b></p>	25 hours
<p><b>Independent learning</b></p> <p>This includes preparation for a range of assignments including a research-based dissertation.</p>	975 hours
<p><b>Portfolio of learning (journaling), including attention to self-reflexivity</b></p>	120 hours

