

**(DRAFT)**

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

**The Minimum Core Criteria**

**Family and Systemic Psychotherapy**

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## Introduction

The UKCP Education, Training and Practice Committee (ETPC) is responsible for agreeing the generic education, training and practice standards and ensuring that the standards established by each college conform to these standards. The ETPC contains representatives of all the colleges and the standards they put forward are agreed by the Board of UKCP.

The UKCP has established minimum standards for Adult Psychotherapy and Child Psychotherapy and this document lays out the minimum standards for Family and Systemic Psychotherapy which encompasses work with individuals (including children and young people), couples, families and other relationship groups within the context of a systemic modality. The training prepares them to work in a range of contexts including NHS, social care, education, voluntary organisations and independent practice and to adapt their practice to particular clients, taking account of age, culture, beliefs, ability and other life circumstances.

When the term “family” is used it is taken to include self-identified families and other relationship groups as well as the variety of different forms of biological families.

The term ‘child’ will be used throughout this document when referring to children and adolescents up to their 18th birthday, unless additional or specialist emphasis is required.

Each College whose training organisations deliver Family and Systemic Psychotherapy training may have its own Standards of Education and Training (whether stand alone or combined with other SETs), which must adhere to this document.

This document sets out:

- The General Principles on which all Family and Systemic Psychotherapy training must be based.
- The Regulatory Framework which will ensure that standards and outcomes of training are enforced.
- The responsibilities of the various bodies involved.
- The basic training requirements.

There are further documents detailing the specific UKCP training requirements for working with adults and children – UKCP Standards of Education and Training: Psychotherapy with Adults and UKCP Standards of Education and Training: Child Psychotherapy. There are also documents detailing the specific UKCP training requirements for Psychotherapeutic Counselling with both adults and children.

## General Principles

The following General Principles have been agreed:

- UKCP Organisational Members (OMs) that train Family and Systemic Psychotherapists or accredit Family and Systemic Psychotherapy trainings, herein after referred to as “trainings” must:
  - Recognise the existence of different psychotherapies, known as ‘modalities.’
  - Be based on various theories.
  - Promote respectful understanding of differences and similarities between theories.
  - Be informed by theory and research and be practice-based.
  - Be related to clinical work in occupational settings.
  - Provide transparency and accountability in their assessment processes.
  - Operate within the UKCP Code of Ethics and an equalities and diversity framework.

## Key Principles in Family and Systemic Psychotherapy

Family and Systemic Psychotherapy trainings must incorporate the following overriding principles. They must recognise and value:

- A wide range of systemic approaches and theories associated with individual development, relationships and system functioning. This is essential in order to meet the needs of a diverse client group, and make interventions at every level from individual beliefs, behaviour and emotions, to the relationship of individuals and groups with wider societal systems.
- That clinical work is managed and supervised to a high standard and this includes intensive live clinical supervision (See Appendix B) in the final 2 years of training, and experience of multi layered learning within a supervision group, seeing families, couples and individuals.
- That access is given to the knowledge and experience required to enable students and trainees to work across the age range including families with young children, couples and individuals.
- Give priority to the development of sound therapeutic relationships, which are collaborative, respectful of difference, maintain curiosity and openness and allow the therapist to think about and explore multiple positions and experiences including when working with individuals.
- Promote ethical practice and safeguarding of clients and help students and trainees address the complex dilemmas that arise when working with multiple clients.

## A. The Regulatory Framework

- a) The UKCP Education, Training and Practice Committee (ETPC) has an appointed chair and elected representatives from all the colleges and faculties. It is responsible for setting UKCP's generic education, training and practice standards and ensuring that the standards established by each college conform to these standards.
- b) The Terms of Reference of ETPC can be found in a separate document, approved by the Board of Trustees.
- c) The colleges' Education and Training Committees or Accreditation Committees monitor and review all approved courses leading to an individuals' registration as a UKCP Psychotherapist. They are responsible for the approval of all new courses set up by UKCP organisational members (OMs) and any that are provided by organisations applying to join.

In approving and reviewing courses, colleges' Education and Training Committees or Accreditation Committees must ensure that they adhere to both the generic and the college-specific training standards.

- d) OMs that assess individual applicants as suitable to be placed on the register must have relevant, evidenced criteria, procedures and practices. These must ensure that the applicant has met the level of standards of education and training (SET) set out in this document and the relevant college SET documents.
- e) OMs must be able to evidence that they have mechanisms in place to ensure they fulfil the relevant criteria for the type of organisation they are (accrediting, training or accrediting and training) as set out in this document.
- f) OMs must review their courses during and after their UKCP Organisational Member Review (OMR).
- g) OMs formal documentation must state clearly that they are a UKCP organisational member and must carry the UKCP logo on the front cover of their handbooks and/or prospectuses.
- h) All UKCP colleges must use the UKCP logo on their formal education and training standards documentation and must carry the UKCP logo on the front cover of all such documents.
- i) UKCP defines 'students' as those individuals who are studying on a psychotherapy training, but not yet engaging in clinical practice as part of their training. UKCP defines 'trainees' as those individuals who are engaging in clinical practice for which the UKCP organisational member accepts supervisory responsibility.

## B. Basic Requirements:

### 1. General

These requirements are applicable to all Family and Systemic trainings accredited by UKCP.

- 1.1. Trainings must publish the codes of ethics and practice to which they adhere. This must include the UKCP Code of Ethics, the code of the relevant UKCP College, the training organisation and/or employers. The UKCP Code of Ethics must be integrated throughout training. Time and space must be provided for reflective consideration of ethical issues.
- 1.2. The training for Psychotherapists must be at postgraduate masters' or masters' equivalent level and categorised as a specialist level of training.
- 1.3. Although the training for Family and Systemic psychotherapists can be offered as a 4-year training with one entry point, it is usual for trainings to be delivered as a foundation level followed by an intermediate level, and completed by undertaking the 2-year qualifying level training. Trainings must clearly indicate the mandatory components of the training, and evidence attendance throughout the training. Across the 4 years students must receive a minimum of 600 live tutor hours, (see Appendix C), including hours in the live clinical supervision group.
- 1.4. The length of training must be appropriate to permit the consolidation and integration of theoretical knowledge and clinical experience. The foundation, intermediate and qualifying levels of training must be completed in a minimum of four years and a maximum of ten years. The qualifying level training (final two years) is normally undertaken with the same training provider and is normally to be completed within seven years.
- 1.5. Trainings must clearly indicate the mandatory components of the training, and evidence attendance throughout the training.
- 1.6. Trainings must have appropriate mechanisms for students and trainees to complete the elements of the training deferred through agreement or missed through acceptable extenuating circumstances. The criteria for eligibility, the framework for accessing the necessary components and the process for recording and assessing the completion must be published by the organisation and easily accessible to students and trainees.
- 1.7. Trainings must be able to demonstrate that they are viable and must consider the effects of business planning and activities (such as relocation, expansion, ability to remain in UKCP membership, sale or closure) on their accredited trainings and students and trainees. Where necessary they must take appropriate mitigating action.
- 1.8. Trainings must operate appropriate governance and management structures to ensure they implement their trainings effectively. Relevant documentation must be published.
- 1.9. Trainings must publish appropriate and up to date policies as specified in Appendix A.

## 2. Entry Requirements

- 2.1. Although the training for Family and Systemic psychotherapists can be offered as a 4-year training with one entry point, it is usual for trainings to be delivered as a foundation level followed by an intermediate level, and completed by undertaking the 2-year qualifying level training. Students and trainees can undertake separate foundation and intermediate training with different training providers, followed by a 2-year qualifying training with one provider.
- 2.2. In exceptional circumstances an applicant who is entering at year 2 or 3 may use an APEL process to show learning outcomes as having been met elsewhere than on an accredited foundation or intermediate training. The training must have a clear process in which individuals demonstrate that they have attained the learning outcomes and competencies attached to that part of the training. The final 2 years of the training must be followed in full without exemptions, as the process of collaborative learning is a crucial part of the trainee's development.
- 2.3. UKCP training organisations must:
- 2.3.1. Publish their criteria and procedures for selection of students.
  - 2.3.2. Ensure clinical courses incorporate the current legal requirements in the area of Disclosure and Barring in the assessment of the suitability of applicants.
  - 2.3.3. Have systems for applicants to demonstrate that they have an adequate command of written and spoken English (disability and equalities exceptions/adaptations to requirement will always apply).
  - 2.3.4. Have a face to face selection process normally in person and involving more than one member of staff. An exception to this would be entry at foundation level that does not assume automatic continuation to qualifying level. Selection can then be based on a paper application, but a selection process (as above) must take place for progression to the qualifying years.
  - 2.3.5. Discuss the demands of the training programme with applicants.
  - 2.3.6. Have systems for establishing that the applicant has the necessary personal resources for a career in psychotherapy. It is important that training staff question their own automatic assumptions about the applicant's suitability and must include the following factors:
    - a) A capacity for critical reflection and self-directed learning.
    - b) An ability to listen and respond with openness, curiosity, compassion and respect.
    - c) Awareness and sensitivity in relation to the political, socio-cultural and spiritual/religious context of people's lives.
    - d) Respect for difference, awareness of prejudice and openness and sensitivity to the Social Graces (e.g. gender, race, age, ability, sexuality, culture, class, disability, spiritual and

religious diversity).

- e) Ability and willingness to be self-reflective and self-reflexive and show a commitment to self-development.
- f) Sufficient emotional competence and internal resources necessary to engage with the demands of the training and the work of Family and Systemic Psychotherapy.

2.3.7. Prior to the selection process, make available information about curriculum support for students and trainees who have health, disability or learning challenges. This can then be discussed during the selection process.

2.3.8. Publish and make available a system of appeal if an applicant is not offered a place on the training.

2.4. Applicants for Family and Systemic Psychotherapy training must have:

- a) A prior professional qualification in a mental health or social care related field (or meet APEL requirements, see 2.5 below).
- b) An ability to study at a postgraduate level.
- c) Personal qualities indicating a suitability for the profession of psychotherapy (see 2.3.6 above).
- d) Adequate ability in written and spoken English to study, and work with clients and communicate with colleagues.
- e) The opportunity to apply their learning to their current practice and carry out the required appropriately supervised clinical work.
- f) And Applicants must declare fully any DBS issue/s as part of their application.

2.5. Accreditation of Prior Experience and Learning (APEL) for applicants without a prior professional qualification:

2.5.1. Applicants will usually have a prior professional qualification (PPQ). Exceptionally some individuals will have built up significant experience and knowledge without an established qualification. An APEL process, appropriate to the level of training, can be used to determine if this is sufficient.

2.5.2. There is a commitment within Family and Systemic Psychotherapy to make trainings as accessible as possible and be inclusive of good candidates even if they have come through a non-traditional route.

2.5.3. Applicants without a prior professional qualification must be made aware that some employers have a preference for someone who is dual qualified in mental health or social care

and this could be an issue in future career progression.

2.5.4. Trainings must have a published system for APEL assessments. This must be rigorous, fair, and pay attention to the need for candidates to demonstrate the following, prior to admission to the final 2 years of training:

- a) Knowledge of mental health and social care systems.
- b) Knowledge of difficulties experienced by children and adults across the life cycle including a basic understanding of child development.
- c) Substantial experience of working with people in their context. This requires the ability to develop a therapeutic relationship and make appropriate interventions over time.
- d) Experience of working in a team.
- e) Experience and understanding of safeguarding processes.

2.6. Applicants must be made aware of the requirements of any APEL assessment undertaken under 2.2 or 2.5 and be given feedback about the decision.

### 3. Overarching Diversity and Equality Requirements for Trainings

- 3.1. Organisational members and accredited trainings must have, publish and apply clear criteria relating to relevant disabilities or health conditions. These criteria must be consistent with the current UKCP Diversity and Equalities policy and relevant diversity and equality legislation.
- 3.2. Organisational members and accredited trainings must have an appropriate and up-to-date published policy covering power, diversity and equalities.
- 3.3. Trainings must also have published procedures to ensure that applicants, students, trainees and staff are not discriminated against for any reason. Procedures must specify what someone can do if they experience discrimination. For example, how and where they can report the discrimination, and what action they can expect the organisation to take.
- 3.4. Trainings must ensure that they have appropriate processes for gathering relevant diversity and equalities data in relation to applicants, students, trainees and staff. Organisations must be able to evidence how this data is used.
- 3.5. Trainings must ensure that any learning or teaching methods, including those associated with practice placements/supervised clinical practice, respect and address the rights and needs of clients, students, trainees and colleagues.
- 3.6. Trainings must have a policy for supporting trainees who require reasonable adjustments during their training.

- 3.7. Trainings must actively promote anti-oppressive practice throughout the organisation and delivery of the training.

## 4. The Minimum Curriculum

4.1. Family and Systemic Psychotherapy has developed from a number of different approaches and therefore draws on a broad knowledge base, and a broad repertoire of systemic and contextual theories and practices. These form a systemic modality that recognises the need to understand and employ an evidence-based range of interventions across different models to address the differing and complex needs and contexts of systems and families.

4.2. Trainings must deliver a curriculum based on the following underlying principles:

- a) All interaction is both relationally and contextually driven, and experience contains both opportunities for and constraints to change and development.
- b) No one theoretical approach can describe the complexity of human and systems interaction and it is important to have a range of theoretical models to assist us in understanding and helping clients.
- c) Social difference, power and diversity are important components of relationship and wider system functioning.
- d) Systems develop circular processes and patterns of interaction which respond to cybernetic feedback.
- e) There is a dynamic relationship between beliefs, behaviours, emotions and relationships.
- f) Cybernetic and linguistic systems are equally important.
- g) Multiple perspectives are equally valid.
- h) All systems evolve over time and are influenced by the past, including transgenerational processes.
- i) Resources and resilience are important components of relationships and systems.
- j) A range of concepts is integral to the creation and communication of systemic formulations and hypotheses.
- k) The importance of a self-reflexive position in which therapists consider themselves as part of a therapeutic system.

4.3. The above principles underscore the following areas of knowledge, understanding and practice, relating to systemic work with families, couples, and individuals across the life cycle.

#### 4.4. Knowledge and understanding

- a) Knowledge of emotional and cognitive development across the life span.
- b) Critical understanding of theories of the family life cycle.
- c) Systemic approach to attachment theory as applied to both children and adults.
- d) Knowledge of common mental health issues including diagnostic categories, and a critical evaluation of these and their impact and how they might be used in therapy.
- e) Systemic understanding of the many ways that power and influence operate in relationships including the relationship between adult intimate partners.
- f) Ability to hold in mind and draw on a systemic understanding of differential power dynamics within wider contexts and the therapeutic encounter.
- g) Understanding of the key qualities of a good therapeutic relationship with clients, and of how the Social Graces can affect the way in which therapist and client develop this relationship.
- h) Understanding of the influence of wider contexts in shaping individual, couple and family relationships, including political and cultural contexts, education, employment and health systems and an understanding that therapy is embedded in a wider context of formal and informal systems across statutory, private and third sector agencies and ability to address these relationships in the work.
- i) Ability to communicate the process of therapy in both oral and written forms to psychotherapy colleagues and clients as well as other professionals and to organise work and maintain records appropriate to the work context.

#### 4.5. Practice skills

- a) Ability to work systemically with individuals, families, and couples. This includes children of all ages and abilities and adults across the life span with varying abilities
- b) Demonstration of anti-oppressive and culturally sensitive practices, with attention to issues of power and difference.
- c) Ability to convene systemic meetings with individuals, families, professional networks and other systems.
- d) Ability to recognise and highlight individual and system strengths and resources and to work collaboratively with clients to build and strengthen these qualities.
- e) Ability to develop and maintain the therapeutic alliance with all members of the system, including when there are differing views and high emotional intensity.

- f) Ability to work on behavioural processes and communication patterns within a session.
- g) Ability to carry out a collaborative assessment, develop systemic formulations/hypotheses, plan and undertake systemic psychotherapy interventions taking into account the stages of therapy including management of endings.
- h) Ability to work with a co-therapist and/or reflecting team as either team member or key therapist, paying attention to the different relationships and layers of context.
- i) Ability to use interventions associated with a broad range of systemic models and approaches, and to adapt them to different relationships and client groups.
- j) Ability to elicit feedback from clients and use this to inform future work.
- k) Ability to work with issues of sexuality and sexual relationships. This must include the place of psychosexual issues and dysfunctions impacting on human wellbeing. It requires the trainee to identify when there is a need to refer on.
- l) Ability to demonstrate the continuous use of self and self-reflexivity in clinical work.

4.6. The curriculum facilitates:

- a) Knowledge of the legal frameworks of child and adult Mental Health and Safeguarding, the use of terminology across agencies, and the responsibilities of the therapist in relation to legislation in a changing context of mandatory reporting.
- b) Knowledge of the ways that therapists can safeguard themselves, including the use of supervision and consultation
- c) Knowledge and understanding of risks to self and others and when to refer to appropriate agencies
- d) Knowledge of how to undertake risk assessment and risk management in relation to all family members,
- e) Skills in working with different client and family presentations/problems
- f) Skills in making considered judgements about how to act to safeguard and promote the welfare of both vulnerable adults and children, keeping up to date with current knowledge about the potential effects of abuse and neglect.
- g) Understanding of the possible impact of disclosure and the ability to manage challenging situations, and accessing appropriate support
- h) An understanding of and the ability to implement the UKCP Code of Ethics and Professional Conduct, and relevant CFCST Policies. These are all central to systemic practice. Trainees must consider the implications of these Codes and Policies for their own professional practice and

discuss ethical dilemmas in their clinical supervision and act appropriately.

- i) The development of an awareness of the processes of confidentiality and information sharing, and the ability to discuss this appropriately with clients across the age range.

#### **4.7. The following additional knowledge, understanding and practice apply specifically to working with Children**

- a) An understanding of how difficulties and adverse childhood experiences (ACE's) of children may manifest, influence and be influenced by their relational context, including social media and the internet, as they evolve and develop.
- b) Knowledge of evidence-based approaches associated with child emotional, psychological and behavioural difficulties, understanding the relational aspect of any diagnosis, and its impact on the child and family/carer.
- c) Ability to engage meaningfully with children and young people in a manner appropriate to their age and ability.
- d) Verbal and non-verbal skills including creativity and play.
- e) Ability to keep in mind and attend to the needs of the child and ensure they are able to participate meaningfully and actively.
- f) Ability to understand and work with the influence of overt and covert power within the family and wider systems in relation to children.
- g) Ability to understand and demonstrate the skills needed to assess the impact of conflict within the family system on behaviour and development of children.
- h) Ability to understand and work with the impact of loyalty conflicts, detouring of conflict, triangulation and parentification.
- i) Ability to recognise significant mental health symptoms and difficulties in children and refer on where appropriate.
- j) Ability to understand the potential harm when children access any form of internet or social media.

#### **4.8. Research**

- a) Knowledge of and an ability to critique the current evidence base for systemic psychotherapy and other relevant research findings and the ability to communicate this to colleagues and clients.
- b) Understanding of at least one manualised evidence-based approach.

- c) Sufficient knowledge of research methods to be able design a piece of research relevant to the field and demonstrate that it is practicable.
- d) Ability to incorporate evidence-based approaches in clinical work and appropriately adapt them for particular clients.
- e) Ability to use outcome measures including client and family self-evaluation for research, evaluation of therapy and as a clinical intervention.

#### 4.9. Personal and professional development

4.9.1. This is a key feature of the development of the trainee therapist and is incorporated throughout the training. Trainings must ensure that trainees are able to demonstrate:

- a) The development of emotional maturity as a therapist, with the capacity to engage and respond with the qualities of emotional resilience and competency to whatever is brought by the client(s).
- b) Ability to use personal and professional resources in a creative and flexible way responding to the needs of a wide range of clients.
- c) Ability to identify personal triggers in the work with clients and address these by seeking appropriate supervision and/or personal therapy.
- d) Awareness of the experience of being a client, developed by the trainee through the process of live clinical supervision, group and experiential work throughout the course. This includes an awareness of how the trainee's own experiences (past and present) can impact the therapeutic process and can be affected by factors such as age, family position, culture, disadvantage, gender, social position etc.
- e) An ability to make self-reflexivity an integral part of all clinical work, and/or take responsibility for own learning, use of supervision, and continued professional development. This may include personal work and/or therapy when appropriate.
- f) An ability to understand the limits of Family and Systemic Psychotherapy and personal competence, and to refer on, with knowledge of appropriate pathways as required.
- g) An ability to make effective use of supervision and peer consultation.

## 5. Mental Health Familiarisation Criteria

Mental Health Familiarisation is a required component of UKCP accredited trainings.

- 5.1. The title of 'Psychotherapist' assumes some generic knowledge and understanding about how differing models of personhood and community understand mental wellbeing and mental illness,

within a range of cultural contexts. Family and Systemic Psychotherapists must be able to understand and show the ability to be sensitive to the way differences impact on their assessments, and the lives of the families with whom they work.

## 5.2. Awareness of Diagnosis and Treatment

5.2.1. This must include understanding and awareness of:

- a) Diagnosis in line with DC:0-5/ICD/DSM categories (for adults and children).
- b) Treatment in the context of UK mental health care services including NICE guidelines.

5.2.2. This will also include an understanding of and experience with:

- a) How mental health issues are classified.
- b) How to recognise the early signs / onset of complex, significant or enduring mental health issues.
- c) Differential possibilities attributable to manifest behaviours (e.g. trauma, abuse, dissociations, sensory processing, attachment, Autistic Spectrum Disorders).
- d) Understanding of the consequences of labelling and diagnosis both in the present and for their lives.
- e) The functioning of the different services in order to manage case referrals appropriately.
- f) The importance of the functioning and the potential impact in the evolution and development of the environment (home, school, care context etc.) in the support and management of difficulties.
- g) The consequences of parental mental, emotional or physical health on child well-being.
- h) Social, political, cultural and financially motivated trends of diagnosis.
- i) The Impact of transition between child and adult services.
- j) The role and use of medication/treatment to manage mental health, emotional and behavioural issues.

## 5.3. A Range of Models of Assessment

5.3.1. Training Organisations will ensure that students and trainees gain a critical understanding of a range of models of assessment, which will include (but are not restricted to) learning about how the medical model understands mental wellness and mental health issues.

5.3.2. A model of assessment will include as a minimum, coverage of the following in its curriculum:

- a) Assessment and formulation.
- b) The place of safeguarding and risk in assessment.
- c) Diagnosis and classification of mental health issues.
- d) Collaborative care: access to appropriate services.
- e) Recognising complex, significant and enduring mental health issues.
- f) Awareness of current debates around evidence-based research, practice, and treatment.
- g) How and when to refer.

#### 5.4. **Working Within a Social Responsibility Framework**

5.4.1. Family and Systemic Psychotherapists will require an understanding of their role within a system of restoring balance and justice towards better treatment of people with mental health needs. They need to understand their responsibilities in preventing additional mental health distress.

5.4.2. Trainees must have the opportunity to develop contextual reflexivity. This must include as a minimum relevant coverage of the following:

- a) Historically and culturally sited models of mental health, mental health issues and mental health care.
- b) The influence of socioeconomics, class, gender, disability, age, culture, religion, displacement, race and sexuality on the incidence, definition, diagnosis and treatment of mental health issues and mental health.
- c) The intensifying impact of complexities of those families where a person belongs to more than one marginalised group.
- d) Familiarity with the role of minority community organisations and mental health advocacy organisations and how to engage with them.
- e) The meaning and impact of non-discriminatory service provision.

#### 5.5. **Working Within a Wider System of Care**

5.5.1. Family and Systemic Psychotherapists require knowledge and understanding that equips them to work within or alongside other mental health services, with clients who have complex mental health needs and with family members of mental health service users.

5.5.2. Trainees must therefore be introduced to the wider contexts and considerations of mental health provision, in order to develop sensitive and reflexive practice of psychotherapy appropriate to the needs of families who experience greater social, emotional and mental distress.

5.5.3. This would include understanding and appreciation of, and experience with:

- a) The role and impact on mental health service users and their families of diagnosis, stigma, normativity and minority experience.
- b) The specific impact of receiving a diagnosis.
- c) Different professional and personal roles in mental health care.
- d) The Psychotherapist's role in provision of collaborative care.
- e) The Psychotherapist's role in provision of non-discriminatory service.
- f) The relationships between mental health professionals, education, social care, youth, community leaders and criminal justice systems.
- g) The role of medication (prescribed and non-prescribed), and its impact on the individual and family system
- h) Ethical and Legal considerations pertaining to the above, including appropriate familiarity relevant current legislation pertaining to children and families

## 6. Curricula Diversity and Equality Requirements

6.1. All trainings must ensure that students and trainees develop:

- 6.1.1. A working understanding of equality and diversity theory relevant to Family and Systemic Psychotherapy including the principles and provisions of equality legislation as a minimum benchmark for understanding these issues.
- 6.1.2. A critical understanding of cultural, racial, socio-economic, gendered, heteronormative and dis/ability bias in the theory and culture of psychotherapy and when it is necessary to challenge these biases.
- 6.1.3. Critical understanding and self-reflexive recognition of interpersonal and intra-personal phenomena requiring attention from an equality and diversity perspective including:
  - a) The dynamics of privilege, poverty, oppression, marginalisation and assumption as they impact psychic and social development, and shape the child's life experience.

- b) How these dynamics, and the resulting power differentials, impact the therapeutic process and relationship.
- c) A working commitment to anti-oppressive and culturally sensitive practice taking into account differences between therapist and client/family.

6.1.4. Knowledge, sensitivity and understanding of general and specific issues and challenges that impact individuals, couples, families, children, organisations and communities due to inequalities and discrimination.

6.1.5. Personal awareness, showing their effectiveness and the courage to communicate effectively and take action to reduce the harm and trauma caused by discriminatory practice and insensitivity to power differentials within psychotherapeutic, service provision, training and supervisory frames.

6.1.6. A knowledge and awareness of the influence of the wider social context.

6.1.7. An understanding of the processes and effects of assumptions, biases, and prejudices – the unavoidable thinking patterns to which no one is immune. There must be open reflections on explicit and implicit challenges from peers and clients and staff.

## 7. Security and confidentiality

7.1. Trainings must equip students with the ability to assess risk. Students must develop their own policy and practice that is compliant with legislation and the UKCP Ethical Principles and Code of Professional Conduct. This must take into account:

- a) Data protection regulations and principles, including data management and retention, and protocols for sharing of data.
- b) Social media.
- c) Phone and messaging technology.
- d) Email protocols.
- e) Innovative technology including apps and web-based tools in clinical practice.
- f) Payment processes.
- g) Practice management.
- h) The implications of local jurisdiction and working internationally.

## 8. Supervision of Family and Systemic Psychotherapy

### Principles of Supervision

- 8.1. The supervised practice of Family and Systemic Psychotherapy is central to all trainings. Supervised practice of Family and Systemic Psychotherapy may be undertaken in a range of settings, that includes independent practice, a current work setting, or in a practice placement, or through a combination of these approved by the relevant college organisational members.
- 8.2. Supervision contributes to the quality given to clients through holding trainees to account for their practice. Issues of power and difference (e.g. in relation to gender, race, culture, class, age, economic status disability and spirituality) can emerge at any stage of the process of selecting or recommending supervisors, interactions with clients, and the supervision of trainees.
- 8.3. Trainings must be aware of and actively address these issues and be alert to concerns raised at any point, providing and operating an effective system for approving and monitoring all placements and supervisors for group and individual clinical practice.

### Supervised Practice

- 8.4. At Intermediate level, trainings must ensure that trainees have access to 10 hours of systemic supervision, individually or in a small group. At this level, trainees are required to complete a minimum of 60 hours of systemic practice at a ratio of 1:6, in a current work setting or placement.
- 8.5. At qualifying level trainees must access 33 hours of supervision over two years. Trainees are required to complete a minimum of 200 hours of systemic practice in a current work setting or placement at a ratio of 1:6.
- 8.6. Live clinical supervision groups (maximum size 5) meet for 300 hours minimum (see Appendix B). Trainees on Qualifying level trainings must receive live clinical supervision in the context of a live supervision group. Trainees must also receive supervision using audio/video recordings of each session, which they have reviewed, and give reflections about their personal and professional development.
- 8.7. While peer supervision is encouraged it cannot be used as part of the training supervision requirement.
- 8.8. Except where there are significant resource or access issues, the expectation is that supervision will be face-to face. Retrospective supervision using digital media (e.g. telephone, internet) is only acceptable after a direct, face-to-face supervisory relationship has been established and must normally be no more than 60%. The training organisation must ensure that secure and confidential platforms are used.
- 8.9. Where students and trainees receive supervision of agency-based work from that setting, the training organisation must oversee the quality of that supervision and maintain an effective link with those supervisors.

- 8.10. Supervision must hold in mind and address safeguarding and risk assessment issues.
- 8.11. Supervisors are responsible for taking action if they are aware that their trainee's practice is not in accordance with relevant Codes of Ethics.
- 8.12. Supervisors seeing trainees when they are working with children must be aware of the additional responsibilities and legal expectations the supervision role may entail.
- 8.13. Students and trainees, supervisors and organisations providing placements must be fully prepared for the task, by including having relevant information about, and demonstrating an understanding of:
- The learning outcomes.
  - The timings and duration of any placement/supervised clinical practice and expectations with regard to recording.
  - The expectations in regard to professional conduct, and the processes for addressing concerns or complaints about the students' and trainees' fitness to practice.
  - Assessment procedures, and the implications if the course, or an individual component, is not passed together with any actions or options available.
  - Agreed methods of communication and lines of reporting.
- 8.14. A written agreement between trainee, supervisor, training organisation and any placement provider will be required that defines clinical responsibility.

## 9. Maintaining a Safe Learning Environment

- 9.1. All trainings must have mechanisms for safeguarding the rights of students and trainees. This must include readily available consultation procedures, complaints and grievance procedures.
- 9.2. All trainings must be able to evidence that informed consent has been obtained from students and trainees who participate as patients or clients in practical and clinical teaching. This also applies to relevant experiential or group work incorporated into the training.
- 9.3. Training organisations must be respectful and responsive to the lived experience of students who are participant in experiential teaching and learning methods and approaches.
- 9.4. Trainings must ensure safe management of clinical work.

## 10. Trainee Handbook

- 10.1. Training courses must publish a Trainee's Handbook (which could be electronic) that has clear information on all aspects of the training. This must include what is expected of students and trainees, the length and timeframes of trainings, a definition of supervised practice with clients, details of training requirements, curriculum and modes of assessment.

## 11. Staffing and Resources

All trainings must:

- 11.1. Facilitate good communication between staff and students and trainees, responding in a timely fashion to requests for information and advice and listen respectfully to student concerns and feedback.
- 11.2. Provide appropriate facilities for both academic and clinical work, which are legally compliant and as accessible as possible.
- 11.3. Make provision that must be congruent with current best practice and all relevant legislation.
- 11.4. Must ensure that appropriate and proportionate academic and pastoral support for students, trainees and staff is provided.
- 11.5. Provide evidence of copyright licencing appropriate to teaching institution.
- 11.6. Provide access to the written and online resources required for the training and link these resources to training components.
- 11.7. Utilize a variety of teaching methods (including small group work and experiential learning) underpinned by theories of adult learning.
- 11.8. Have in place a staff group with appropriate qualifications to deliver the curriculum including practice elements and fulfil the following requirements.
- a) Identify a named individual responsible for leading the programme. This person must be a qualified and experienced Family and Systemic Psychotherapist who is on UKCP directory of supervisors and has past experience in a training role.
  - b) Have sufficient, appropriately qualified and experienced staff in place to deliver the program effectively. Most of the teaching staff must be UKCP registered as Family and Systemic Psychotherapists and where possible reflect the diversity of the student group.

This includes having a contingency plan for the sudden loss of a member of staff, and maintaining viable staff complements for an acceptable staff to student ratio.

- c) Trainings must ensure that staff have an appropriate combination of relevant knowledge, experience, qualifications and technological methods, to deliver the elements of the training for which they are responsible. They must publish criteria and procedures relating to staff selection and maintain records of the interview process and decision making.
  - d) Trainings must evidence their monitoring of diversity and equalities in relation to applicants and appointed staff and demonstrate how they use that information in training development.
  - e) Training organisations must make appropriate provision for continuing staff development and have systems for supporting staff and ensuring they continue to learn and reflect on their own teaching practice.
  - f) Appropriate records must be kept of staff contracts, appraisals and any performance issues or complaints.
- 11.9. Trainings must ensure that relevant, current and sufficient resources are provided to support student and trainee development throughout their training. Trainings are encouraged to develop their teaching and delivery of training in innovative ways.
- 11.9.1. Where this includes some element of distance/online learning, consideration must be given as to how and when this is used within the training programme. It must not be used prior to the establishment of a face-to-face learning relationship nor replace face-to-face contact hours and direct teaching. Training Organisations which use on-line / distance learning must have a policy in place to govern the extent of its use and technologies to be used for its delivery.
- 11.9.2. Any use of technology and/or web-based learning must be explained and support given to students and trainees who may have difficulty accessing this.
- 11.10. In years 3 and 4, provide individual appointments with a tutor to review progress and discuss any issues personally or on the training that could impede learning.
- 11.11. Have systems of quality assurance across the functions of the training including teaching, supervision and clinical work.
- 11.12. Appoint a qualified Family and Systemic Psychotherapist as an external examiner/consultant to contribute to the quality assurance of the training and to provide guidance future developments.

## 12. Assessment

- 12.1. All trainings must have a clear policy and process for assessment which accords with this document and ensures that students and trainees and staff are informed of expectations and required standards for each stage of training including progression through different stages of the training.
- 12.2. Assessment must be linked to clearly set out generic and college-specific learning outcomes relating

to the knowledge base, clinical skills and context of practice.

- 12.3. Trainings must have a range of assessments which include summative, formative and self-assessment. These must take account of the range of different learning styles.
- 12.4. Assessments in the final 2 years of training must take into account the need to prepare students and trainees to be competent, reflective and effective Family and Systemic Psychotherapists who can work in a variety of contexts and with a variety of client groups including small children and their families, couples in intimate relationships, and adults.
- 12.5. Trainings must have a system for making reasonable adjustments for students and trainees with particular learning needs and as far as possible make appropriate adjustments.
- 12.6. Assessments must be carried out by appropriately qualified staff.
- 12.7. Assessment design must be fair and consistent.
- 12.8. Trainings must have a clear marking policy which has a quality assurance system. Assignments must be moderated e.g. by double marking a portion of each; and include the comments made by external examiners.
- 12.9. Written feedback must be given for all assignments.
- 12.10. Training organisations must make provision for preparing and training assessment staff and provide opportunities for regular organisational development of assessment skills.
- 12.11. Students and trainees must be provided with sufficient regular feedback to allow them to assess their own strengths and developmental needs.
- 12.12. Assessment procedures must be designed to ensure that students and trainees can demonstrate fitness to practise as a Psychotherapist.
- 12.13. Assessment methods must measure that students/trainees achieve learning outcomes relevant to safe, effective practice as a Psychotherapist.
- 12.14. Assessments measuring student and trainee performance must be an integral element of the wider process of evaluation, monitoring and development. It must employ objective criteria in addition to any relevant qualitative measures. Records of progress and achievement must be kept.
- 12.15. In order to enter the UKCP register, students and trainees on UKCP-accredited trainings need to meet a minimum pass threshold as required by the awarding university in all components of all modules. An aggregate or aegrotat award cannot provide eligibility for admission to the UKCP register.
- 12.16. UKCP training organisations must be able to demonstrate how their systems and practices assure that relevant standards for assessment are in place, can be measured and are achieved.

- 12.17. Assignments must be assessed at a Post Graduate level and the end of training assessments must be benchmarked against accepted frameworks of competence in Family and Systemic Psychotherapy (Roth and Pilling).
- 12.18. Trainings must have a published system of complaints and appeal against assessment processes.
- 12.19. Trainings must appoint a systemically trained external moderator/examiner who will oversee the standards of training delivery and assessment.

Creativity in the development of assessments is welcomed but the following assessments are required:

- 12.20. Every student must be required to develop a portfolio of learning over the 4 years of training. This must include a section devoted to personal reflection and how their personal and professional selves' impact on, and are impacted by, both theoretical ideas and clinical practice.
- 12.21. 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.
- 12.22. In years 3 and 4 there must be:
- Regular assessments of clinical practice which include live observation of practice.
  - An extended piece of research-based work such as a dissertation or literature review.
  - An assessment of student's knowledge of research methods and data analysis (both quantitative and qualitative methods).
  - A recording of a therapy session with written and/or verbal commentary.
- 12.23. The overall course assessment must utilize a variety of lenses and include:
- Difference/diversity and power.
  - Self-reflexivity.
  - Safeguarding and risk.
  - Ethics.
  - Research and clinical evidence.
- 12.24. Training Organisations must ensure that their handbooks or guidance documents clearly cover:
- The assessment requirements for progress within and between each stage of the programme.
  - 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).

## 13. Qualifications and Registration

- 13.1. Training organisations shall specify whether qualification coincides with recognition of applicants as eligible for registration by UKCP.
- 13.2. 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 14 above.
- 13.3. Training 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.
- 13.4. 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.

## 14. Continued Professional Development

- 14.1. 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

## 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.

Sometimes live clinical supervision is done with just one therapist and supervisor, but 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) 4/5 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.

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## Appendix C: 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

#### Years 3 and 4 (Masters level training - 1800 hours minimum)

<b>Tutor guided/taught hours</b>	180 (plus 300 live clinical supervision, see Appendix B)
<b>Includes:</b>	
<b>Taught hours, tutor-led groups, tutorials, research supervision</b>	



This includes preparation for a range of assignments including a research-based dissertation.	
<b>Portfolio of learning (journaling), including attention to self-reflexivity</b>	120 hours

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