PGDip Psychological Therapies Practice (Systemic Family Therapy) – Children, Young People, and Families

Programme Handbook
2017-2018
Appendices
APPENDIX A:
CYP IAPT Systemic Family Practice and Basic Skills
5.a CYP IAPT Systemic Family Practice and basic skills

Introduction

Work with families is a significant component of treatment in CAMHS and other child-focused mental health settings. There is growing evidence for positive outcomes from family interventions. In addition, work with families often accompanies other interventions and can make an important contribution to the development and maintenance of the therapeutic alliance. It can also support adherence to other interventions. Many mental health professionals currently work with families as part of their professional role and this curriculum provides evidence-based training to support that work. Systemic family therapy provides the key theoretical frame that informs clinical practice with families, although many clinicians working with families will not be trained to a qualifying family therapy level. Within multidisciplinary teams qualified family therapists have an important role not only to offer highly skilled therapeutic work with families but also to provide consultation and supervision to colleagues with less training in systemic practice.

This document sets out the overall aims of the CYP IAPT curriculum for systemic practice with families. This curriculum comprises a basic systemic module (30 credits) and specialist systemic modules for depression and self-harm (15 credits), conduct disorder (15 credits), and eating disorders (30 credits). It is expected that trainees will complete the basic systemic module and two single 15-credit specialist modules or one double (30-credit) specialist module, giving a total of 60 credits.

In total, trainees within CYP IAPT will complete a 120-credit course by completing the core CYP IAPT curriculum (60 credits) and basic and specialist systemic curricula (60 credits).

Entry requirements

1. A training in a mental health-related profession (e.g. psychology, nursing, social work, occupational therapy, speech and language therapy, special needs teaching, psychiatry, other psychotherapy, counselling).
2. Two years’ experience of working within a professional setting concerned with the mental health of children and young people.
3. Some experience of working with families.

2 Note on terminology: In this document we use the terms Systemic Family Therapy (SFT) and Systemic Family Practice (SFP) to differentiate between the work of clinicians trained to qualifying level and those trained to an intermediate level. While we recognise that in clinical practice the distinction between providing SFT and SFP is by no means absolute, it is important as a way of underscoring the difference in the levels of theoretical knowledge and
specialist skill that qualified family therapists bring to the multidisciplinary team
There are specific entry requirements for the Eating Disorders module. Please refer to the description of that module for details.

Professionals who have completed an AFT accredited intermediate course in systemic practice with families will usually be required to take the specialist modules and core CYP IAPT Curriculum.

**Teaching and learning strategies**

Teaching will combine didactic teaching, small group work, role play and observation of therapy. There will be an emphasis on relating learning to clinical practice.

**Trainers and supervisors**

All trainers should be registered or eligible for registration with UKCP as Systemic Family Therapists and should have knowledge and experience of the topic being taught.

The quality of supervision is a key factor in ensuring high-quality learning. Supervision of clinical work should, wherever possible, be carried out by AFT-registered Systemic Supervisors or those who meet the competencies required for registration (i.e. eligible for registration.). AFT will provide guidance on those competencies and the processes for achieving registration through an APEL route.

It is recognised that in some areas there may be a limited resource of specialist Systemic Supervisors and in this situation the best available Systemic Supervisors should be used. This should be considered a temporary measure for the first 2 years, with efforts made to increase the pool of fully qualified supervisors. At a minimum, any supervisor would need to have completed a qualifying training in Systemic Family Therapy, have a minimum of 3 years’ post-qualifying experience, and have gained previous experience of supervising systemic practice within a CAMHS setting.

**Specialist modules**

Currently there are three specialist modules. Two of these (Self-Harm/Depression and Conduct Disorder) are single specialist modules (15 credits each). The Eating Disorder module is a double module (30 credits). Trainees will be required to complete the basic module and either two single modules or one double module.

**Supervision and clinical work**

In the basic module and specialist modules there will be specific requirements for clinical work. This will be supervised on a weekly basis by an AFT-accredited supervisor (see above). The supervision will be mainly group supervision with no more than four trainees in a group and will last for 2.5 hours. Trainees will be expected to complete a clinical log and reflective learning diary and
make use of a self-report measure to reflect on their sessions. In total, across all the modules (60 credits) they will be required to complete a minimum of 60 hours of clinical work, divided in the following way:

<table>
<thead>
<tr>
<th>Module</th>
<th>Number of hours of clinical work</th>
<th>Number of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic</td>
<td>12</td>
<td>2 cases</td>
</tr>
<tr>
<td>Depression and Self-Harm</td>
<td>24</td>
<td>3 cases (1 to conclusion)</td>
</tr>
<tr>
<td>Conduct Disorder</td>
<td>24</td>
<td>3 (1 to conclusion)</td>
</tr>
<tr>
<td>Eating Disorder</td>
<td>48</td>
<td>3 cases (1 to conclusion)</td>
</tr>
</tbody>
</table>

Please refer to the specialist modules for more detail about clinical work requirements

**Assessment strategy**

All trainees are required to complete a learning portfolio, which is continued throughout the basic and specialist modules. At a minimum this should contain a log of clinical hours with learning points and reflective diary. This will be assessed for:

1. Completion
2. Reflective learning capacity
3. Evidence of being an active learner.

A self-evaluation measure of systemic competencies should be completed at agreed points during the course (formative assessment).

A reflective self-evaluation measure should be completed following clinical sessions and used in supervision (formative assessment).

The supervisor will evaluate clinical practice in relation to the basic and specialist modules and make recommendations about level of competence in Systemic Family Practice.

At the end of the basic module there will be an assessed 4000-word case study of a piece of work reflecting the learning outcomes of the module as a minimum (summative assessment).

At the end of each of the specialist modules there will be an assessed 5000-word case study reflecting the learning outcomes of the modules as a minimum.

Please note that this is the minimum level of assessment required.
Module 1: Basic skills

Aims

- To develop practical competency in evidence-based methods of Systemic Family Therapy (SFT) addressing common mental health problems in childhood and adolescence.
- To understand and apply the theories underpinning SFT.
- To develop critical knowledge of the theoretical and research literature relating to SFT.
- To develop an understanding of the links between systemic theory and practice and other therapeutic approaches.
- To develop the ability to integrate the core principles of SFT into systemic practice with Families (SFP), formulate a treatment plan, carry out systemic interventions and manage therapeutic endings.
- To develop the ability to integrate the core principles of SFT with appropriate specific evidence-based systemic practice models.

Scope

Workshops in the module will cover the basic knowledge and clinical skills for delivering systemic work with children, young people and their families that will serve as the foundation of specific evidence-based techniques, intervention and treatment models. Successful SFP requires that the core foundation of SFT thinking and practice forms the foundation of any specific evidence-based practice. Integral to all teaching will be a knowledge and appreciation of diverse family forms, the importance of culture and the influence of wider systems. It is recognised that the focus for intervention may vary considerably and include different family members and other carers. Specific knowledge and skills with respect to specific disorders or problems will be covered in subsequent modules.

Note: The curriculum authors have written this basic module (30 credits) plus 2 x 15-credit specialist modules (or 1 x 30-credit specialist module) so that they also meet the requirements for intermediate-level training in Family Therapy (AFT). The CYP IAPT SFP training is a route into year 3 of the four-year Systemic Family Therapy Training (accredited by the Association for Family Therapy). Information on ways of completing the training can be found on the AFT website: http://www.aft.org.uk

General learning outcomes

On completion of the module trainees should be able to:

- Structure and pace sessions in a way that provides a safe, containing, therapeutic environment for all family members, especially children, young people and other vulnerable family members.
x Work collaboratively with family members, including the identification of overall goals and the agreed focus for each session.
 x Include progress reviews using agreed measures and in-session review.
 x Develop and maintain the therapeutic alliance with each family member, grasping their world view and using warmth, humour, empathy and positive feedback appropriately.
 x Make a formulation of the family and its relationship to the presenting problem, reviewing this throughout the work, and recognising the limitations of the approach and referring on appropriately.
 x Help family members to recognise and articulate different feeling states, moods and states of mind, and articulate how these are manifested and understood within the family.
 x Map trans-generational family relationships using questioning, genograms and other maps.
 x Understand the history of the presenting problem in relation to significant family events, family relationships, and the impact of the problem on the family.
 x Demonstrate active listening skills and curiosity and facilitate the development of new perspectives through techniques including questioning, reflection, reframing, externalising and scaling.
 x Encourage family members to identify their own strengths and resources (including problem-solving skills) and use them more effectively.
 x Actively track and work with behavioural processes and problematic communication patterns within the session.
 x Explore constraints, such as language, beliefs, narratives, wider social discourses and interactions, and how these affect the ability of families and family members to find new ways forward.
 x Use non-verbal and child-focused activities, especially in communicating with children at an appropriate developmental level.
 x Manage endings effectively, including collaborative decision making about timing and reviewing of the work with the family.
 x Understand and manage ethical issues relating to systemic practice with families, including consideration of the impact of personal and professional issues on the work.

The evidence-based SFP learning outcomes and competencies have been based on the following:
 x The competence framework developed by Roth, Calder, and Pilling (2011):
   http://www.ucl.ac.uk/clinical-psychology/CORE/competence_frameworks.htm
 x The ‘Blue Book’ training standards of the Association for Family Therapy
   (www.aft.org.uk)
 x Leeds Manual
 x Tavistock Clinic Childhood Depression Manual
The competencies for SFP are based on the competencies for SFT but represent a less advanced level of practice. The competencies are mapped out in more detail below.

**Competencies for SFP**

- Knowledge of the core principles and components of SFT, including knowledge of the evidence base of SFT for children, adolescents and their families.
- Ability to explain the rationale for and the process of SFP to all family members in developmentally appropriate ways.
- Ability to undertake a systemic assessment taking into account the problems and the context in which they present, as well as the process of referral and the opportunity to involve the wider system.
- Ability to take into account culture throughout the therapy process, together with factors such as class, gender, ethnicity, disability and other issues of inequality affecting the family.
- Ability to locate the child/young person and the presenting problem within the wider system (family, social community settings, personal networks, cultural and wider socio-political environment).
- Ability to develop a shared formulation with the family and its individual members.
- Ability to explain and review the likely course and process of SFP, continuously and throughout the therapeutic process, including the ability to:
  - Be as clear as possible about the likely course of the intervention (e.g. the anticipated number, frequency and duration of meetings)
  - Convey the nature of the collaborative and transparent work of SFP
  - Be open about the different roles and positions the therapist might take
  - Elicit feedback from family members to inform about their different understandings and preferences
  - Provide a rationale for the use of interventions, including out-of-session tasks.
- Ability to discuss flexibly the possible roles of family members and, where appropriate, the wider network, in the therapeutic process.
- Ability to structure all sessions, in a way that is appropriate for all family members.
- Ability to employ therapeutic skills, including the capacity to develop the therapeutic alliance with each family member.
x Ability to encourage family members to use their own resources and employ problem-solving skills.
x Ability to define the boundaries of confidentiality.
x Ability to use warmth and humour appropriately.
x Ability to use a range of techniques to explore meanings, behaviour, emotions and relationships and their interconnections.
x Ability to observe within the session interactions and process, between family members and family members and therapist.
x Ability to monitor and reflect on the therapist’s own internal processes and responses to the family.
x Ability to actively track and work with behavioural processes and problematic communication patterns within the session.
x Ability to highlight and enhance family members’ strengths and resources and help them to identify ways in which they can utilise these to address problems.
x Ability to remain curious about differences in culture, beliefs and values, as well as the family members’ current life circumstances and significant events, and take this into account in the work.
x Ability to discuss how trans-generational patterns may affect current family life and relationships.
x Ability to use expertise whilst aware of its limitations in relation to particular families. To do this in a way that takes account of the power differentials and potential for undermining.
x Ability to map the effects of the presenting problem on the family and wider system.
x Ability to explore constraints, such as language, beliefs, narratives, wider social discourses and interactions, and how these affect the ability of families and family members to find new ways forward.
x Ability to manage endings.
x Ability to manage complex ethical issues as they arise in work with families.

Structure of the module

This module is run over 8 days and trainees will be required to complete this module before taking the specialist modules. It is expected that this module would be run during the first term and a half of the course.

x Unit 1: 1 day
   Basic systemic theories relating to evidence-based practice and rationale for meeting with the family.

x Unit 2: 1 day
Engagement with families and family members with special reference to issues of power and taking account of culture and other difference. Forming a collaborative and non-blaming relationship.

x Unit 3: 1 day
Further systemic theories informing evidence-based practice. Narrative ideas, social constructionism and brief solution-focused approaches with some basic interventions.

x Unit 4: 1 day
Family formulation and assessment. Using a range of perspectives and dimensions of family life. Focus on a range of questioning techniques and ways in which they can be applied in work with families.

x Unit 5: 1 day
Convening and managing a session with family members. Having difficult conversations and managing conflict and differing agendas.

x Unit 6: 1 day
Working with communication and behavioural patterns. Using concepts of family structure and organisation to understand family relationships and intervening directly in family process.

x Unit 7: 1 day
Further interventions, including externalising, building on positives, encouraging resilience and helping promote empathy, reflection and problem solving.

x Unit 8: 1 day
Putting it all together. Focus on theory to practice.

**Clinical supervision**

x Each trainee will have clinical supervision weekly in a group of no more than four, with occasional individual sessions in place of the group sessions.

x Before each session, the trainee will complete a self-assessment form to be referred to in supervision. They will receive written feedback following supervision, which will be included in the portfolio together with a brief reflection on the comments.

x Recorded material from at least two cases should be included at some point during the supervision sessions.

x At the end of the course when clinical work has been completed, the supervisor will be asked to complete a proforma assessment form and indicate whether or not a trainee has reached a satisfactory level of clinical practice.

**Assessment strategy**

x Completion of a Learning Portfolio. This should contain:
  - Clinical log and learning points
  - Reflective diary
- Copies of self-assessments re systemic learning
  - Supervisor’s report showing satisfactory standard of clinical work
  - 4000-word case study (minimum)

The assessments should together measure the learning outcomes for the course.

This assessment strategy represents the minimum required.
5.b CYP IAPT Systemic Family Practice for depression and self-harm

Introduction
This module constitutes a specialist module of 15 credits. It will sit alongside the other specialist modules (Eating Disorders and Conduct Disorder). It will be delivered alongside the Core IAPT and once the Basic SFP module has been completed. The module draws upon a number of relevant manuals, including Tavistock Childhood Depression, Diamond Attachment Based Family Therapy for Depressed Adolescents, and Self harm Intervention Family Therapy (SHIFT). This will be a 6-day module.

Aims
The course will have a Systemic Family Therapy (SFT) theoretical base with preference for approaches with the soundest evidence. In addition to providing practical, intensive and detailed skills training to facilitate skill development to a defined standard of competency, the module will aim to increase trainees’ knowledge base of both theory and research in depression and self-harm, and to promote a critical approach to the subject. It will aim to equip trainees with skills and competence in this area of work.

The module will provide opportunities for trainees to develop and demonstrate knowledge, understanding and skills in the following areas:
  x Critical knowledge of the theoretical and research literature relating to psychological therapies for depression and self-harm in children and young people.
  x Practical competency in SFT for depression and self-harm in young people.
  x Ability to use this approach alongside other approaches within CYP IAPT competencies and apply routine measures.
  x Ability to apply this approach to diverse family forms.

Trainers and supervisors
Trainers delivering this module must be registered systemic family psychotherapists and have significant experience in both teaching and supervising clinical practice within the NHS. In addition, trainers must have a secure knowledge in the core approaches that make up this module.

The quality of supervision is a key factor in ensuring high-quality learning. Supervision of clinical work should, wherever possible, be carried out by AFT registered Systemic Supervisors or those who meet the competencies required for registration (eligible for registration). AFT will provide guidance on those competencies and the processes for achieving registration through an APEL route.
It is recognised that in some areas there may be a limited resource of specialist Systemic Supervisors and in this situation the best available Systemic Supervisors should be used. This should be considered a temporary measure for the first 2 years with efforts made to increase the pool of fully qualified supervisors. At a minimum, any supervisor would need to have completed a qualifying training in SFT, have a minimum of 3 years’ post-qualifying experience and have gained previous experience of supervising systemic practice within a CAMHS setting.

Practitioners coming on to this module must have satisfactorily completed the Basic SFP module

This curriculum sits alongside other CYP IAPT curricula. It will consist of 12 units.

**Key texts**

- NICE guidelines for childhood/adolescent depression
- Tavistock Clinic Childhood Depression Manual
- Diamond Manual for Attachment Based Family Therapy for Depressed Adolescents
- SHIFT (Self Harm Intervention Family Therapy) manual
- Systemic Competencies Framework

**SFT and systemic practice for depression/self-harm**

SFT has been demonstrated to be an effective intervention for child and adolescent depression and self-harm (Trowell et al., 2007; Diamond et al., 2010), based on research of childhood depression, attachment-based family therapy for depressed adolescents, and the current SHIFT trial involving self-harm. SFT approaches are recommended by NICE (CG28, 2005). This module draws from the manuals from these trials. The focus of the module is to adapt these approaches for family systemic practitioners.

**General learning outcomes for systemic practice for depression and self-harm**

At the end of the course trainees will be able to demonstrate:

- Critical understanding of the phenomenology, diagnostic classifications, epidemiological characteristics and clinical research literature of self-harm and depression in children and adolescents. Ability to assess the suitability of a young person or adolescent and their significant network for systemic practice and an ability to articulate the indications and contra-indications for treatment and explain the principles and procedures of systemic practice to children, adolescents, their families and others who may be responsible for informed consent.

- Understanding of the points of view and experiences of children, adolescents and their families or carers in relation to self-harm and depression and how it impacts them as individuals and as a family.
x Ability to conduct a systemic assessment in relation to presentations of self-harm and depression, and make a systemic hypothesis and formulation of the case including a relational, interactional and contextual conceptualisation, and the identification of the restraints and resilience factors of all participants.
x Understanding of factors which contribute to the consideration of who is included in the relevant 'system' to be worked with; including carers, absent parent, extended family or other professionals or school representatives.
x Ability to adapt systemic practice so that it is accessible and responsive to children, adolescents and families with different social identities, cultures, needs and abilities.
x Ability to collaboratively construct a treatment plan with the child or adolescent and their family or carer; including consideration of risk and safety.
x Ability to work with comorbidity and other complexities in presenting problems with support of appropriate supervisor.
x Ability to plan the ending of the therapeutic support and enhancement of therapeutic gains.
x Ability to be self-reflexive in relation to own personal and professional responses to the issues around self-harm and depression.
x Ability to make use of supervision for self-harm and depression.
x Ability to use clinical measurement to monitor systemic family sessions and clinical progress.
x Knowledge of the limit of own capacity and when necessary to refer to more skilled colleagues (such as qualified systemic psychotherapists or other therapists or disciplines).
x Critical understanding of clinical research literature on SFT for self-harm and depression (clinical trials and outcome studies).

The competencies for SFP are based on the competencies for SFT but represent a less advanced level of practice. The competencies are mapped out in more detail below.

**SFP competencies for self-harm and depression**

Following successful completion of this module, systemic practitioners should be able to demonstrate the following competencies:

x Ability to apply understanding of the phenomenology, diagnostic classifications and epidemiological characteristics of self-harm and in children and young people to formulation and treatment planning. This will include potential hereditary and genetic predispositions to mental health vulnerability and family environmental contributions.
x Ability to consider risk and protective factors in relation to self-harm and depression in children, young people and their families and wider contexts, and address this in the work.
x Ability to develop a critical understanding of the current evidence-based pharmacological and psychological treatments for self-harm and depression and be able to use this to plan the work.

x Ability to use direct and indirect methods to enhance engagement and alliance development with the child, young person and family members, including the ability to work with different ages, abilities and differences in culture, class, race and gender.

x Ability to work from a stance of cautious optimism and curiosity, offering a non-blaming approach.

x Ability to apply child and adolescent psychosocial developmental theory and family life cycle theory in the assessment and formulation of the presentation of self-harm and depression. This includes knowledge and attention to general resilience factors and the identification of specific individual and family strengths and resources.

x Ability to consider the context of the referral from the perspective of the young person, family and professionals involved and to convey this in the work.

x Capacity to understand and address peer group relationships and relationships at school as an important aspect of the context of children and young people.

x Ability to address self-harm as a coping mechanism and to work jointly with the young person's and parent's goals in relation to this.

x Ability to evaluate the level of risk due to self-harm, suicidality and depression, which includes an understanding of both the young person and the capacity of participants in the system to respond effectively.

x Capacity to create and implement a safety plan as part of the relational and communication process between adults and young person and negotiate the appropriate level of parental protectiveness and young person's autonomy in relation to increased or decreased level of risk.

x Ability to work systemically with children and young people prescribed medication, and with the professionals prescribing.

x Capacity to actively intervene to create a safe environment for the therapy, including interrupting or taking breaks in the management of high levels of conflict.

x Capacity to consider safeguarding issues and make a referral as appropriate.

x Ability to manage a referral and work with CAMHS policy in such a way that maximises the potential for safety (in the first instance) and resumption of family work after a crisis by effective systemic coordination between professionals and family.

x Ability to conceptualise the self-harm and depression in terms of both individual meaning to the young person/adolescent and the family and other relevant systems (e.g. school) and as communication across systems. Ability to understand the importance of social media to young people and include it in the work. Included in this is the cultural meaning of self-harm and depression, taking into account languages/cultures where there is no definition of mental illness and depression, and assumptions of best response.

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x Ability to demonstrate an understanding of the patterns of self-harming behaviour, the form(s) it has taken, the intentions of the young person, the interactional sequences, physical responses and the meanings. Central patterns include those of the management of strong emotions (anger or numbness) between the young person and the body (self-harm) and between the young person and significant relationships and to help the young person and family members to manage these emotions.

x Understanding of the patterns of depression, the severity, duration and interactional sequences and meanings for all participants.

x Capacity to facilitate the capacity of the family to see the individual's self-harm and depression in the broader context of significant relationships. To map the family history and genogram where appropriate, paying careful attention to timing and potential emotional impact.

x Ability to identify and map problem-solving attempts by all participants, noting those that have been helpful and unhelpful, and helping the family to develop the positive experience.

x Ability to facilitate the capacity for communication and, where necessary, to represent the voice of the young person/adolescent in discussions especially about problematic relationships.

x Ability to enhance the parents' capacity for understanding the young person's communication by discussing the meaning of behaviour and supporting age-appropriate concerns through discussion.

x Capacity to actively support the development of new positive meanings and patterns as they emerge in therapy, highlighting small positive changes and looking for further detail to support their maintenance and progression. Ability to help individuals and the family to re-story behaviours.

x Ability to actively support the realignment of positive emotional attachments within the family.

x Ability to facilitate family conversations in joint sessions but, when required, negotiate parallel individual sessions with the young person or the adults as a means of enhancing appropriate communication and mutual understanding or as a response to concerns of risk and safety.

x Ability to consider own personal and professional responses to the issue of self-harm and depression and how that may constrain or support the work with clients, including the capacity to identify potentially problematic responses and discuss them in supervision.

x Ability to intervene in ways that use general systemic skills: systemic hypothesising, systemic questions (circular, narrative, solution focused), use of self in session and action techniques (enactments, sculpting, drawing and play).
**Structure of training**

The SFP practitioner training course is delivered over 6 days, consisting of 2-day block/single day/2-day block/single day (the last day is at the end of the course to reflect on all the clinical experience). The training covers all of the specific competencies for systemic practice for self-harm and depression and the current evidence base.

Prior to attending the course trainees use a self-assessment measure to identify their general competencies and the systemic practice-specific competencies they bring to the training. This exercise is repeated after the training in order to monitor the acquisition of specific SFT/SFP competencies.

Casework relating to this module should begin following the first 2 days of the specialist training.

Trainees attend weekly supervision for the duration of the casework. Trainees complete a self-assessment following each systemic practice session and use this as a basis for clinical reflection and supervision. Trainees submit a minimum of three recorded systemic practice sessions to the supervisor for evaluation per case.

Prior to submitting filmed recordings of their clinical sessions (three per case), trainees complete a competency-based self-assessment.

The teaching will include didactic teaching, large and small group discussion, case discussion and role play, and DVD material for observation.

**Supervised clinical work**

A minimum of three cases, one seen to a planned ending, and a minimum of 24 hours of face-to-face practice will be completed under supervision (please see above for details of appropriate supervisors). Self-assessment measures and outcome will be regularly reviewed.

Clinical supervision will be conducted weekly for 2.5 hours in a group setting with a maximum of four trainees. Some of these supervision sessions will be held individually and some live supervision is recommended if feasible. At their group supervision trainees will present filmed extracts (DVD) of their clinical sessions.

After each session the trainee will complete a self-assessment form to be referred to in supervision. They will receive written feedback following supervision, which will be included in their portfolio together with a brief reflection on the comments.

Recorded material from at least three sessions per case should be included in the supervision sessions.
Summary of the units

The 6-day course is broken down into 12 units. Each unit is half a day.

x Unit 1: Introduction to aetiology, diagnostic categories and evidence self-harm and depression in children and young people. Consideration of overlap and distinctions. Review theoretical foundations and development of SFP in relation to self-harm and depression.

x Unit 2: Development of a systemic assessment for self-harm and depression. Treatment goals and planning endings. Relational risk assessment and systemic understanding of the professional safety and safeguarding system. Consideration of the importance of the way in which the meanings of the self-harm/depression, its assumed origin and the possible responses are explored, including different cultural meanings.

x Unit 3: Child developmental issues in relation to depression and self-harm. Working with cognitive and emotional differences between younger children, younger adolescents and older adolescents in relation to depression and self-harm. Systemic engagement and alliance-building techniques.

x Unit 4: Systemic engagement with parents in relation to depression and self-harm. Balancing individual and family sessions. Consideration of how self-harm can be experienced as a family crisis and also an individual coping mechanism.

x Unit 5: Systemic formulation. Contextualisation of the depression/self-harm to enable the family to view this in a broader context, including the use of social media. Comorbidity. Exploration of the mutual influence of depression/the self-harming response and patterns of interaction and how this gives new meanings. How self-harm has become a means of communicating and constrains alternative responses. Exploration of potential resources for change.

x Unit 6: Systemic attention to behaviour, pattern, beliefs and language. Techniques and strategies to help the adolescent reduce the frequency and severity of self-harm and attend to how a shared meaning of therapy process and goals emerges through discussion. Working from a stance of cautious optimism and curiosity and offering a non-blaming approach.

x Unit 7: Systemic skills – use of questions. Evoking non-blaming descriptions, inviting self-reflection by the family on their patterns, developing new accounts.

x Unit 8: Systemic work with difference. Attending to the real and constructed differences of culture, race, gender, sexuality, ability and class. Attending to differences between individuals.

x Unit 9: Systemic skills – use of action techniques. Intervening to directly change patterns or sequences of behaviours.

x Unit 10: Systemic skills in relation to emotions, expressed and unexpressed. Exploration of difficulty regulating emotions. Moving from a sense of anger and resentment to an appreciation of caring elements. Encouraging a greater awareness of emotions as well as understanding of what others may experience.

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Unit 11: Systemic use of self and supervision. Staying aware of one's own processes as self-harm and depression can raise strong emotions. Identifying own beliefs and assumptions about depression and self-harm and how these may influence interactions with the child and family. The use of sessional outcome as feedback for the clinical work and for supervision.

Unit 12: Reflection of clinical work and competencies. Reflective overview of learning points. Reflections on the use of outcome measures.

Entry criteria
Trainees will have to be undertaking the Core CYP IAPT module and have completed the Basic SFP module (see Basic SFP module for entry requirements) and be able to complete the required clinical work.

Summative assessment
- Clinical hours: Completed
- Completed portfolio demonstrating reflective learning and ability to take charge of own learning. Trainees will be expected to complete a separate section of their learning portfolio logging their clinical hours and learning points for each session. In addition, they should complete a reflective learning diary weekly during the time of this module. It should include supervision feedback forms.
- At the end of the module they should complete a 5000-word case study of work they have done with a family containing a child or adolescent with depression or self-harm.
- Supervision report: The supervisor has confirmed that the trainee has reached the required level of clinical competence.

References for depression/self-harm module

5.c CYP IAPT Systemic Family Practice for conduct disorder

Introduction
This module constitutes a specialist module of 15 credits. It will sit alongside the other specialist systemic modules (Eating Disorders and Self-Harm/Depression). It can only be taken once the Core IAPT and Basic SFP modules have been completed. The module draws upon a number of relevant approaches including Functional Family Therapy (FFT) (Sexton, 2011; Sexton & Alexander, 2004). This will be a 6-day module.

Aims
- To develop a critical knowledge of the theoretical and research literature of the SFT approach to conduct disorders in children and adolescents.
- To develop practical competency in an evidence-based systemic approach for conduct disorders in children and adolescents.
- To develop the ability to use this approach alongside other approaches within CYP IAPT competencies and apply routine measures.
- To be able to apply this approach to diverse family forms.

Trainers and supervisors
Trainers delivering this module must be registered systemic family psychotherapists and have significant experience in both teaching and supervising clinical practice within the NHS. In addition, trainers must have a secure knowledge in the core approaches that make up this module (FFT).

The quality of supervision is a key factor in ensuring high-quality learning. Supervision of clinical work should, wherever possible, be carried out by AFT registered Systemic Supervisors or those who meet the competencies required for registration (eligible for registration). AFT will provide guidance on those competencies and the processes for achieving registration through an Apel route.

It is recognised that in some areas there may be a limited resource of specialist Systemic Supervisors and in this situation the best available Systemic Supervisors should be used. This should be considered a temporary measure for the first 2 years, with efforts made to increase the pool of fully qualified supervisors. At a minimum, any supervisor would need to have completed a qualifying training in SFT, have a minimum of 3 years' post-qualifying experience and have gained previous experience of supervising systemic practice within a CAMHS setting.

Practitioners coming on to this module must have completed the Basic SFP module satisfactorily.

This curriculum sits alongside other CYP IAPT curricula. It will consist of five units.
**Key texts**


**SFT for conduct disorders**

SFT has been demonstrated to be an effective intervention for child and adolescent conduct disorders (Wooffenden et al., 2007; Sexton and Turner, 2010; Henggeler & Sheidow, 2012). Various SFT approaches are recommended by NICE (2013). These include FFT and MST, and a number of trials are currently being undertaken in the UK to determine the efficacy of these approaches in the UK. Traditionally these approaches are time-limited and intensive. This module draws from these approaches but does not seek to replicate the ‘model specific’ aspects of them. The focus of the module is to adapt the core approaches for an entry-level training that is specific to the CAMHS population of families and practitioners.

**Aims of module**

To enable trainees to:

- Demonstrate an understanding of the theoretical principles of SFT as it is applied to conduct disorders.
- Demonstrate a critical understanding of the research and theoretical evidence for SFT for conduct disorders.
- Apply systemic practice through comprehensive and systematic treatment to young people with conduct disorders in a way that results in good clinical outcomes, including:
  - Engaging and motivating young people and families
  - Building pro-social, family-based behavioural skills that fit the family and alleviate the presenting problems
  - Generalise treatment and prevent subsequent relapse
  - Manage complex clinical situations whilst retaining a relational SFP focus
  - Identify the relational processes that maintain or precipitate conduct disorders
  - Demonstrate the ability to apply relational formulation in conduct disorders
  - Be able to create shared relational treatment goals with families
  - Monitor progress to agreed goals collaboratively
  - Demonstrate cultural competence in SFP for conduct disorders (including the use of interpreters)
  - Develop conflict resolution skills including de-escalation and recognising unhelpful interactional patterns
  - Maintain a strengths perspective rather than a pathologising one.
Key learning outcomes

- Demonstrate knowledge, understanding and critical awareness of the theoretical foundations of and research evidence for SFT approaches to conduct disorders.
- Develop the ability to practise systemically, moving from early to middle and final stages of treatment.
- Understand conduct disorder within a relational framework, including trans-generational influences.
- Formulate this understanding into a coherent description of the behaviour, including the importance of current living context, and make a coherent systemic assessment which is shared with the family.
- Understand how to engage and maintain a therapeutic alliance with young people with conduct disorder and their families.
- Understand how to reduce ‘within family blame’ and work collaboratively to create common treatment goals involving all family members.
- Understand how to increase motivation for engaging in systemic practice for conduct disorders.
- Understand the range of methods and techniques used in systemic practice for conduct disorders; adapt them to fit individual families, taking account of diversity.
- Understanding the role of behaviour change skills in the treatment of conduct disorder.
- Understand how to support change, maintain and generalise treatment gains so that families can manage future difficulties.
- Know how to gather and monitor the process and progress with a range of SFT and CYP IAPT measures and gather client feedback, integrating it with the treatment.
- Be able to recognise the limits of personal competence and effectiveness of the model and seek advice on appropriate referral.

The competencies for SFP are based on the competencies for SFT but represent a less advanced level of practice. Below the competencies are mapped out in more detail.

- Knowledge of SFT in relation to conduct disorders.
- Knowledge of systemic principles of the SFT approach to conduct disorders.
- Ability to be critical and creative about practising systemically with conduct disorders.
- Knowledge of the core and common changes mechanisms of evidence-based family treatment.
- Ability to implement systemic practice in treatment of conduct disorders.
- Competence in systemic assessment of conduct disorders.
- Ability to construct a relational formulation of conduct disorder.
- Ability to develop a therapeutic alliance in systemic practice with conduct disorders.
- Ability to collaborate with the family on treatment goals arising from the formulation.
x Ability to work with families on specific behaviour changes, helping them generalise those changes and embedding these in family interactional patterns.
x Ability to identify large systems issues that may challenge families’ ability to maintain change through relapse prevention.
x Ability to collaboratively construct relapse prevention strategies with the family.
x Ability to include all other relevant systems in the maintenance of symptom improvement.
x Ability to use family-focused motivational interventions in systemic practice with conduct disorders.
x Ability to reduce the blame and negativity within families.
x Competence in the use of various SFT techniques, interventions and treatment models in the treatment of conduct disorders.
x Capability to adapt the intervention flexibly to match to and individualise the treatment to the individual family.
x Ability to adapt common treatment interventions and techniques to fit with the cultural, contextual, individual family relational system using the cultural competency framework.

Summary of units (6 days in total)

x Unit 1: SFT evidence-based approaches for child and adolescent conduct disorders (1 day).

x Unit 2: Founding principles of SFT: relationally focused, systemic assessment, attempted solutions, case formulation, trans-generational influences and importance of current context (1 day).

x Unit 3: Building alliance in conduct disorders: engagement and motivation, setting achievable goals (1 day).

x Unit 4: Skills in systemic practice for conduct disorders: reframing, intensification, unbalancing, mapping circular interactions, problem solving, enactment, encouraging empathy and strategies for creating a ‘safe base’ within the family (2 days)

x Unit 5: Measuring treatment progress, supporting behaviour change and preventing relapse, generalisation (1 day).

Unit 1: SFT evidence-based approaches for child and adolescent conduct disorders (1 day)

This unit will place both the core SFT principles and specific treatment intervention approaches within the systemic ideas of family life cycle and family transitions, with reference to diversity and wider systemic influences. It will introduce the evidence base for the range of SFT approaches to conduct disorder. Finally, it will describe the various evidence-based approaches and seek to elicit
commonalities between them. These will focus on the relational and systemic formulations, systemic treatment, and outcomes of conduct disorders.

**Learning outcomes**

- Demonstrate knowledge, understanding and critical awareness of the theoretical foundations of SFT approaches to conduct disorders.
- Demonstrate knowledge, understanding and critical awareness of the various different SFT approaches to conduct disorder.
- Demonstrate knowledge and critical awareness of the research evidence for the SFT approach to conduct disorders.
- Demonstrate how systemic theory and understanding of family processes relate to conduct disorder.
- Develop the ability to conduct systemic practice in a systemic manner, moving from early to middle and final stages of treatment.

**Competencies**

- Knowledge of SFT in relation to conduct disorders
- Knowledge of systemic principles of the SFT approach to conduct disorders
- Ability to be critical and creative about applying systemic practice in conduct disorders
- Knowledge of the core and common changes mechanisms of evidence-based family treatment.
- Ability to implement systemic practice in treatment of conduct disorders.

**Learning and teaching strategy**

Teaching will be via lectures, discussions, guided reading, video observation, and case presentations. Reading will be specified in advance.

**Unit 2: Founding principles: systemic assessment and relationally focused intervention (1 day)**

This unit will elaborate upon the commonalities of the SFP approaches to conduct disorder, including the therapeutic alliance (reference to split alliance research), undertaking a systemic assessment and constructing a collaborative formulation/hypothesis. Many approaches also focus on attempted relational solutions and seek to address these.

**Learning outcomes**

- Understand conduct disorder within a relational framework, including trans-generational influences.
x Formulate this understanding into a coherent description of the behaviour, including the importance of current living context.
x Understand the principles of systemic assessment.
x Be able to formulate and share this formulation/ hypothesis as a set of working goals with families.
x Understand the role of alliance in systemic practice.

**Competencies**

x Competence in systemic assessment of conduct disorders.
x Ability to construct a relational formulation of conduct disorder.
x Ability to develop a therapeutic systemically based alliance.
x Ability to collaborate on treatment goals arising from the formulation.

**Teaching and learning strategy**

Teaching will be via lectures, discussions and case presentations. Learning within clinical practice will be highlighted.

**Unit 3: Engaging and motivating children, young people, their families, and other significant members of the professional or personal network of the youth (1 day)**

This unit will focus on the SFT approaches to developing engagement, motivation and therapeutic alliance when working with young people and families with conduct disorders. The emphasis is based on the role of respect and clarity of purpose in treatment. The therapeutic alliance with SFT conduct disorder treatment rests on reducing ‘within family blame and negativity’ to create family focused achievable goals. This will require understanding of systemic motivational skills:

x Engaging and motivating young people and families by building family-focused treatment goals.
x Engaging and motivating young people and families through reducing ‘within family blame and negativity’.
x Building therapeutic alliance with families and children and young people with conduct disorders.
x Collaboratively building family-focused, common and shared obtainable and lasting treatment goals.

**Learning outcomes**

x Understanding of how to engage young people and families.
x Understanding of how to reduce ‘within family blame’ to create common treatment goals.
x Demonstrate the ability to engage family members in family based treatment of conduct disorders.
x Understanding of how to increase motivation in systemic practice for conduct disorders.
x Demonstrate the ability to develop family-focused and meaningful treatment goals that involve all family members in systemic practice for conduct disorders.

**Competencies**

x Be able to use SFT engagement strategies.
x Be able to engage all significant family members in systemic practice for conduct disorders.
x Be able to use family-focused motivational interventions in systemic practice.
x Be able to reduce the blame and negativity within families.
x Be able to create family focused treatment goals in collaboration with all family members.

**Teaching and learning strategy**

Although there will be some lectures and discussions, this unit marks the transition of the module into a more active role play and experiential process. Trainees will be expected to practise their skills and demonstrate their competency in the classroom.

**Unit 4: Intervention strategies, skills and treatment protocols in SFT for conduct disorders (including reframing, intensification, unbalancing, mapping circular interactions, problem solving, communication improvement, conflict management and relapse prevention and enactment, etc.) (2 days)**

This unit will demonstrate the range of techniques and methods used by the SFT approaches to conduct disorder. It will enumerate the methods recommended in the approaches and trainees will practise these in live role plays in the classroom. Each technique will be described, its historical origins explained and then examples shown.

**Learning objectives**

x Understand the range of methods and techniques used in systemic practice for conduct disorders.
x Understand how to fit these methods/techniques to individual families.
x Demonstrate ability to integrate these skills into a systematic treatment of young people with conduct disorders.
x Demonstrate ability to use these skills flexibly and creatively with respect to specific families and taking diversity into account.
**Competencies**

- Competence in systemic assessment of conduct disorders.
- Ability to construct a relational formulation of conduct disorder.
- Ability to develop a therapeutic systemically based alliance.
- Ability to collaborate on treatment goals arising from the formulation.
- Competence in the use of various techniques, interventions and treatment models while intervening in the treatment of conduct disorders.
- Capability of adapting the intervention flexibly to match to and individualise the treatment to the individual family.
- Ability to adapt common treatment interventions and techniques to fit with the cultural, contextual, individual family relational system using the cultural competency framework.

**Teaching and learning strategy**

Teaching will be via experiential role play with some exposition of the rationale for particular techniques in particular situations.

**Unit 5: Supporting behaviour, generalising and maintaining change and monitoring outcome (1 day)**

All systemic practice interventions in this area are designed to lessen conduct disorder symptoms. The primary focus therefore is to generalise changes to other family problems, support those changes over time, and maintain changes in the future. All the techniques adopted in unit 4 are therefore also relevant to enabling the family to alter behaviour and consolidate change. This unit concentrates upon this phase of treatment.

**Learning outcomes**

- Understanding the role of behaviour change skills in the treatment of conduct disorder.
- Understanding how to support change, maintain and generalise treatment gains so that families can manage future difficulties.
- Know how to gather and monitor the process and progress with a range of SFT and CYP IAPT measures.
- Understand how to integrate aspects of different CYP IAPT approaches within the treatment of conduct disorders (especially in the case of trauma).
- Understand how to use client feedback from systematic measures in treatment of SFP conduct disorders.
Competencies

- Ability to work with families on specific behaviour changes, helping them generalise those changes and embedding these in family interactional patterns.
- Ability to identify large systems issues that may challenge families’ ability to maintain change through relapse prevention.
- Ability to collaboratively construct relapse prevention strategies with the family.
- Ability to include all other relevant systems in the maintenance of symptom improvement.

Teaching and learning strategy

Teaching will be via presentations and discussions. Live supervision will determine learning.

General teaching and learning strategy for the module

This will utilise a range of methods with an emphasis on role play and application of learning to case material. Trainees will be encouraged to bring their own examples of practice. Reading will be provided before each unit.

Supervised clinical practice

This will be carried out concurrently.

Supervision will be carried out in small groups of four with one supervisor. There should be the opportunity for occasional individual meetings, which will replace the group meetings. The supervision should include therapist self-rating scales to be used within the supervision process.

Trainees are required to carry out work with a minimum of three cases which include a child or young person with conduct disorder and overall complete a minimum of 24 hours of clinical practice.

Assessment

- Trainees will be expected to complete a separate section of their learning portfolio logging their clinical hours and learning points for each session. In addition, they should complete a reflective learning diary weekly during the time of this module.
- At the end of the module they should complete a case study (5000-words) of work they have done with a family containing a child or young person with conduct disorder as a minimum.

This should demonstrate the learning outcomes for the module.
**Required clinical hours**

Minimum of 3 cases: One seen to a planned ending
Minimum of 24 sessions in total

**Clinical supervision**

Each trainee will have clinical supervision weekly in a group of no more than four with occasional individual sessions in place of the group sessions. Before each session the trainee will complete a self-assessment form to be referred to in supervision. They will receive written feedback following supervision, which will be included in the portfolio together with a brief reflection on the comments. Recorded (audio or video/DVD) material from at least three cases should be included at some point during the supervision sessions.

At the end of the course when clinical work has been completed the supervisor will be asked to complete a proforma assessment form and indicate the progress and status of the trainee.

**Summary of summative assessment**

x Clinical hours: Completed.

x Learning portfolio: Completed and demonstrating reflective learning in a way that includes log of clinical hours and learning points, reflective diary and supervision feedback forms.

x Supervision report: meets clinical competency criteria (marked and graded).

x Case study of 5000 words (minimum).

**References for conduct disorder module**


5.d CYP IAPT Systemic Family Practice for eating disorders

Introduction

This 12-day module constitutes a specialist module of 30 credits and will normally be taken once the Core CYP IAPT and Basic SFP module have been completed. The specific training in the systemic treatment for eating disorders will be provided as a specialist module for sites that are offering a specialist eating disorders service and will run in parallel with the other problem-specific systemic training modules (depression/self-harm and conduct disorder) offered to other CYP IAPT trainees. The systemic eating disorders curriculum aims to train individuals who will contribute to the development of specialist community-based multidisciplinary eating disorders teams that will be able to deliver the highly skilled community-based multidisciplinary eating disorders teams that will be able to deliver the highly skilled expert interventions that are needed to achieve the desired outcomes. There are specific entry requirements for this module described later.

Summary of aims

- To develop critical knowledge of the theoretical and research literature of evidence-based treatments for eating disorders in children and adolescents.
- To develop an expert level of knowledge of eating disorders, including knowledge of epidemiology, physiological effects of malnutrition, the physical and medical risks of starvation, and knowledge of nutrition, to be able to manage severely malnourished individuals.
- To develop practical competencies to deliver effective family-based treatments for eating disorders in children and young people as part of an integrated specialist outpatient multidisciplinary eating disorders team.
- To ensure that clinical practice is in accordance with local and national CYP IAPT service policy, including the need to work appropriately with difference, apply the approach to diverse family forms and to routinely monitor clinical outcomes.

Trainers and supervisors

Trainers responsible for delivering this module should be registered or eligible for registration with UKCP as Systemic Family Therapists and have significant experience in both teaching and supervising clinical practice within the NHS. In addition, all trainers must have sound specialist knowledge of eating disorders and an understanding of the core approaches that make up this module. Some components of the teaching may be delivered by trainers who may not be systemic family therapists but have other relevant specialist expertise in treating child and adolescent eating disorders (e.g. medical or CBT for eating disorders).

The quality of supervision is a key factor in ensuring high-quality learning. Supervision of clinical work should, wherever possible, be carried out by AFT registered Systemic Supervisors or those who meet the competencies required for registration (eligible for registration.). AFT will provide
guidance on those competencies and the processes for achieving registration through an Apel route.

It is recognised that in some areas there may be a limited resource of specialist Systemic Supervisors and in this situation the best available Systemic Supervisors should be used. This should be considered a temporary measure for the first 2 years, with efforts made to increase the pool of fully qualified supervisors. At a minimum, any supervisor would need to have completed a qualifying training in SFT, have a minimum of 3 years’ post-qualifying experience and have gained previous experience of supervising systemic practice within a CAMHS setting.

Practitioners coming on to this module must have completed the Basic SFP module satisfactorily.

**Key texts**


**SFP and systemic practice for child and adolescent eating disorders**

The research literature concerning the treatment of child and adolescent eating disorders includes both evidence concerning the efficacy of SFP (e.g. NICE 2004 and more recent studies, e.g. Eisler et al., 2007; Schmidt et al., 2007; Le Grange et al., 2007; Lock et al., 2010) and recent evidence about the key role of service context (House et al., 2012) which shows that the most effective way of providing clinically effective and cost-effective treatment for young people with an eating disorder is through specialist, easily accessible services that are able to deliver highly skilled evidence-based outpatient treatment with minimal need for inpatient care. A key principle informing this specialist curriculum is that while individuals undertaking the training are expected to gain the required level of knowledge and skill (and will be assessed on that basis individually), the desired treatment and health economic outcomes will be best delivered in the context of an integrated specialist multidisciplinary team. The curriculum addresses this by including modules on multidisciplinary aspects of assessment and treatment and differentiating between levels of knowledge and skill required for each team member and levels of knowledge and skill required to be held within the team as a whole but not necessarily by each team member.
CYP IAPT curriculum for systemic work with families for the treatment of eating disorders in young people

The training described here is to be provided as part of the broader CYP IAPT training, which includes the Core CYP IAPT training modules and Basic SFP training. The specific training in SFP for eating disorders will be provided as a specialist module for sites that are offering a specialist eating disorders service. The training will be team based with trainees from up to five teams joining in a training group, requiring a minimum of three members of each of the eating disorders teams to attend the course. For the multi-family therapy component of the module, the remaining members of the participating teams will also be invited to take part, to enhance team building and enable teams as a whole to deliver multi-family therapy as part of their service specification.

While specific learning outcomes are defined for individual CYP IAPT trainees undertaking this module, there is an expectation that the delivery of the specific evidence-based treatments will be integral to a specialist service configuration. The multidisciplinary aspects of the teams are described in more detail in the specific entry requirements for this module. In general it is understood that for the effective functioning of the team as a whole, additional skills and expertise is required over and above those that are the subject of this training and will be held only by some members of the team (e.g. medical knowledge of eating disorders and the effects of malnutrition or highly specialist family therapy skills needed to provide within team supervision, consultation or co-working when needed).

The curriculum of this module does not aim to cover in detail the very specific highly specialist areas, such as medical management, but teams requiring additional input on e.g. medical aspects will be able to access additional teaching or consultation if they require this. It is also expected that services accessing this training will generally have or will be in the process of developing posts that will assume pre-existing levels of training, e.g. medical or family therapy training that will complement the skills and competencies that the CYP IAPT trainees will bring back to the teams from their training. As family-based therapies are the key evidence-based treatments for eating disorders, it is expected that teams will generally have one or more fully trained family therapists in post and it is expected that they will provide the ongoing supervision in the teams and should ideally take part in the CYP IAPT supervision training at the earliest possible time.

The training will combine general teaching about eating disorders, their assessment and management with clinical practice and skills-based workshops and multidisciplinary team development work. While the central part of the treatment approach is based on manualised SFT approaches, there is evidence that for some young people (e.g. those with bulimia nervosa or with comorbid anxiety or OCD), CBT interventions should also be included in the overall treatment, and the training programme will address this.
**Entry requirements specific to the eating disorders module**

In addition to the individual general entry requirements for CYP IAPT SFP training, there are service level entry requirements for those taking this module. These additional requirements are based on the evidence that the service context plays a key role in determining the best clinical and health economic outcomes for the widest range of young people suffering from an eating disorder. This includes findings that in areas where there is direct access to specialist outpatient services, identification of young people who require treatment was 2–3 times higher than in areas with no specialist provisions; that rates of admission to hospital are at least 2–3 times higher in non-specialist than specialist services; and that continuity of care in specialist outpatient services is high, whereas for those treated for an eating disorder in generic CAMHS as many as 80% are eventually referred for treatment elsewhere. This evidence indicates that the usual stepped care model, in which initial treatment is provided in generic CAMHS, is ineffective (due to low level of eating disorders expertise), costly (due to high rates of hospital admissions) and viewed negatively by families (due to poor continuity of care and limited expertise).

The additional requirements for this module are:

1. Trainees will be members of an existing or developing specialist outpatient Child and Adolescent Eating Disorders Service (CAEDS). Composition of individual CAEDS teams is likely to vary, but based on the Royal College of Psychiatry (2012) report on eating disorders services the expectation is that they will:
   a) have a minimum of 50 new eating disorders referrals per year to allow a sufficient throughput to develop high levels of eating disorders expertise and justify staff levels to provide a stable multidisciplinary service
   b) be multidisciplinary and include both medical and non-medical staff who have significant experience of treating eating disorders
   c) be members of a team with the necessary expertise to deliver recommended treatments for adolescents – i.e. psychological therapy, assessment of physical risk and family interventions addressing the eating disorder (NICE, 2004)
   d) have the resources required to offer routine outpatient treatment.

2. To meet the above requirement, normally services need to cover a wide geographical area, with a minimum population of 500,000. Individual CAEDS teams are often set up as discrete specialist teams or sometimes as virtual teams working across several boroughs or districts with a central base and a network connected with individual CAMHS teams. They should have a minimum of five staff with protected time to work with children and young people with eating disorders.

**Detailed description of aims**

- To develop critical knowledge of the theoretical and research literature of evidence-based treatments for eating disorders in children and adolescents in general and specifically eating disorders-focused family therapy for young people with anorexia
nervosa, multi-family therapy for anorexia nervosa, and systemic CBT and other family-based treatments for bulimia nervosa.

x To develop an expert level of knowledge of eating disorders, including knowledge of epidemiology, physiological effects of malnutrition, the physical and medical risks of starvation, and knowledge of nutrition, to be able to manage severely malnourished individuals. While it is expected that the level of knowledge of these areas will vary across the specialist multidisciplinary team, all members of the team will be expected to have sufficient knowledge of the above to incorporate them into their practice and know when they need to involve other members of the team to manage specific cases in a safe way.

x To develop practical competencies to deliver effective single-family and multi-family treatments for eating disorders in children and young people as part of an integrated specialist outpatient multidisciplinary eating disorders team and to develop an ability to use these alongside of other evidence-based treatments.

x To ensure that clinical practice is in accordance with local and national CYP IAPT service policy, including the need to work appropriately with difference, apply the approach to diverse family forms and to routinely monitor clinical outcomes and make use of these in clinical practice.

Scope

Workshops will cover the evidence base of treatment outcome studies for eating disorders, multidisciplinary assessment and treatment strategies. They will cover different presentations, relevance of comorbid conditions such as depression, anxiety and OCD, the role of temperamental and personality factors that may act as risk or predisposing factors, and the social and cultural factors that shape the presentation of eating disorders.

Learning outcomes

x Critical understanding of the phenomenology, diagnostic classification, epidemiology and research literature of eating disorders in young people including the relevance of comorbid conditions, personality, culture, physiology and management of malnutrition.

x Competency in assessing whether a young person and their family are suitable for single or multi-family therapy and knowledge of contraindications.

x Ability to explain the principles and process of family and multi-family therapy to young people and their carers.

x Demonstrate an understanding of the different points of view and experiences of children, young people and their families in relation to eating disorders and how it impacts them as individuals and as a family.

x Understand and recognise the different levels and different ways of expression of motivation to change by young people and their families.
x Understand and recognise different attachment patterns within the family (including attachment between children and parents and other parental figures as well as parents' own attachment patterns) and the impact this may have on the development of the therapeutic alliance.

x Engage all family members, including reluctant young people, in the treatment process.

x Conduct a systemic assessment in relation to the presentation of an eating disorder.

x Develop a working systemic hypothesis and formulation of the case, including a relational, interactional and contextual conceptualisation and identification of the restraints and resilience factors of all participants.

x Show an appreciation of factors which contribute to the consideration of who is included in the relevant 'system' to be worked with; including absent parent, siblings, extended family or other professionals.

x Collaboratively construct a treatment plan with the young person and their family while taking into consideration issues of risk and safety and different levels of (overt) motivation to change among different family members and in a way that is accessible and responsive to young people and families with different social identities, cultures, needs and abilities.

x Plan and manage the ending of the process of therapy.

x Capacity for self-direction in engaging with and creatively responding to basic therapeutic problems, capacity to effectively use supervision and know the limit of own capacity and when necessary consult with other team members or refer to other colleagues.

x Ability to be self-reflexive in relation to one's own personal and professional responses to the issues around eating disorders and related issues such as depression, self-harm, or violence.

x Begin practising as a 'scientist practitioner' and continue to advance both individual knowledge and contribute to the shared team knowledge and understanding of eating disorders and their treatment in children and young people.

x Demonstrate ability to use routine clinical measurement to monitor treatment progress.

The competencies for SPF are based on the competencies for SFT but represent a less advanced level of practice. Below the competencies are mapped out in more detail.

**Specific competencies in relation to single family therapy for anorexia nervosa**

Ability to:

x Assess together with medical members of the multidisciplinary team the suitability and safety of providing outpatient treatment.
x Use knowledge about eating disorders and the effects of starvation to externalise and reframe the young person’s problem and to create a safe base for engaging the family in treatment.

x Engage the young person in treatment even though they may express reluctance to share the goal of gaining weight.

x Engage the family around the task of managing the young person’s eating and other eating disorders symptoms.

x Convene and manage a therapeutic family meal.

x Monitor together with the family the process of weight gain and discuss relevant nutritional information.

x Adapt the focused eating disorder interventions in the treatment manual and flexibly match them to the specific needs of the individual family, taking in to account the nature of family relationships, the level of motivation of the young person and the level of physical risk and severity of malnutrition.

x Adapt the specific manualised interventions to fit the social and cultural context of individual families.

x Address areas of family functioning that may have become ineffective and potentially part of the maintenance of the eating disorder.

x Manage the transition between different phases of treatment, including handing back control over eating to the young person.

x Explore issues of independence, adolescent identity and self-esteem that have been affected by the eating disorder.

x Explore the needs of siblings, parents and the family as a whole that have been unmet while the eating disorder dominated family life.

x Discuss and manage the process of ending treatment in a timely manner and in a way that meets the needs of individual family members.

Specific competencies in relation to multi-family therapy for anorexia nervosa

Ability to:

x Convene a multi-family group drawing on the families’ shared experiences of living with eating disorder problems that impact the whole family.

x Support and encourage families to share experiences in a way that fosters a sense of hope and maximises family strengths and resilience.

x Use expert knowledge about eating disorders in a way that promotes open and collaborative conversations with families.

x Convene and manage therapeutic multi-family meals and create opportunities to maximise learning from the meal situation, ensuring that both parents’ and young peoples’ voices are heard.
x Maintain a strong focus on parents managing their child’s eating problem in the early stages of the multi-family group while encouraging the young people to have a strong and distinctive voice in how this affects them.
x Use action and creative techniques such as role plays, multi-family sculpts, drawing, collages, etc. with both young people and adults.
x Be playful and use humour appropriately to encourage open communication and self-reflection within the group.
x Use the group to generate new ideas and problem solve difficulties encountered by individual families.

**Specific competencies in relation to systemic CBT for bulimia nervosa**

Ability to:

x Explore motivation to change in the young person and negotiate safe ways of managing eating disorder behaviours.
x Explore and agree with the family ways in which the family can best provide support for the young person to change their eating behaviours.
x Ensure that early changes provide stepping stones for further change and re-evaluation of treatment targets.
x Explain the cognitive behavioural model of bulimia nervosa using family systems conceptualisations.
x Develop a shared formulation that draws both on the cognitive behavioural model of bulimia nervosa and on a systemic understanding of the family context.
x Explore both with the young person and with the family as a whole how emotions and feelings are expressed, what meanings are attached to them, and how they become interconnected with eating disorder behaviours.
x Facilitate the learning of distress tolerance and emotional regulation skills either individually by the young person or, where appropriate, in a family context.
x Manage and contain at times high levels of emotions and hostility that are frequently associated with bulimic behaviours.
x Assess and manage risk associated with weight loss and/or bulimic behaviours as well as risk of self-harm.
x Facilitate the capacity of the family to view the young person’s problematic eating behaviours as attempted solutions to other problems they experience and the potential connections with the relational context in which this occurs.
Structure of training

The specialised team training for SFP for eating disorders is delivered over a total of 12 days:

- 1-day introductory block on general knowledge of eating disorders
  This will be largely didactic but will include work to map relevant individual skills and knowledge and initial team building exercises.

- 3-day block on single eating disorders focused family therapy
  This will be conducted through a mixture of didactic teaching, small group exercises and skills role plays. The block will include modules on engaging the whole family and developing a systemic formulation; the use of information giving as part of the process of engagement and the creation of a safe base for treatment and its role in externalising the problem; conducting of a therapeutic family meal; reframing the meaning of parental control of eating and exploring disabling beliefs about the impossibility of parental action; exploring issues of individual and family development, cultural, social and inter-generational contexts; handing back control to the young person and exploring the impact on relationships within the family and between family and therapist.

- 4 day block on multi-family therapy for anorexia nervosa (it is expected that in addition to the CYP IAPT trainees taking this module, other members of their team, including senior staff, will take part in this block)
  This will build on the general theoretical principles and skills developed in the previous block; there will be didactic teaching about the principles of multi-family work and there will be a strong experiential component to develop practical skills in working with multi-family-groups, including: convening multi-family groups; using the group to problem solve and enhance a sense of competence; exploration of motivation; multi-family meals; strengthening the voice of the young people. A key part of this phase of the training is also team building and multidisciplinary working.

- 2-day block on working with adolescent bulimia nervosa
  This will include didactic and experiential teaching on the specific differences commonly found in engaging and ongoing work with young people and their families around bulimia nervosa; developing alternative treatment plans that combine individual and family meetings; systemic CBT principles of working with adolescent bulimia nervosa; and principles of multi-family work with this group.

- 2-day follow-up (to include extended team members)
  This will include case consultation and problem-solving difficult cases; exploring endings and handing back to families in both single-family and multi-family settings; and small group discussions about future team developments and consultations around setting up and running multi-family groups.
Assessment

x Completion of clinical hours
x Trainees will be expected to complete a separate section of their learning portfolio logging their clinical hours and learning points for each session. In addition, they should complete a reflective learning diary weekly during the time of this module.

x At the end of the module they should complete a 5000-word case study of work they have done with a family containing a child or young person with an eating disorder as a minimum.

x Supervision report: The supervisor has confirmed that the trainee has reached the required level of clinical competence.

This should demonstrate the following learning outcomes:

x Knowledge and critical awareness of the research evidence for the SFP approach to eating disorders.

x Understanding of the relationship between systemic theory family processes and eating disorders.

x Ability to conduct SFP in a systemic manner, moving from early to middle and final stages of treatment.

x Understanding of eating disorders within a relational framework including trans-generational influences.

x Ability to formulate this understanding into a coherent description of the behaviour including the importance of current living context.

x Understanding of the principles of systemic assessment.

x Ability to formulate and share this formulation/hypothesis as a set of working goals with families.

x Understanding of how to engage young people and other family members.

x Ability to demonstrate the skill to engage family members in family-based treatment of eating disorders, including young people with ambivalent motivation to change.

x Understanding of how to increase motivation in SFP for eating disorders.

x Ability to develop family-focused and meaningful treatment goals that involve all family members in SFP for eating disorders.

x Understanding of the range of methods and techniques used in SFP for eating disorders.

x Understanding how to fit these methods/techniques to specific families.

x Ability to use these skills flexibly and creatively with respect to specific families and taking diversity into account.

x Understanding the role of behaviour change in the treatment of eating disorders.

x Understanding how to support change, maintain and generalise treatment gains so that families can manage future difficulties that occur outside of intervention setting.
Knowledge of how to gather and monitor the process and progress of a range of SFP and CYP IAPT measures.

Understanding of how to integrate aspects of different CYP IAPT approaches within the treatment of eating disorders.

Understanding of how to use feedback from measures in treatment of SFP conduct disorders.

**Required clinical hours**

Minimum of three cases: one seen to a planned ending
Minimum of 48 sessions in total

**Clinical supervision**

Each trainee will have clinical supervision weekly in a group of no more than four with occasional individual sessions in place of the group sessions.

Before each session the trainee will complete a self-assessment form to be referred to in supervision. They will receive written feedback following supervision, which will be included in the portfolio together with a brief reflection on the comments.

Recorded material from at least three cases should be included at some point during the supervision sessions

**Summary of summative assessment**

- Clinical hours: Completed.
- Learning portfolio: Completed and demonstrating reflective learning and ability to take charge of own learning. Must include a log of clinical hours and learning points, reflective diary, supervision feedback forms.
- Supervision report.
- Case study of 5000 words (minimum).

**References for eating disorders module**


APPENDIX B: Association for Family Therapy and Systemic Practice in the UK
Association for Family Therapy and Systemic Practice in the UK
AFT code of ethics and practice

Introduction

A. The Association for Family Therapy and Systemic Practice (AFT) is the only organisation for family therapy and systemic practice which covers the whole of the United Kingdom. It has members from all the main helping professions, and seeks to improve the standards of professional practice with family and other systems, by promoting family therapy ideas in practice, teaching, supervision and research. AFT also has an increasing number of members who are employed in designated posts as family therapists, to whom it provides the services of a professional body. AFT accredits family therapy training courses at various levels in the United Kingdom.

B. AFT is a full member of the United Kingdom Council for Psychotherapy (UKCP), and is responsible for the registration of individual members. In accordance with UKCP requirements, registered family therapists are subject to AFT's formal complaints and disciplinary procedures. There may be a range of sanctions including de-registration of the therapist. Non-registered members of AFT (either qualified family therapist who have not registered or other professionals using family therapy ideas, e.g. systemic practitioners) who bring the organisation into disrepute are subject to discipline by the AFT Board who may suspend or terminate membership of AFT.

C. AFT is a member of the Family, Marital, Sexual and Systemic Therapy Section of the UKCP whose flag statement is:
'Organisations within this Section have in common an understanding that symptoms, problems and difficulties arise in the context of relationships, and are to be understood in terms of interactive and systemic processes. The main focus of intervention emerges from these patterns of interaction and the meanings given to them. Given this focus, the members may work with individuals, couples, families or parts of them, and other significant relationship networks.'

D. The terms 'family therapy' and 'family therapist' in this Code, are to be understood as referring to systemic work not only by therapists/practitioners working with families, but also to people engaged in consultation, publication, research, supervision, your own family in so far as this could affect your work.

E. In addition to the ethical requirements of family therapists in their relationships with families and individual clients, there are crucial contextual issues which all family therapists have to address in order to be effective in their work. These include:

i. Making satisfactory arrangements with their employing agencies, particularly when it comes to:
   • setting priorities in their work,
   • having a systemic approach accepted as a viable way of working,
• receiving adequate support and supervision, and
• being provided with at least the minimum facilities to practice as a family therapist.

ii. Consideration of how far they should promote greater public awareness of and information about issues to do with the emotional health of family life, and information about family therapy.

iii. Consideration of how far they should seek to influence public policy in relation to the family and to therapy.

iv. Familiarising themselves with any local inter-agency procedures in relation to child protection and mental health.

General principles
1. The purpose of family therapy and systemic practice is to promote greater wellbeing and/or understanding in those with whom family therapists and systemic practitioners are concerned.

2. Family therapists and systemic practitioners must promote the welfare of families and individuals. Relationships with clients must be based on honesty and integrity.

3. When faced with an ethical dilemma the family therapist/systemic practitioner should adopt the course of action which ‘maximises the good’ and does the ‘least harm’. The therapist/practitioner should attach particular weight to the rights of those who have the least power.

4. Family therapists/systemic practitioners are required to refrain from any behaviour that may be detrimental to the profession, to colleagues or to trainees.

Professional conduct of the therapist

5. You must not use professional relationships to further personal, religious, political or other non-professional interests. Therapy should continue only so long as it is beneficial to the client(s).

6. You must not refuse to offer professional services nor exercise discrimination on the basis of race, social class, gender, sexual orientation, religion, national origin, political orientation, disability or age.

7. You should be willing and able to discuss the therapist's/practitioner's relationship to contextual issues such as racism and homophobia and the way these might affect therapy, when requested by the client or thought appropriate by the therapist/practitioner.

8. Sexual intimacy with clients is always unethical. Sexual intimacy with former clients is prohibited for two years following the termination of therapy.
9. You must disclose your qualifications if requested and must not mislead clients into believing that you have qualifications or experience which you do not possess. Membership of AFT should not be presented as a qualification. Titles, such as 'family therapist' or 'systemic practitioner', may not be used unless you have completed accredited training and/or have UKCP registration.

10. You should operate only within the parameters of your competence and cease to practice if your competence becomes impaired for any reason. This may include ensuring that the services of other professionals, whether for assessment or treatment, are made available.

11. You should ensure that you maintain your level of competence through continuing training/continuing professional development.

12. You must ensure that you have made appropriate arrangements for the supervision of and/or consultation to your own practice.

13. You need to ensure that your professional work is adequately covered by appropriate indemnity insurance.

14. You need to address personal and psychological issues that may hinder the therapeutic process and must take into account the importance of self-awareness in your training and practice. This must include taking responsibility to address any current limitations, such as factors in your personal background and mental/physical health, which affect your suitability for any aspects of the work you are carrying out. This should include taking steps to care for yourself and your own family in so far as this could affect your work.

15. You must inform AFT if any complaint is upheld against you by any professional association, if you are convicted of any notifiable/relevant criminal offence, or if successful civil proceedings are brought against you in relation to your work as a therapist/systemic practitioner.

16. You must be able to explain your practice and the theoretical basis underpinning your work as a family therapist/systemic practitioner.

Confidentiality

17. Permission must always be obtained from clients before audio- or videotape recordings are made of a therapy session. The uses to which such recordings may be put must be fully specified. Specific consent must be obtained from clients to use tapes in research or teaching.

18. Specific consent forms must be signed by each client, including children where appropriate, and in only exceptional circumstances should parental permission overrule the wishes of a child. It is not sufficient to record consent on audio- or videotape.
19. Permission from clients to keep and use a tape must have a limited duration (maximum five years). Recordings must be erased after the time agreed with clients, unless further consent is obtained.

20. You must ensure anonymity and confidentiality when presenting cases for training and audit, and when using clinical material in research and publication. Consent from clients should be obtained whenever possible.

21. When engaged in research, you must make sure that the difference between research and therapy is clear to all concerned, and that all necessary steps are taken to ensure that the therapeutic process, and therapist-client relationship, are not adversely affected by any research involved.

22. Clients' records, including notes and tapes, must be stored securely. Any personal data stored in any form, including electronically, must be completely safe and confidential, in accordance with legislation.

The therapeutic relationship

23. You must ensure that clients are enabled to make informed decisions and choices about the nature and course of therapy, and the confidentiality rules applicable to your agency. Before therapy begins you should provide an appropriate explanation about the nature of the therapy being offered.

24. Where relevant you should recommend alternative treatment to your clients and help them obtain such alternatives from appropriately qualified practitioners.

25. If you are working in private practice, any financial arrangements with clients must be clear and explicit. Payment must not be accepted by referrers for clients referred.

26. At the outset of therapy, you should clearly explain the confidential nature of your work to clients. This includes acknowledging that circumstances involving actual or potential risk of harm to family members or others would constitute an exception to this.

27. Whenever possible you must gain agreement from clients to maintain liaison and close co-operation with other professional agencies in situations where this is appropriate.

28. If your professional role also involves responsibility to take statutory action (e.g. under the mental health act or child protection legislation) you must inform the family of this situation.
29. You have a duty to recognise, protect and promote the particular rights and needs of all individuals in families. You should consider the needs of individuals within families and be prepared to respond to requests for individuals to be seen separately if appropriate.

Relationships with colleagues, trainees and junior staff

30. You must address ethical issues in training and supervision, and should be satisfied with the ethical standards of your students, trainees and any junior staff for whom you are responsible. You must also consider whether they are suitable for the particular clients to whom they have been allocated.

31. When working as part of a therapeutic or an agency team (whether in a supportive, consultative or supervisory capacity), you must be aware of your continued ethical responsibilities, both to your client and to your colleagues.

32. If you are concerned that a colleague's conduct may be unprofessional or that their competence is impaired/may become impaired, you should take appropriate action, which could include initiating the relevant complaint and disciplinary procedures.

33. Relationships with students, trainees or colleagues outside a professional context will always have an effect. You must ensure that such relationships do not compromise your effectiveness as therapist, consultant or trainer, or interfere with the standard of service offered to clients.

34. Sexual intimacy between supervisors/trainers and trainees should be actively discouraged during the time of the course and any possibility of attraction should be discussed with the appropriate superior (e.g. head of department) and alternative training arrangements made.

Complaints and disciplinary procedures

• Anyone who has any concerns about the ethical conduct of an AFT member should bring this to the attention of the AFT’s Ethics Committee, who will investigate the complaint.

• You may initiate the AFT complaint procedure by contacting the AFT Chairperson or the Chair of the Ethics Committee, c/o The AFT Administrator, 12a Executive Suite, St James Court, Wilderspool Causeway, Warrington, Cheshire WA4 6PS. Tel: 01925 444414. Fax: 08701383881 Email: s.kennedy@aft.org.uk

Compiled by the Ethics Subcommittee. The Code is reviewed regularly and comments and suggestions are welcomed by the Chair of the Ethics Committee.

The Chair of the Professional Affairs Committee (PAC) welcomes general feedback and suggestions on Information Sheets and can be contacted via the AFT Administrative Secretary, 7 Executive Suite, St James Court, Wilderspool Causeway, Warrington, Cheshire WA4 6PS. Tel: 01925 444414. Email: s.kennedy@aft.org.uk

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APPENDIX C:
Fitness to Practise Procedures
# Fitness to Practise Procedures

The following are the University Fitness to Practise Procedures. Each strand will have additional requirements. Please see the strand handbook for further information [here](http://www.exeter.ac.uk/staff/policies/calendar/part1/otherregs/fitness/).

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<td>Introduction</td>
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<tr>
<td><strong>1.1</strong></td>
<td>The University recognises that in conferring appropriate academic qualifications, where these lead to a professional qualification, admission to a professional body and/or statutory registration, it must be satisfied that the student will be a safe and suitable entrant to the given profession.</td>
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<tr>
<td><strong>1.2</strong></td>
<td>Students themselves on programmes leading to professional qualifications should also acknowledge that it is in their interests not to proceed into a career for which they may not be well suited or for which a professional body may not register them.</td>
</tr>
<tr>
<td><strong>1.3</strong></td>
<td>In order to discharge these responsibilities, the University has adopted the following procedures specific to registered students following a programme of study that leads to such a professional qualification and admission to a professional body. In the case of students registered with the Peninsula College of Medicine and Dentistry, other procedures apply.</td>
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<td><strong>1.4</strong></td>
<td>These procedures will be taken into account in the admission of students to such programmes and in the design and approval of new programmes leading to professional qualifications.</td>
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<tr>
<td><strong>2</strong></td>
<td>Programmes within the Procedures</td>
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<tr>
<td><strong>2.1</strong></td>
<td>The programmes subject to these procedures are listed in <a href="#">Annex 1</a>.</td>
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<td><strong>2.2</strong></td>
<td>Notification of programmes subject to these procedures should be clearly indicated within School publications (both paper and web-based) relating to those programmes, including:</td>
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<td></td>
<td>Prospectus information</td>
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<td></td>
<td>Programme specifications</td>
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<td></td>
<td>Programme handbooks</td>
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<td><strong>3</strong></td>
<td>Principles relating to Student Behaviour</td>
</tr>
<tr>
<td><strong>3.1</strong></td>
<td>In the context of these procedures, students should understand that the successful completion of a programme leading to admission to a professional body requires adherence to both the requirements of that body and of these procedures.</td>
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<tr>
<td><strong>3.2</strong></td>
<td>Students shall behave in a manner appropriate to the Regulations and procedures of the University and to the code of conduct (or equivalent) of the relevant professional body.</td>
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<tr>
<td><strong>3.3</strong></td>
<td>Students shall at all times act in the best interests of their patients, service users, staff and other students, and conduct themselves in a professional manner.</td>
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</table>
3.4 Students shall report to the appropriate authority and to the College actions by others that may put students, staff, patients and other service users at risk. Failure so to report could lead to disciplinary action against such a student. Persons making disclosures must identify themselves.

3.5 Where not subject to a Criminal Records Bureau check by the University prior to admission, students whose programmes fall under these procedures must disclose any criminal convictions (including spent convictions) to the University before entering the programme. Subsequently, any student within these procedures must disclose such a conviction if it occurs while the student remains registered. Students will be provided with guidance about the consequences for registration within the profession concerned. If a student fails to disclose such information and it subsequently comes to light, the student will be referred to a Fitness to Practise Board (see below). Enquiries to the Criminal Records Bureau, both before and after admission, will be managed through the University’s Student Recruitment and Admissions Office except where student contract arrangements already place responsibility for such enquiries on a students employing trust.

4 Principles relating to Student Health

4.1 Students should understand that physical or mental health reasons may be a cause for their being deemed to be unfit to practise, a consequence of which could be that it would not be possible for them to complete a programme listed in Annex 1.

4.2 Students may be required as a condition of admission to a programme to complete a declaration of health questionnaire, to demonstrate that at the time they meet the health requirements of the profession for which successful completion of the programme could lead to registration. It is required that they inform the University about any condition for which reasonable additional provision may have to be made in programme arrangements.

4.3 A student whose health deteriorates during their studies should consult one of the University's Medical Officers and/or the relevant professional body for advice about any implications for continuing training or for pursuing their intended professional career. Students should inform their School of any changes in their health which could affect their fitness to practise, and subsequent discussions between student and College will determine if in the view of the latter consideration may have to be given to a termination of studies.

4.4 Except in cases where students acknowledge and accept that their health problems mean that their programmes should be terminated and have provided medical evidence from their general practitioner, and have had the opportunity to discuss their health problems with one of the University Medical Officers if they wish to do so, any registered student for whom termination of studies as being unfit to practise is being considered by the College on health grounds shall be referred by the College to a specialist occupational health physician or other medical adviser selected by the College but having no permanent contractual connection with the University. Any consultation fee shall be met by the College. The student will be required to attend any
consultation considered necessary by the occupational health physician or medical adviser. Should the student wish to consult an adviser other than the one selected by the College, any fees incurred shall be borne by the student. The College shall use the subsequent report as the basis for a discussion with the student ahead of any recommendation relating to termination of studies.

| 4.5 | In the case of behaviour associated with diagnosed or suspected mental illness, or from addiction, these procedures shall only be invoked if medical and counselling interventions have not successfully addressed the behaviour or if the student has refused such interventions. |
| 4.6 | Failure by a student to disclose relevant medical information and providing false information will normally lead to the termination by the University of the students studies. |

5 Academic Failure

| 5.1 | Students should understand that academic failure during their programmes, including placements, may lead to the termination of their registration on a programme for a professional qualification normally allowing admission to a professional body and/or statutory registration. |

6 Information for Students

| 6.1 | In the case of any programme that requires staff to make a judgement on fitness to practise, students must be made aware by a College that the University will be required to make such a judgement. In addition, students must be informed by their College of the standards of academic performance, health, behaviour, attitude and attendance expected of them for such a declaration of fitness to practise to be made. In this context, a College must inform students of a profession’s own fitness to practise standards which will contribute to the declaration by the University. Such information should normally be contained within a programme handbook. |
| 6.2 | Students registered for programmes subject to these procedures may be treated differently to other students of the University if their actions call into question their professional competence. |
| 6.3 | In formally registering on programmes subject to these procedures, students are expected to accept the force of the procedures. It is therefore important that as part of the induction process, Colleges should notify new students on a programme leading to a professional qualification of the existence of these procedures. (See also 2.2. above.) Returning students should be so reminded annually. |

7 Breaches of the Procedures

7.1 College Stage

| 7.1.1 | Where, following a report by staff or students, a College Dean believes that a case has arisen that warrants the application of these procedures, the student concerned will be interviewed by the Head to advise the student of the concerns raised and how they fall below the professional expectations of those taking a particular programme. The student should be provided with |
evidence of the issues of concern before or during the meeting. The evidence should be verifiable and not based on hearsay.

7.1.2 A student attending such a meeting may be accompanied by a person who should normally be a member of the University.

7.1.3 The outcome of the meeting should be such that the student is clear on the nature of the concerns, why they have been raised and what the University expects as a result. There should be an action plan, to include follow-up meetings and monitoring if appropriate.

7.1.4 The meeting should be minuted by the College and the student sent in writing details of the full outcome.

7.1.5 Should the case involve an allegation of a case of abuse or other misdemeanour that, in the opinion of the College Dean, is so serious as to threaten the safety of others, the College Dean may seek the approval of the Vice-Chancellor for an immediate temporary suspension of the student's studies.

7.2 University Stage

7.2.1 If the College Dean concludes that a breach of procedure is so serious that the consequences could potentially lead to a termination of studies or other penalty beyond the College's powers, the case shall be referred to the Academic Registrar for the attention of a University Fitness to Practise Board. If a student does not accept the outcome of the College stage of this process, then the case shall likewise be referred.

7.2.2 A University Fitness to Practise Board shall comprise the following members:

- A present or past Deputy Vice-Chancellor of the University, who shall act as Chair;
- A member of the Senate of the University;
- An academic member of staff teaching a discipline (other than that of the student before the Board) leading to an award of the University and to a professional qualification;
- A senior representative of the profession to which the programme for which the student is registered may lead to admission, who has had no previous connection with the student (including his or her placements of study);
- A representative nominated by the Students' Guild.

No member shall have previously been associated with the case or be a member of the College(s) concerned.

7.2.3 The Fitness to Practise Board may impose one or more of the following penalties:

- to permit a student to continue with the programme but under additional supervision and within an additional reporting procedure;
- to impose disciplinary sanctions on the student consistent with penalties allowed under the University's Disciplinary Procedure;
to suspend the studies of a student for a specified time or until the occurrence of a specified event to be decided by the Board;

to refer a case to a relevant Board of Examiners for consideration whether or not a re-sit of a specified part or parts of the programme is required;

to terminate the student's studies that might otherwise lead to a professional qualification, but with permission to register on an alternative academic programme;

to recommend to the Vice-Chancellor permanent exclusion from the University.

## Appeal

### 8.1

A student incurring a penalty imposed or recommended by a Fitness to Practise Board who considers it to be unfair or excessive has the right to appeal against it. Appeals against such penalties must be submitted in writing to the Registrar and Secretary within seven working days, and will be heard by a Fitness to Practise Appeal Board.

### 8.2

The membership of a Fitness to Practise Appeal Board shall comprise:

- A member of the University Council, not a member of the University's staff, who shall act as Chair;
- A member of the Senate of the University;
- An academic member of staff teaching a discipline leading to an award of the University and to a professional qualification;
- A senior representative of the profession to which the programme for which the student is registered may lead to admission, who has had no previous connection with the student (including his or her placements of study);
- One representative nominated by the Guild of Students.

No member shall have previously been associated with the case or be a member of the School(s) concerned.

### 8.3

The Appeal Board shall have powers to confirm, increase, reduce or quash the penalty or penalties originally imposed, or to recommend to the Vice-Chancellor permanent exclusion from the University.

### 8.4

The decision of the Fitness to Practise Appeal Board shall be final and there shall be no further right of appeal.

## Reports on Proceedings

### 9.1

All penalties imposed under these procedures shall be reported to the Registrar and Secretary.

### 9.2

The proceedings of all Fitness to Practise Boards and Appeal Boards shall be reported to the Senate. A copy of any such report will be made available to the student involved and to the College concerned.

### 9.3

Records of penalties imposed on students will be included on their personal files held by the University.
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<td><strong>10.1</strong></td>
<td>Hearings of Fitness to Practise Boards and Appeal Boards will be governed by procedures approved by the Senate (see Annex 2)</td>
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APPENDIX D:
The Blue Book: Training Standards and Course Accreditation
The Blue Book

Training Standards and Course Accreditation

4th edition revised 2015

THE ASSOCIATION FOR FAMILY THERAPY
AND SYSTEMIC PRACTICE IN THE UK

AFT
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Introduction

The Association for Family Therapy and Systemic Practice in the UK (AFT) has been promoting high levels of training and practice in Systemic Family Therapy (SFT) and Systemic Practice with Families (SPF) for over 30 years. With changes in society, employment contexts, research and client needs, it is necessary to update training standards from time to time. This 4th edition reflects a wish to ensure that training standards continue to fit with the competencies required to carry out systemic practice. It is expected that all systemic courses will be accredited against these new standards by the end of 2019.

These standards provide a framework and procedures for accrediting courses in Systemic Practice with Families and in Family and Systemic Psychotherapy.

Systemic Practice with Families refers to the work of practitioners who have completed Foundation and Intermediate Level Training, or the work of practitioners who have completed an accredited CYP IAPT training in Systemic Family Practice (SFP) following the IAPT curriculum for Children and Adolescents. Systemic Practitioners trained at Intermediate Level use systemic approaches, methods and techniques as a development of their work in a broad range of social and health care settings.

Family and Systemic Psychotherapy refers to the therapeutic practice of those who have completed the Qualifying Level Training as well as the Foundation and Intermediate Level Training as laid out in this booklet. Qualified Family and Systemic Psychotherapists work with families, individuals, couples, and others in close relationship. These practices can extend to wider organisational settings that may involve working with or consulting to groups, teams and management structures.

Training Framework and Scope

AFT promotes training in systemic approaches for all those working with adults, children, families, individuals, couples and other relationship groups, and also sets standards and accredits training in supervision and evidence based approaches. This particular set of standards covers the four-year part time training to become a Family and Systemic Psychotherapist. Those entering the training will usually have a qualification in a recognised mental health or social care related profession. The four-year training is designed to qualify students to work with families, couples, individuals, other systems and relationship networks and includes training relevant to work with children and adolescents. Successful completion of the full training leads to registration with UKCP. The registration per se refers to registration as a Psychotherapist. The titles below are descriptors that people are entitled to use on completion of the qualification.

Family & Couple Psychotherapist
Family Psychotherapist
Family & Systemic Psychotherapist
Family Therapist
Systemic Psychotherapist

It also entitles graduates to be included on the UKCP Children’s Register. We are aware that these descriptors may change over the course of time so please check with UKCP.

These training requirements are designed to fit with those of UKCP (College of Family, Couple and Systemic Therapy) and the training standards of the European Family Therapy Association (EFTA), which is a member of the European Psychotherapy Association. They are based on the Competence Framework developed by Roth, Calder and Pilling (2011), ‘A Competence Framework for Child and Adolescent Mental Health Services’. The competences are designed to be accessed online and can be downloaded from www.ucl.ac.uk/CORE.
Introduction
Section 1: Principles Underpinning

1. Meeting the needs of Clients

The main purpose of systemic training is to equip professionals to use systemic theory and practice to meet the psychotherapeutic needs of clients presenting with a wide range of difficulties. Clients may come from a range of backgrounds and cultures and present at different points in the family life cycle. In consequence there is a strong emphasis on the formation of the therapeutic relationship and adaptation of therapy to meet specific needs and preferences.

2. Choice and Accessibility

The training is divided into three levels (Foundation, Intermediate and Qualifying), each with its own accreditation process. This provides for the possibility of exit from the training at the end of Year 1 (Foundation Level) or Year 2 (Intermediate Level) with knowledge and a skill set which can be used to enrich current professional practice. It also allows for transfer to an alternative course or an opportunity to have a break in training.

There is no specified time limit to a break in training between Years 1 and 2 or between Years 2 and 3. Should there be a break after the completion of one level of training, a student’s entry to the next level will depend on interview and meeting any additional APEL requirements of that course.

A maximum of a five-year gap between the two years of qualifying training (Years 3 and 4) is recommended as the time allowable for students to complete the full course i.e. the two years of qualifying training should be completed in a maximum of seven years.

AFT works closely with bodies developing associated training requirements and, for example, the CYP-IAPT Systemic Training has been designed to include some of the requirements of the Foundation and Intermediate years and provides a stepping-stone to Qualifying Level Training. In addition the Foundation Level Training can be delivered as part of a professional qualification.

3. From specific skill sets to adaptation and flexibility across client groups

At Foundation and Intermediate Levels students are taught basic principles and skills and are required to apply them to their current areas of clinical practice (i.e. undertaking Systemic Practice with Families). During the final two years of training, students acquire the knowledge and skills to adapt their therapy to different client groups and to problems arising across the family life cycle, as well as to work with more complex presentations.
4. An integrative approach drawing from a range of different theoretical and practice approaches

In order for this to be achieved, it is necessary to draw from different social and cultural backgrounds, with different preferences for ways of working and with different presenting problems and time scales for intervention, it is necessary to draw from a wide range of systemic approaches and other relational and contextual frameworks.

5. Importance of research, clinical evidence, and client feedback

From the beginning of training there is a focus on evidence-based approaches and critical thinking about research methodology. This includes evaluation of service provision and ways of eliciting feedback from clients in assessing progress towards agreed goals. It is expected that these activities are also present in the structure and process of courses so that student feedback and assignments reflect systemic values in generating feedback and showing its usefulness.

6. Design and delivery of courses

Courses are encouraged to develop their teaching and course delivery in innovative ways and course accreditation is an effective way of sharing good practice. However, courses will be required to meet the standards laid out in this document. Teaching methods must be appropriate for the course content as well as reflecting systemic theory and philosophy and accepted principles of adult learning.

All courses must be delivered and assessed with transparency and fairness and in line with the AFT code of ethics.
Section 2: General Requirements for All

Courses at all levels must demonstrate the following:

1. Adherence to the AFT Code of Ethics and Practice

2. Adherence to the AFT Code of Ethics and Practice for Supervisors

3. A clear philosophy and aims

4. The active promotion of anti-oppressive practice throughout the teaching and organisation of the course, together with the implementation of an equal opportunities policy

5. Information on criteria for eligibility and selection in line with AFT requirements, including an APEL policy and associated procedures. Information concerning access to further levels of training should be included.

6. A curriculum that reflects theory, practice and research in the field and is relevant to current practice in the public and voluntary sectors

7. A teaching staff, the majority of whom are registered, or eligible for registration as Family and Systemic Psychotherapists with UKCP and membership of the College of the Family, Couple and Systemic Therapy of UKCP

8. A clear description of how the AFT Learning Outcomes are both reflected in the curriculum and assessment processes

9. A range of teaching methods appropriate to adult education and the teaching of systemic ideas and practice

10. Good course organisation and clear information for students

11. Appropriate facilities, including access to written materials

12. Clear guidelines to students for any practice requirements as part of the course

13. Appropriate management of clinical materials as they relate to different levels of the training

14. Support and guidance in the development of a learning portfolio

15. Effective ways of gathering student feedback and evidence that it is taken into account

16. A fair and accessible complaints procedure with clear opportunities for appeal
Section 2: General Requirements for All Courses

17. A policy for supporting students who require reasonable adjustments to access to training courses.

18. A policy for students who fail to make due progress on the course and who may not complete training.

- Applicability of quality assurance procedures as an external examiner/moderator who can quality assure the course including marking standards and procedures.
Section 3: Foundation Level Training

These standards and requirements are for Foundation Level only but some course providers may choose to run a two-year, combined Foundation and Intermediate Course. If this is the case they must demonstrate that the combined course covers requirements for both years and that successful students have met all of the learning outcomes. Courses should be taught at a postgraduate level.

Aims of Foundation Level Training are to:

- Provide an introduction to the underlying theory and principles of systemic practice with families, couples and other systems
- Provide an overview and framework of different approaches and models of systemic family therapy
- Enable students to develop basic practice skills and apply these in their practice, including convening, engaging and working with families, couples and other systems
- To facilitate critical reading of practice and research texts
- Provide an opportunity for students to become familiar with research into systemic practice
- Enable and support the development of students’ self-reflective practice

Learning Outcomes

On completion of the course, graduates will have:

1. A basic understanding of systemic theories and principles underpinning systemic practice with families and organisations
2. A knowledge of a range of systemic approaches and applications to practice with different client groups
3. Familiarity with key pieces of research on family and couple therapy especially in current areas of practice, including client feedback and service evaluation
4. Some basic understanding of systemic approaches and an ability to critique their application in the light of research
5. A knowledge and awareness of the influence of the wider social context (including gender, race, age, ability, culture, education, sexuality) on self and clients, with an ability to consider how inequalities and power differentials impact on people’s lives and systemic practices
Section 3: Foundation Level Training

6. A knowledge of the AFT code of ethics and an ability to use ethical decision-making and to relate to safeguarding, confidentiality and consent.

7. An understanding of the skills and knowledge required to conduct a systemic interview, and to make a good therapeutic relationship.

8. Confidence to effectively interview more than one person in the room using a range of questioning techniques.

9. Capacity to make use of systemic theory to draw together a systematically informed intervention plan based on a systemic hypothesis/formulation.

10. The skills to construct a genogram in a way that leads to better understanding the complexities of family relationships, strengths and vulnerabilities.

11. An ability to describe and critique the concept of the family life cycle perspective and its application to different family forms.

12. An ability to identify and work with individual and family strengths.

13. An ability to begin to consider their own personal family and cultural experiences from a systemic perspective, and to explore how these influence their professional practice.

14. An ability to reflect on their own learning and their positioning in their professional system.

Entry Requirements

Selection
Criteria for selection should be clear and transparent. Procedures should be designed to promote equal opportunities, and courses must have a policy for meeting the needs of students with a disability and those from non-traditional academic and professional backgrounds. Applicants should be required to provide one and preferably two references.

In order to maximise access to training in systemic practice, entry requirements for Foundation Level Training are kept to a minimum as follows:

- A relevant professional training in a mental health related discipline or social care or equivalent. Courses should carry out an equivalence procedure in order to assess individuals who may fall out of the above remit. This should be clearly available at point of enquiry.

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• Opportunity to apply systemic ideas to practice in a current work setting.

Placements
Some students may need to find additional practice opportunities to their usual work place, on a placement basis, and courses should provide clear guidelines for both students and placements concerning the requirements of such an arrangement.

Length and Structure of the Course
1. Minimum of 60 hours of study in direct contact with course staff
2. Minimum of 120 hours of independent study
3. The Foundation Course will usually run over one academic year but where it is delivered as part of a professional training or in other exceptional circumstances the time scale of delivery may vary. A rationale for this must be presented when the course is put forward for accreditation.

Assessment
Courses will be required to describe their methods of assessment and the underlying rationale. Assessments must cover all learning outcomes and include a reflective learning portfolio documenting learning during the time of the course. At this level the expectation is of two assessed pieces of work, including at least one written assignment.

Competency Benchmark
By the end of the Foundation year it is expected that individuals will be able to:

• Use systemic ideas to think about and contribute to their current practice

• Convene more than one person within the client system within their own area of practice and interview in a way that pays attention to the therapeutic relationship with family members

• Show an awareness and an ability to describe working in a way that is ethical and takes account of difference and power

• Apply a systemic perspective to an assessment of the problem and the need for family work, understanding the limitations of the method and limits of their own expertise

• Use a range of systemic questions and techniques (such as hypothesising and circular questioning) to clarify goals and gather systemic information

• Use basic interventions including verbal and non-verbal methods to improve communication and help families to achieve their goals

• Construct a genogram with clients, using this to identify patterns of relationship, historical influences and stressors on the family, and to consider how these may impact on the problem/difficulty referred

• Identify and consider how their own personal family experiences, beliefs and assumptions influence the work undertaken.

Clinical skills may be evaluated through role-play and case presentation and at this level there is no requirement for direct observation of clinical work.
Section 4: Intermediate Level (Year 2)

Intermediate training should be delivered at Postgraduate level. Intermediate Courses may be presented for accreditation together with Year 1 if they are run as a two-year course.

Aims of Intermediate Level Training are that students:

- Are provided with knowledge of theories underpinning systemic family practice and their application to specific areas of work
- Develop critical reading and knowledge of the theoretical and research literature relating to systemic family practice
- Develop understanding of the links between systemic theory and practice and other therapeutic approaches
- Develop the ability to integrate the core principles of systemic family practice into systemic practice in the context of a therapeutic relationship with at least one client group; formulate a therapeutic plan; carry out systemic interventions and manage therapeutic endings
- Develop ability to work systemically taking into account evidence based systemic practice models
- Develop a self-reflexive and ethical approach to systemic work
- Develop sound foundations of systemic knowledge and practice for those students wishing to undertake Qualifying Level and further training.

Learning Outcomes

Knowledge

At the end of the course graduates will be able to:

1. Demonstrate an understanding of a range of theories from systemic practice and family therapy including their theory of change and main interventions in current systemic practice

2. Critically discuss issues of power and difference in all aspects of systemic practice and describe responses to these issues informed by the AFT Code of Ethics and Practice

3. Articulate the theoretical basis, research and evidence base for systemic practice in their current professional practice

4. Effectively use supervision and take a reflective and pro-active approach to personal learning

5. Have a basic understanding of at least one manualised evidence based approach and the principles of its application to practice.
Theory into Practice

At the end of the course graduates will demonstrate abilities in systemic practice which include:

1. Convening systemic practice meetings with individuals, couples, families and other relationship groups including children

2. Working collaboratively to identify overall goals and the agreed focus for systemic interventions

3. Developing and maintaining the therapeutic alliance with more than one family member

4. Conducting a systemic assessment of presenting issues including identification of different perspectives, patterns of responses and meanings held in relation to the problem, the history of the presenting problem in relation to family relationships, family events, external contexts and wider social discourses

5. Helping clients to identify their own strengths and resources (including problem solving skills) and explore with clients how they may be of use and strengthen them

6. Developing a broad systemic hypothesis of the presenting problems in relationship to the individual/s or family and their context including their own observer perspective, and reviewing this throughout the work

7. Using visual presentations of relationships and contexts including family genograms, eco-maps and timelines in systemic practice

8. Gaining new perspectives through techniques including questioning, reflection, reframing, externalising and scaling

9. Tracking and working with behavioural processes and problematic communication patterns within the session

10. Understanding and managing ethical issues relating to systemic practice with individual/s or families including consideration of the impact of their own personal and professional issues on the work and issues of power and difference

11. Providing progress reviews using formal measures and in session review

12. Managing endings effectively including collaborative decision making about timing and reviewing of the work with the individual/s or family.

Entry Requirements

As with the Foundation Level Training, criteria for selection should be clear and transparent. Procedures should be designed

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to promote equal opportunities, and courses must have a policy for meeting the needs of students with a disability and those from non-traditional academic and professional backgrounds. Applicants should be required to provide one and preferably two references. Students will require the following:

- A relevant professional training in a mental health or social care related discipline
- Successful completion of an AFT accredited Foundation Level Course. Courses may carry out an APEL procedure in order to assess individuals who may fall out of this remit. This should be clearly available at point of enquiry.
- Opportunity to apply systemic ideas to practice totalling 60 hours in a current work setting or a placement with satisfactory arrangements for the supervision of practice under the AFT Code of Ethics and Practice.

Placements
Where students need to find additional practice opportunities, perhaps on a placement basis, courses will need to provide clear guidelines for both students and placements concerning the requirements of such an arrangement.

Selection
Criteria for selection should be clear. Procedures should be designed to promote equal opportunities, and courses must have a policy for meeting the needs of students with disability. Applicants should be required to provide two references. At least one referee should be professionally qualified and UKCP registered as a Family and Systemic Psychotherapist and able to comment on the applicant’s current practice. Students should have current clearance from the Disclosure and Barring Service to work with vulnerable groups and children.

Length and Structure of the Course

- A minimum of 60 hours of study in direct contact with course staff
- 60 hours of direct clinical practice
- A minimum of 240 hours of independent study. (This will include the 60 hours of clinical practice above.)
- The Intermediate Course will usually run for 9-12 months and a rationale must be presented for any differences from this schedule.

Clinical Supervision
It is expected that students should access a minimum of 10 hours of systemic supervision. Supervision can be accessed individually or in a small group. Supervision is expected to cover the individual student’s systemic practice during the course. Students must receive supervision for the required 60 hours of clinical practice. Ideally a qualified Family and Systemic Psychotherapist or Supervisor should undertake this within their agency. Where there is a resource issue courses must work with

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the student to set up the best supervision arrangements possible. Supervision could be supplemented by supervision from suitably qualified course tutors or independent Family and Systemic Psychotherapists or Supervisors.

The Supervisor should be named and in agreement to supervise the student according to the AFT Code of Ethics and Practice and provide confirmation of practice hours and use of clinical supervision.

The relationship between the Supervisor and the course will be worked out on a course-by-course basis.

Assessment

Courses will be required to describe their methods of assessment and the underlying rationale. Assessments must link to all learning outcomes and include a reflective learning portfolio documenting learning during the time of the course. The assessment strategy must include at least one theoretically focused assignment and one case study drawn from the systemic practice completed as part of the course.

Clinical Assessment

This must include:

- A letter of confirmation of the use of supervision from the Supervisor
- A presentation that creatively demonstrates the application of systemic ideas to clinical practice
- A recorded interview with commentary.

Competency Benchmark

By the end of the Intermediate Year it is expected that graduates will be able to:

- Work in a way that is ethical, take account of difference and power and enable useful conversations around difficult topics
- Convene families or couples within their own area of practice, set joint goals and maintain a collaborative relationship, open to formal and informal feedback
- Assess the need for family work, understanding the appropriateness and limitations of the method and limits of their own expertise
- Use a range of interventions to assist families to reach their goals
- Use supervision including the ability to think about personal and professional self as a resource and a possible constraint
- Have a developed understanding of systemic family practice in at least one area of work

- Have an understanding of the application of systemic ideas to the wider context of their organisations of which they form part.
Section 5: Requirements for Qualifying Level Training

Aims of a Qualifying Course are to:

- Provide a professional training at postgraduate level in Family and Systemic Psychotherapy leading to UKCP registration. This professional qualification will be accredited by AFT and linked to an academic institution.

- Assure that graduates are fit for safe practice as Systemic Psychotherapists in the NHS, social care, voluntary or independent practice in order to undertake systemic psychotherapeutic work with individuals and people in family and relational groups in accordance with the AFT Code of Ethics and Practice.

Learning Outcomes

Below is a list of learning outcomes associated with competent, independent practice. Courses should be able to demonstrate how their curriculum and assessment procedures relate to these. By the end of the course students should be able to demonstrate the following:

1. A sound and up to date knowledge and understanding of the range of theories underpinning Systemic Psychotherapy and their applications to different situations and client groups.

2. An ability to carry out a collaborative assessment, develop a systemic formulation and plan Systemic Psychotherapy.

3. Being able to revise the therapeutic plan as appropriate during the work with clients, including anticipating and planning for endings and dealing with unplanned endings.

4. A robust working knowledge of a range of interventions used in Systemic Psychotherapy and an ability to apply them with flexibility and creativity, adapting them to suit different client needs.

5. A sound and up to date knowledge and understanding of the range of research methods underpinning Systemic Psychotherapy and their applications to different situations and client groups.

6. Knowledge of the current evidence base for Systemic Psychotherapy and relevant research findings from other areas.

7. Knowledge of qualitative and quantitative research methods, which will enable the psychotherapist to evaluate research evidence and take an evidence-based approach to their own work.

8. Sufficient knowledge of research methods to be able to plan and carry out a piece of research relevant to the field.
9. A critical approach to the knowledge and understanding of the range of theory, practice and research referred to in the above points

10. A sound knowledge of common mental health problems, their presentation and treatments, the ways in which they may affect relationships and an ability to adapt their work with families to take account of these difficulties

11. A sound understanding of child and adult development processes including those in later life, paying attention to the life cycle of families and other systems

12. An ability to develop and maintain effective therapeutic relationships with all members of the client group, even when there are differing views and goals and high emotional intensity showing a sound therapeutic alliance even in the face of difficulties

13. An ability to gauge and manage emotions within sessions, including their own, so that vulnerable members are protected in situations of discomfort and tension and important issues which may be contentious or distressing can be explored safely

14. An ability to understand and manage personal connection with the work and reflect on changes that could be made

15. The ability to keep up to date with relevant legislative frameworks together with an understanding of how these can be taken into account in the relationship with clients

16. An up to date and comprehensive understanding of actions needed in relation to Safeguarding Children and Vulnerable Adults and the role of the Systemic Psychotherapist in relation to this

17. A commitment to anti-oppressive and culturally sensitive practices taking into account differences in relation to the social GGGGRAACCEESSS (John Burnham and Alison Roper-Hall)

18. A working knowledge of at least one manualised approach to family therapy

19. An ability to be able to administer appropriate outcome measures and take a critical stance as to their use

20. An ability to organise the work maintaining required notes and documentation

21. An ability to be able to recognise the limits of personal expertise, skills and approach and refer clients appropriately

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22. An ability to take an active role in the development of personal learning and be able to identify areas of personal strength as well as areas for future professional development. This will include reflexive abilities about self and self in relationship.

23. A capacity to use supervision and consultation processes and ability to consult constructively with colleagues.

24. An ability to communicate the process of therapy in both oral and written forms to psychotherapy colleagues as well as other professionals

25. An ability to apply the AFT Code of Ethics and Practice to clinical work and an awareness and ability to consider and respond appropriately to ethical dilemmas.

Entry Requirements

• A relevant professional qualification or equivalent.

• A first degree or evidence of ability to study at a postgraduate level.

• Successful completion of an accredited Foundation and Intermediate Level years of training in systemic practice. Those who have completed the CYP-IAPT (SFP) Practitioners Course are eligible to apply.

• Applicants must be working in an appropriate NHS, Social Care, statutory or voluntary organisation where they will have regular therapeutic contact with suitable clients. They will need to be able to meet the requirements of clinical hours of systemic practice in their work or placement setting.

• Students should have current clearance from the Disclosure and Barring Service to work with vulnerable groups and children.

Selection

• Courses must have a clear selection policy with opportunities for unsuccessful applicants to receive feedback.

• Selection should be made on a range of information and must include an interview. At least two references should be sought, one of which should be from someone with knowledge of the candidate’s systemic practice and another from a previous training course. Attention should be given to assessing the candidate’s suitability for the profession of psychotherapy and this could be given priority over academic prowess.

• Clear procedures must be laid down for the accreditation of prior learning. These will be done in accordance with AFT guidance on

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entry requirements for courses and also where applicable with the academic institution validating the course.

- An equal opportunities policy must be implemented in relation to selection and courses must have policies for addressing the needs of students with disability.

**Length and Structure of the Course**

**Length of Course**
The two years of qualifying training should be completed on a part-time basis within two to a maximum of seven years including any breaks in training.

Courses which run on a full-time basis and which fulfil all of the criteria laid out in this document may be considered for accreditation. However, they must clearly demonstrate that graduates achieve an accepted standard in all areas of learning, including clinical progress and personal and professional development.

**Study Hours**
In a course of this nature there is a strong emphasis on developing effective practice and the application of theory to practice. Learning takes place in many different domains. Requirements are expressed in minimum total study hours for particular aspects of the training.

Courses will be required to demonstrate how students will achieve a minimum of 1800 hours of study that will include the five aspects of clinical training outlined below.

**Five aspects to the clinical training experience**

1. **Face-to-face clinical work with clients** i.e. hours of supervised direct work with clients within the confines of the course, the supervision process including live supervision, recorded review and other supervisory activities.

   These must comprise 40 hours of face-to-face work with clients preferably supervised by a Supervisor accredited by AFT or fulfilling the criteria for accreditation by AFT (please see *The Red Book*). Where no AFT accredited Supervisor is available, a UKCP accredited Family and Systemic Psychotherapist will be expected to be the Supervisor.

   Of these 40 hours at least 35 should be live-supervised by the appointed Supervisor. The remaining hours can be peer supervised and presented to the Supervisor through recorded material. This will usually occur at later stages of the training. The 40 hours of live clinical supervision will include up to 30 minutes of discussion time per therapy session: each session usually being up to 1.5 hour’s duration.
It is important that students acquire substantial experience in working with couples and families, including families with young children and families across two-three generations. It is also advisable that they have some experience in working systemically with individuals. At least 75% of the live-supervised hours (i.e. a minimum of 30 hours) should be with more than one person of the significant system in the room. Courses should ensure that all students have experience with a range of clients. All students should have some experience of working with families with school-age children.

2. **Clinical practice within a supervision group** i.e. experience of working in a clinical supervision group within the context of the course. Students learn a great deal from observing and participating in the work and supervision of fellow students.

   Students should complete a minimum of 300 hours within a supervision group. They can include the hours they work directly with clients.

   Students should have the opportunity to experience a range of supervision methods, which must include live supervision, recorded review, and work on personal and professional development.

3. **Clinical practice hours in own organisation/agency/workplace** (health and/or social care setting). Students should complete a minimum of 200 hours in their workplace (or occasionally a dedicated placement). Ideally this should be undertaken within their agency and supervised by a qualified Systemic Psychotherapist/Supervisor. Where there is a resource issue courses must work with the student to set up the best supervision arrangements possible.

   Supervision could be supplemented by supervision from suitably qualified course tutors or independent systemically trained Supervisors.

   The Supervisor should be named and in agreement to supervise the student according to the AFT Code of Ethics and Practice and the AFT Code of Ethics and Practice for Supervisors; provide confirmation of practice hours and use of clinical supervision. The relationship between the Supervisor and the course will be worked out on a course -by- course basis.

   Courses should lay down clear guidelines and expectations for any placements. The course should provide opportunities for discussion of students’ work outside of the course.

   If students have not had the experience of working in a health or social services setting or equivalent, they should at least have had the experience of some observation placement in such a setting.

4. **Direct teaching hours and Personal and Professional Development (PPD)**. In addition to the minimum of 180 direct teaching hours, exploration of the contribution of ‘self’ (both personal and professional) to direct work with clients and other aspects of professional work is the fourth aspect of the clinical training. This should be addressed in all domains of the course but particularly in the supervision group and personal and professional development groups.

   Of the 180 direct teaching hours 25 hours will be expected to be dedicated to PPD.
5. **Independent study time**. This individual study time (a minimum of 1175 hours) includes the hours related to supervision and the associated documentation required in the workplace; study on assignments for assessments; preparation for seminars and independent work on research.

### Minimum Number of Expected Hours of Teaching, Clinical practice and Independent study

- Face-to-face clinical work with clients seen with live supervision in a supervision group: 40 hours

- Clinical Practice within a supervision group: 300 hours (this does not include the required 200 hours of clinical practice in own organisation. See point 3)

- Clinical practice hours in own organisation/agency/workplace (health and/or social care setting): 200 hours

- Direct teaching hours and Personal and Professional Development: 180 hours. Of this direct teaching time 25 hours must be dedicated to PPD

- Independent study time: 1175 hours

### Assessment

**Principles of Assessment**

Courses may choose to organise their assessments in a variety of ways but the assessment process should be based on the following principles:

- **Clear information for students on methods of assessment**

- **Clear information on what is being measured**

- There should be a mixture of summative assessment (i.e. assessment which measures attainment) and formative assessment (which allow feedback to students to help them improve their performance)

- **Clear and open marking systems should be in place**

- Clinical standards of assessment should ensure that graduates are able to operate independently and provide sensitive, ethical and effective therapy

- An External Examiner who has knowledge and experience of the field will form part of the assessment process e.g. in reviewing written submissions and participating in the examining process of students with a focus on fairness and the maintenance of course standards.

### The Assessment Process

The assessment process should include:
• A final report from the Course Supervisor that describes the level of practice of the student and makes clear recommendations about readiness for independent practice.

• Written and verbal presentation of clinical work.

• Written work will be expected to include one extended paper or dissertation.

• Ways of assessing research knowledge, and an ability to plan and carry out a project will need to be evidenced. This might be through the requirement of a research-based dissertation, the preparation of a detailed research protocol or the carrying out of a small research project.

• The completion of a learning portfolio.

• Students will keep a log documentation and verification of clinical work completed outside of the course. The Workplace Supervisor will be required to confirm the completion of the expected supervised hours.

**Competency Benchmark**

These National Occupational Standards for Psychological Therapies (NOS) that describe what is expected of someone working in their occupation are sourced from The Digest of National Occupational Standards for Psychological Therapies edited by Peter Fonagy 2010 (pp. 12 and 13). These were derived from research reported in Roth, A., Pilling, S. and Stratton, P (2009). Fonagy and his working group summarised the NOS for the modality of Family and Systemic Psychotherapy and they are adopted and presented here in summary as the Benchmark for Qualifying Training:

• To undertake an assessment for Family and Systemic Psychotherapy as a therapeutic activity. This requires taking sensitive account of the client’s needs as information is gathered enabling the client’s wider perspective.

• To promote constructive patterns in relationships within and across systems. Through the promotion of open communication and the engagement of relevant people in the therapeutic alliance clients are assisted to focus on their actions, resources and the impact on their own lives and the wider system.

• To be able to use the resources of a team in Family and Systemic Psychotherapy. This requires collaboratively reflecting the team’s contributions and adjusting the direction of the therapeutic work.

• To be able to explain the rationale for systemic approaches explaining to the individual, the family and the significant system how one change in the system leads to another.

• To be able to intervene in patterns within and across systems.

• To be able to explore differences across and within cultures in family and systemic therapy. The therapist will recognise when extra consultation is required to support client well-being and
that it involves respectfully challenging beliefs, behaviours and practices within the logic of the cultural system.

- To promote change through tasks between Family and Systemic Psychotherapy sessions. This will include developing effective tasks, eliciting feedback helpful to the client and adjusting the pace and direction of therapy in response to the tasks.

- To be able to develop a formulation in Family and Systemic Psychotherapy, which includes themselves and, the professional systems of which they are a member. This involves sharing multiple narratives, contexts and perspectives with the family recognising that it evolves during the progress of therapy.

- Being able to work across different languages in Family and Systemic Psychotherapy. Interpreters have an important role in the system and the therapist demonstrates to the client their desire to achieve a shared conceptual agreement.

- To be able to monitor and review progress in Family and Systemic Psychotherapy. This requires that the therapist and client together highlight progress or when direction may need to change. The therapist works self and relationally reflexively.

- To be able to engage significant members of the client’s system.

- To be able to promote the engagement of children and adolescents in Family and Systemic Psychotherapy.

- To be able to manage the ending of Family and Systemic Psychotherapy.

Everyone involved in training Psychotherapists and Systemic Practitioners recognise the complexity and responsibility of the task of setting standards for training. The requirements set out in this Blue Book are minimum standards designed to encourage courses to develop increasingly effective ways of training individuals to be able to make positive contributions to clients’ lives and to be effective systemic practitioners in a variety of practice settings. A detailed curriculum is not laid down but the course curriculum must provide the opportunity for students to reach the required learning outcomes.
Section 6: Procedures for the Accreditation of Courses

A. APPLYING FOR INITIAL ACCREDITATION

Step 1: Making an Application

1. Courses are required to run one cohort of students before applying for accreditation. If the course is accredited, students from the first year will be considered to have completed an accredited course. If courses apply for accreditation when they have been in existence for a number of years, the committee will decide the extent to which graduates of previous years can benefit from the accreditation.

2. Courses are advised to use The Blue Book as a reference when setting up their course or making substantial changes. Consultation can be arranged at this stage and a fee will be charged. The consultant will read and comment on documentation and be available for telephone discussion. If a site visit is required the course will be expected to bear the cost of expenses.

3. Application forms can be obtained from the CRED Administrator and should be completed and submitted with a cheque to cover the cost of accreditation. The application form will list the range of course documentation required. One hard copy and one electronic copy of the documentation should be submitted to the AFT Office.

Step 2: Agreement of Panellists

Following the receipt of the accreditation fee up to three panellists will be appointed. The names of these panellists will be sent to the course for agreement. If the course reasonably objects to a particular panellist, a replacement will be suggested.

Once the panellists have been agreed, copies of the documentation will be sent to them by the administrators and they will proceed with the accreditation. One panellist will be designated the ‘lead panellist’ and will communicate with the course leaders and the administrators during the accreditation and take the lead in writing the final report. If a chair of proceedings is appointed for the accreditation day, their role will be limited to helping the proceedings to run smoothly and advising panellists.

Step 3: The Assessment Process

The panellists will read the documentation and inform the course if more information is required. Arrangements will be made for formal presentation of the course. This formal presentation is usually completed in one day and usually takes place at the course venue. Courses are free to present themselves in any way they wish but the format should be agreed ahead of time by the lead panellist and the presentation should include the following:
• Presentation of the course philosophy
• Overview of course structure, curriculum, and teaching staff
• Organisational issues relating to the course
• The sustainability of the course in terms of succession planning, teaching, administration and resources
• Evidence of value for money, enabling as wide a range of students as possible to benefit from the course
• Evidence of student feedback and an opportunity for panellists to meet students
• The course’s policies in relation to equal opportunities and ethics
• Areas for future development.

• An opportunity to view teaching (live or from video) or to see a role-play of a typical teaching event
• A selection of written work completed by students
• It is helpful for the course to involve a number of key people in the presentation. The people involved should represent the breadth of the curriculum and include Clinical Supervisors where appropriate. When an academic institution or other organisation or stakeholder is involved in validating the course a representative of that body should be invited to attend the accreditation meeting.

Step 4: Feedback and Report

The course leaders will be given some immediate feedback following their presentation and should receive a written report within four weeks. Current practice is that this report is sent first to the course team for any misunderstanding or inaccuracies to be identified. This report will include a recommendation about accreditation. There are three possibilities:

• Full accreditation for five years, or three cohorts in the case of biannual intakes

• Qualified accreditation: The course will be required to make small specified changes within a certain time limit before full accreditation is recommended. These amendments will need to be reported on in the first annual review.

• Accreditation refused. Where this may occur courses will need to take account of feedback and reapply if they wish.

The Blue Book
In all situations a full report will be provided. This will include feedback, highlighting good practice and often making recommendations for the future. It is hoped that the accreditation process will be a useful focus for course development. Once the course leaders have had the opportunity to review the report it will then be presented to the CRED Committee for ratification. The course will receive a formal letter with the recommendation about accreditation. Once accredited a certificate will be issued.

The Annual Review
Following accreditation, courses are required to complete an annual review indicating any changes to the course and any complaints that have been upheld. If the changes are considered so great that they change the nature of the course, CRED reserves the right to bring forward the re-accreditation date.

Satellite Courses
The CRED definition of a Satellite Course is a course that has the same overall managing organisational context as the main accredited course. The Satellite Course will usually have the same marking, teaching topics and awards as the main course and take place at a site remote from the main course.

The accreditation process of a Satellite Course includes the course completing an application form to CRED for accreditation. Should the course meet the requirements above, a letter to the course convenors will confirm that the course will be accredited in line with the accredited main course.

These courses are accredited separately in order to ensure equivalence between the centres and that all students have parity and equal opportunities in line with the main course. The satellite course/s will need to be included in the main course annual review and re-accredited in line with the main course re-accreditation for up to a maximum of five cohorts. Thereafter the course will need to apply for accreditation in its own right.

Associate Courses
The CRED definition of an Associate Course is a course that has the same overall managing organisational context as the main accredited course. It may not have the same marking; teaching topics; award or core course structure as the main course taught. The course will usually take place at a site remote from the main course.

Associate Courses need to be separately considered for accreditation, as they are sufficiently different from the main course. The accreditation of an Associate Course is similar to the processes involved with other courses except that it can qualify for a two-stage accreditation process.
Stage 1: A written application form together with required paperwork is submitted prior to or during delivery of the course to which the application pertains. The paperwork is allocated to a CRED panel for a paper review. Once reviewed CRED will inform the course convenors/organisers if the course, once completed as described, is in line to meet AFT requirements.

Stage 2: Once the course is completed a second set of paperwork will need to be submitted to the CRED panel for paper review. Should the panel be satisfied that the course has met all requirements, the course will be recommended for full accreditation for that cohort.

Post accreditation: Should the same course be required to run for a second or further time, new requests will need to be made to CRED in order to consider the following:

- An application for an extension of the accreditation for a further year up to a maximum of five cohorts. Should an extension be granted the course would need to complete an annual review form
- Application for a full accreditation after five years
- A review of the status of the course i.e. does the course still maintain its status as an Associate Course.

B. RE-ACCREDITATION

Re-accreditation usually takes place by paper review and courses will be notified that their annual submission is due in the year preceding expiry of the accreditation of their course. Any changes in the course should be highlighted in these reviews. Should the changes prove extensive a new and fuller accreditation process may be required. This full paper re-accreditation is usually required after five years. A full accreditation with a visit from the CRED panel is required at the end of ten years. If courses have not begun the re-accreditation process by six months after their accreditation runs out they will be considered to be non-accredited and will have to apply for a full accreditation.

Step 1: Submission

Courses will be required to complete one hard copy and one electronic copy of the application form and relevant documentation, and submit a cheque for the fee to the CRED Administrator. The application form will list the range of course documentation required. In addition, any other material that the applicants think would be helpful to the panellists, including any external examiner/annual reports on the course since the accreditation, should be included.
Step 2: Agreement of Panellists

Two panellists will be appointed. The course leaders will be notified of their names and if they agree with the proposed panellists the accreditation will go ahead. If there are any reasonable concerns or objections, alternative panellist/s will be appointed.

Step 3: The Re-Accreditation

A review is usually a paper exercise and panellists will read the documentation and talk to course leaders by telephone when necessary. Panellists reserve the right to request a face-to-face meeting if they feel it is required. Where it is thought that major changes have occurred in the course, panellists can request a full accreditation. This decision would be taken in collaboration with the CRED Committee.

Step 4: Report and Feedback

Panellists will write a report and make one of the following recommendations:

• To re-accredit the course for a further five years

• To give qualified re-accreditation. In this situation courses will be required to make minor specific changes before they can be re-accredited

• Not to re-accredit. In this situation courses will have to apply to go through the initial accreditation process when they have made the required changes.

Course leaders will have the opportunity to correct any factual errors in the report. It will then go to the CRED Committee for ratification. A formal letter of accreditation will be sent to the course.

C. FEEDBACK

The course team will be invited to complete and return a feedback form on the process of their experience to CRED. This feedback will be used to review the accreditation process and to develop ongoing practices.

D. COMPLAINTS ABOUT THE PROCESS

These should be addressed in the first instance to the Chair of the CRED Committee and if it is not possible to resolve matters satisfactorily then the complaints should be brought before the AFT Board.
Section 7: Guidance Notes and Information

AFT

This is the commonly used abbreviation for The Association for Family Therapy and Systemic Practice in the UK.

AFT Code of Ethics and Practice

This can be obtained from the CRED Administrator. All courses, staff and students must abide by this code.

Anti-oppressive Practice

AFT requires that all its members and accredited training courses work towards a position in which they actively oppose discrimination. This involves recognising and challenging individual and institutional practices which lead to oppression and discrimination. It also involves actively developing practices which respect and are accessible to all groups in society.

APEL

This is the acronym for the Accreditation of Prior Experiential Learning. It is a way of claiming recognition for previously acquired learning and relevant experience. This may be for academic credits or for professional recognition. Entry requirements to intermediate and Qualifying Level family therapy training courses specify achievement of the previous training or equivalent. Courses must have clear means for determining equivalence.

To that end courses are being required to have a written APEL policy, guidance to applicants (including clear information on equal opportunities and facilities for applicants who may be in any way disadvantaged) and procedures for determining equivalence.

Complaints about the Accreditation Process

These should be addressed in the first instance to the Chair of the CRED Committee and if it is not possible to resolve matters satisfactorily, then the complaint should be brought before the AFT Board.

Course Handbook

The Handbook sets out the requirements that must be satisfied for a student to be eligible for course completion and graduation. Most handbooks include a description of the aims and philosophy of the course; the course structure and content and all administrative guidelines regarding assignment submissions; referencing; reading lists; accessing reading and so on.

Specific recommendations:

• It is expected that the AFT Codes of Ethics and Practice are included in the handbook.

• Where students are accepted on a course without prior professional qualification they should be made aware that on this account they might not be employed as a Family and Systemic Psychotherapist in the NHS. This needs to be stated in the handbook.

• In addition to the competencies laid out in The Blue Book, courses will find it helpful to refer to National Occupational Standards (Skills for Health) and Systemic Competences (UCL) as well as European standards in showing how and where they draw from in determining the appropriate competencies required for the stage and level of their training being offered.

The style and extent of inclusions in the handbook are, in the main, left to the course to develop in line with specific course requirements and the creative thought of course leaders.

CRED

This subcommittee of AFT is entrusted with the task of assessing family therapy courses and making recommendations for accreditation based on the criteria laid down in The Blue Book. AFT has the responsibility for assessing systemic courses on behalf of the Family, Couple, and Systemic Therapy College of the United Kingdom Council for Psychotherapy, and the standards laid down by CRED are designed to fit with UKCP requirements. CRED also has the responsibility for writing and reviewing training standards, contributing to discussions about training and identifying and sharing good practice.

CRED Administrator

The Administrator for the CRED Committee: This is the person to contact at AFT (see useful addresses) for application forms and further information.

CRED Panellists

Experienced family therapists, involved in training, who have been appointed by CRED to form a panel of assessors. It is from this pool that panellists will be chosen to accredit a particular course. The choice is made on the basis of experience, knowledge and impartiality. In most circumstances two panellists will be involved in the accreditation or re-accreditation of a training course.
The lead panelist is the panelist appointed to liaise with the course and takes responsibility for completing the report.

**Entry Requirements**

Traditionally training has been designed on the assumption that entrants will already have completed training in another relevant profession (e.g. psychology, social work, psychiatry, teaching or nursing). The assumption is that entrants will have some knowledge of the workings of the health and social services, experience in working with other health and social services professionals and a grounding in child development and psychology.

In recent years individuals without this background have sought to train as Family and Systemic Psychotherapists. This poses difficulties for courses that are not set up to cover the whole range of knowledge and skills required. It may be that courses wish to admit the occasional outstanding applicant who does not have a traditional background. Courses must demonstrate their method of assessing which areas of knowledge need to be covered in addition to the course, and discuss how the candidate will be able to cover this. Courses must also demonstrate that prospective students are made aware of potential additional study or experience requirements.

**The Portfolio**

All courses are encouraged to expect that students compile a portfolio of their learning. This can include all components of the course including teaching materials; support materials and assignments. An important element of the portfolio involves the critical analysis of teaching and learning. Personal reflections on learning will include the on-going course feedback from supervisors and teachers providing the context for mutual feedback and reflexive and self-evaluation.

**Practice or Clinical Placements**

The training courses in Family and Systemic Psychotherapy and Systemic Practice are usually set up for those working in a setting in which they are able to apply the training in their own workplace. However, students may sometimes have to find their own placement to gain more experience. In these cases the contract is between the student and placement but the course should support the placement with information about the course and some guidelines for students on what they will need to get from the placement experience.

It is possible that a course might use placements as part of the requirements of the course, with regard to practice hours and supervision experience. In these cases Supervisors will usually be registered as UKCP Family and Systemic Psychotherapists and/or Supervisors and should be well connected with the course and key course staff.

**Qualified Family and Systemic Psychotherapist**

This usually refers to an individual who has successfully completed an accredited four-year training in Family and Systemic Psychotherapy.
Qualified Supervisors

The Red Book provides a framework and lays down the requirements for registered Supervisors. It is expected that courses will ensure that the Supervisors they use meet those requirements. The Association for Family Therapy maintains a register of accredited Supervisors. Suitably trained Family and Systemic Psychotherapists who are supervising can apply for registration.

The Red Book
Criteria and guidelines for the registration of supervisors and the accreditation of supervision training courses. These are published and administered by AFT.

Requirements for Direct Practice Hours:

Foundation Courses: No specific requirements apart from that of having the opportunity to apply theoretical ideas in the workplace. Intermediate Courses: The completion of a minimum of 60 hours of systemic practice. Qualifying Courses: A minimum of 40 hours within the context of the course and 200 hours outside the course.

Supervision of Practice Hours

Supervision of practice hours should be undertaken as stipulated in the relevant sections of The Blue Book.

Systemic Practitioners at Intermediate Level

Individuals who have completed both Foundation and Intermediate Level Training may be referred to as systemic practitioners at intermediate level. Please refer to AFT Guidance on expected practices at this level. This level of training does not confer eligibility for UKCP registration as a Qualified Family and Systemic Psychotherapist.

UKCP

This is the commonly used abbreviation for the United Kingdom Council for Psychotherapy. This body represents a range of different psychotherapies and sets standards in all areas of psychotherapy practice and training. It keeps a register of approved psychotherapists and those who have successfully completed an approved four-year training programme are eligible to apply for registration.

The Family, Couple, and Systemic Therapy College of the UKCP is the section to which Family and Systemic Psychotherapists belong. AFT is a member of the section and in addition to accrediting courses it puts forward therapists for registration.

USEFUL ADDRESS

The Association for Family Therapy and Systemic Practice in the UK (AFT)
Sue Kennedy, Executive Officer, 7 Executive Suite, St James Court
Wilderspool Causeway, Warrington WA4
6PS Tel: 01925 444414
E-mail: s.kennedy@aft.org.uk

The Blue Book
Alternative Foundation and Intermediate Course Frameworks

Two-year Courses

Some course providers may choose to run a two-year combined Foundation and Intermediate Course. If this is the case they must demonstrate that the combined course covers requirements for both years and that successful students have met all of the learning outcomes.

Embedded Foundation Courses

Foundation Level Training may be delivered as part of a professional training in social care or mental health e.g. Clinical Psychology, Social Work or Psychiatry. It is necessary for all requirements for Foundation Level Training to be met.

The Foundation Course will usually run over one academic year but where it is delivered as part of a professional training or agency based provision, or in other circumstances, the time scale of delivery may vary. A rationale for this must be presented when the course is put forward for accreditation.

Children & Young Persons Improving Access to Psychological Therapies (CYP-IAPT) Systemic Family Practice

CYP-IAPT is accredited by the CYP-IAPT National Accreditation Council. AFT is well represented in the accreditation process. The CYP-IAPT Systemic Family Practice Curriculum states that “The CYP-IAPT training is a route into the year 3 of the 4 year training”. CYP-IAPT Systemic Family Practitioners therefore are eligible to apply for Qualifying Level Training and to be considered on interview.

Entry to MSc Level Training

Entry to MSc Level Training depends on applicants showing a sufficient level of clinical experience and breadth of systemic knowledge needed in line with the APEL polices of the MSc courses concerned, in order to enter this level of training. This will be assessed through application form and interview, in addition to completion of an AFT accredited Intermediate Course or CYP-IAPT Systemic Family Practice Training.

Satellite Courses

A Satellite Course is a course that has the same overall managing organisational context as the main accredited course. The Satellite Course will usually have the same marking, teaching topics and awards as the main course and take place at a site remote from the main course. See page 15 for further information.

Associate Courses

An Associate Course is a course that has the same overall managing organisational context as the main accredited course. It may not have the same marking; teaching topics; award or core course structure as the main course and will usually take place at a site remote from the main course. See page 15 for further information.
APPENDIX E:
AFT Requirements for Qualifying Level Training
AFT Requirements for Qualifying Level Training

General requirements are as follows:
1. A qualifying level course must be at a postgraduate level and linked to an academic institution (many courses will carry an award of MSc or equivalent but this is not a requirement for AFT accreditation)
2. Standards should be such that graduates are able to practice independently and at a level appropriate to apply for UKCP registration following successful completion of their training
3. Courses may be designed in a variety of ways but must fulfil the criteria laid down below.

A. ENTRY REQUIREMENTS
1. A relevant professional qualification or equivalent.
2. A first degree or evidence of ability to study at a postgraduate level.
3. Successful completion of foundation and intermediate years of training in systemic practice (or equivalent).

B. SELECTION
1. Courses must have a clear selection policy with opportunities for unsuccessful applicants to receive feedback.
2. Selection should be made on a range of information and must include an interview. At least two references should be sought, one of which should be from someone with knowledge of the candidate’s systemic practice and another from a previous training course. Attention should be given to assessing the candidate’s suitability for the profession of psychotherapy and this should be given priority over academic prowess.
3. Clear procedures must be laid down for the accreditation of prior learning. These will be done in collaboration with the academic institution validating the course.
4. An equal opportunities policy must be implemented in relation to selection and courses must have policies for addressing the needs of students with disability.

C. LENGTH AND STRUCTURE OF THE COURSE
a. Length of Course
   The course should be completed on a part-time basis within two to five years. Courses which run on a full-time basis and which fulfil all of the criteria laid out in this document may be considered for accreditation. However, they must clearly demonstrate that graduates achieve an accepted standard in all areas of learning, including personal and professional development.

b. Study Hours
   In a course of this nature there is a strong emphasis on developing effective practice and the application of theory to practice. Learning takes place in many different domains. Requirements are expressed in minimum total study hours for particular aspects of the training (see the chart overleaf).
   Courses will be required to demonstrate how students will achieve the total of 1,920 study hours (the minimum), including:
• 480 in direct contact with course staff, and
• 1,440 independent study hours (a ratio of 1:3).

D. CLINICAL PRACTICE
There are four aspects to the clinical training experience:

1. Direct work with clients i.e. hours of supervised direct work with clients within the confines of the course, the supervision process including live supervision, video and/or audio-tape review and other supervisory activities
   These must include 40 hours of face-to-face work with clients supervised by a supervisor accredited by AFT or fulfilling the criteria for accreditation by AFT (please see The Red Book). These 40 hours include up to 30 minutes of discussion time, specific to each session
   Of these 40 hours at least 35 should be live-supervised by the appointed supervisor. The remaining hours can be peer supervised and presented to the supervisor through video or audio-tape. This will usually occur at later stages of the training.
   It is important that students acquire substantial experience in working with couples and families, including families with young children and families across two-three generations. It is also advisable that they have some experience in working systemically with individuals. At least 75% of the live-supervised hours (i.e. a minimum of 30 hours) should be with more than one client in the room. Courses should ensure that, as far as possible, all students have experience of working with a range of clients.
   All students should have some experience of working with families with school-age children.

2. Clinical practice within a supervision group i.e. experience of working in a clinical supervision group within the context of the course. Trainees learn a great deal from observing and participating in the work and supervision of fellow students.
   Trainees should complete a minimum of 300 hours within a supervision group, including their own hours of direct work with clients.
   Trainees should have the opportunity to experience a range of supervision methods, which must include live supervision, video review, and work on personal and professional development.

3. Experience of working systemically outside the confines of the course, including some experience in health and/or social service settings. Trainees should complete a minimum of 200 hours of systemic work per year in addition to that provided by the course. This will usually be in a trainee’s workplace but, occasionally, it may be necessary for students to complete additional work on a placement basis. Courses should lay down clear guidelines and expectations for any placements.
   The course should provide opportunities for discussion of work outside the course and students should be encouraged to make use of supervision and consultation available to them in addition to the supervision provided by the course.
   If students have not had the experience of working in a health or social services setting or equivalent, they should at least have had the experience of some observation placement in such a setting.
4. Personal and professional development. Exploration of the contribution of ‘self’ (both personal and professional) to direct work with clients and other aspects of professional work. This should be addressed in all domains of the course but particularly in the supervision group and personal and professional development groups.

E. LEARNING OUTCOMES
Below is a list of learning outcomes associated with competent, independent practice. Courses should be able to demonstrate how their curriculum and assessment procedures relate to these.

By the end of the course students should be able to demonstrate:
1. a comprehensive and up-to-date knowledge of the literature relating to family therapy and systemic practice
2. an understanding of some of the key developmental processes within individuals, families (in diverse forms) and social systems
3. a commitment to anti-discriminatory and culturally sensitive practice, and show evidence of this in clinical work
4. an ability to elaborate and critically evaluate a range of theoretical frameworks in relation to practice
5. an ability to compare and contrast different approaches in systemic therapy and their relationship with other therapies and theories of change
6. knowledge of a range of possible problems presented by clients coming for therapy (these should include examples of more serious mental health issues, knowledge of relevant research findings and clinical understanding from inside and outside of the psychotherapy domain sufficient to enable therapists to identify problems that can be helped by other methods as well as those outside their own limits of expertise)
7. an ability to develop effective therapeutic relationships with a range of clients
8. an ability to use a range of techniques to help clients to make changes in their lives
9. an ability to adapt skills and techniques to a range of clients
10. an understanding of wider systems and their impact on individual and family life, and an ability to include this perspective in work with clients
11. an ability to recognize the limits of personal expertise, skills and approach and refer clients appropriately
12. a capacity to use the supervision and consultation processes
13. an ability to consult constructively with colleagues
14. an ability to take an active role in the development of personal learning and be able to identify areas of personal strength as well as areas for future professional development
15. an awareness of personal development processes and an ability to use them in therapeutic, reflexive ways
16. an ability to critically evaluate relevant research findings
17. sufficient knowledge of research methods to be able to plan and carry out a piece of research relevant to the field
18. an ability to organize work and manage organizational tasks and liaison efficiently and effectively
19. an ability to communicate the process of therapy in both oral and written forms to psychotherapy colleagues as well as other professionals
20. an ability to apply the AFT Code of Ethics and Practice to clinical work and an awareness and ability to consider and respond appropriately to ethical dilemmas.

F. ASSESSMENT

1. Principles of Assessment
Courses may choose to organise their assessments in a variety of ways but the assessment process should be based on the following principles:
  a. clear information for students on methods of assessment and what is being measured
  b. a mixture of summative assessment (i.e. assessment which measures attainment) and formative assessment (which allow feedback to students to help them improve their performance)
  c. a clear and open marking system
  d. standards that ensure that graduates are able to operate independently and provide sensitive, ethical and effective therapy
  e. an external examiner who has knowledge and experience of the field.

2. The Assessment Process
The assessment process should include:
  a. regular supervisors reports throughout the course and a final report which describes the level of practice and makes clear recommendations about a trainee’s readiness for independent practice
  b. written and verbal presentation of clinical work
  c. written work including one extended paper or dissertation
  d. ways of assessing research knowledge, and an ability to plan and carry out a project (this might be through the requirement of a research-based dissertation, the preparation of a detailed research protocol or the carrying out of a small research project)
  e. the completion of a learning portfolio
  f. documentation of clinical work outside of the course.
Everyone involved in training psychotherapists and systemic practitioners recognises the complexity and responsibility of the task. The requirements set out in this Blue Book are minimum standards designed to encourage courses to develop increasingly effective ways of training individuals to be able to make positive contributions to clients’ lives and to be effective colleagues in a variety of practice settings. A detailed curriculum is not laid down but the course curriculum must provide the opportunity for students to reach the required learning outcomes.
### MINIMUM HOURS FOR INDIVIDUAL AREAS OF THE CURRICULUM
(over the length of the course)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical learning within a supervision group. This includes direct practice and observation of the direct practice of others, participation in reflecting teams, video review, case discussion and other supervisory and clinically based activities including personal and professional development.</td>
<td>300 contact hours</td>
</tr>
<tr>
<td>Hours devoted exclusively to personal and professional development work in addition to supervision group.</td>
<td>25 contact hours</td>
</tr>
<tr>
<td>Theoretical teaching, including academic materials</td>
<td>155 contact hours (minimum)</td>
</tr>
<tr>
<td>Face-to-face hours with clients as part of the course. (i.e., fly-in fly-out) supervised by a supervisor accredited by AFT or fulfilling the criteria for accreditation by AFT (see Red Box). A 60-minute session up to 1-hour hours can be counted to include discussions immediately relevant to</td>
<td>40 hours</td>
</tr>
<tr>
<td>The remaining hours should be video or audio-taped and be available for discussion by supervisor but may be peer supervised.</td>
<td></td>
</tr>
<tr>
<td>Ice raises with clients outside of the course. Trainees must be doing this in their work setting and preferably be receiving appropriate supervision in their workplace. This work must be available for discussion and consultation on the course. Courses should make provision to do this in whatever form is appropriate.</td>
<td>200 hours</td>
</tr>
</tbody>
</table>
APPENDIX F: Quality Assurance Protocol

Quality assurance protocol

The University of Exeter has a Teaching and Quality Assurance Policy.

Details of this policy can be found via the link below:

http://as.exeter.ac.uk/academic-policy-standards/tqamanual/
Quality assurance protocol

The University of Exeter has a Teaching and Quality Assurance Policy.

Details of this policy can be found via the link below:

http://as.exeter.ac.uk/academic-policy-standards/tqamanual/
APPENDIX G: Recommended Placement Protocol
Recommended Placement Protocol

Exeter University
Family Therapy Student Placement Protocol

Qualifying level

Introduction
Clinical placements are an important part of the training of family therapists and it is essential that the partnership arrangement with the training institution is clear.

Partnership
The NHS Trust in question (fill in..........................) is agreeing to provide a clinical placement for ................. who is training at Exeter University on the MSc in Psychological Therapies. The student will arrange to attend the placement on their own. Students and tutors are aware that there may be administrative charges for CRB checks which will be covered by the student. In exceptional cases other fees may be requested.

It is understood that Exeter University does not pay for placements but will provide CPD resources to supervisors.

Arrangements for placements
Exeter University will provide details of the proposed students to supervisors including their application forms, any relevant CVs, timetables and handbooks. The supervisors and students will meet prior to agreeing to work with each other. This meeting will be a place for each party to decide if they can work with each other including if the supervisor can meet the learning needs of the student. This meeting should clarify dates, responsibilities, any questions, etc. We recommend that both students and supervisors refer to the Supervisory Process document.

At this stage there is no requirement to provide a placement. Any unresolved issues or concerns need to be raised at this stage and a conversation invited between tutor, supervisor and student. If it is agreed to pursue the placement, the tutor should be informed and the process of creating an Honorary Contract begun.

In the initial weeks of the placement the placement contract should be signed.

Honorary Contracts
It is the responsibility of the Trust to provide an honorary contract. This will require a CRB check which may take a few weeks: the early start of this process is advised. Honorary Contracts usually entail a CV, copies of professional registrations/ qualifications/ health screening and attendance at Corporate Induction. Students must provide all relevant information for their CRB to proceed smoothly.
1. Supervisors will also need to arrange local inductions including orientations to the multidisciplinary team. Other issues covered in the induction may include:
2. Referral systems
3. Geographical/ socio-economic mapping
4. Visits to local services
5. Recording systems (and data safety issues)
6. Consent to treat issues
7. Locating key policies/ guidance

Special attention should be taken in orientating students to Safeguarding and Risk Assessment procedures.

**Health and Safety**
1. Students should familiarise themselves with all relevant procedures and be clear how to report risks, incidents or accidents that may occur. Personal safety and professional responsibility to others (including clients and colleagues) are paramount and include:
2. Fire arrangements
3. Manual handling
4. Risks and management of potential violence and aggression
5. Lone worker procedures

**Placement hours etc**
1. The placement will usually consist of one session (up to 4 hours) once a week. Leave must be discussed between supervisor and student and in the event of sickness, the student must inform the supervisor.
2. Students should abide by the dress code of the Trust which will normally specify that underwear should not be visible.
3. Attendance at internal training can be counted as hours in placement.

The requirement is to be part of a clinical learning team for 150 hours per year of training. It is possible for some years to be ‘carried over’ if necessary.

**Fitness to practice**
If supervisors have a concern about a student’s fitness to practice they should discuss this with the student and then contact the tutor and usually their professional lead.

**Review meetings**
There should be a three way meeting at an early stage of the placement to clarify learning goals and progress. Other meetings may be called depending on need but there would usually be a further three way meeting during the latter part of training. All parties are encouraged to be in touch by email or phone throughout the training process.
If the student has concerns about the placement, this should be discussed initially with the tutor. If concerns persist, a placement meeting should be arranged.
Clinical supervision and accountability
The supervisor is responsible for the student’s clinical work and therefore is entitled to ask the student to behave in certain ways and to respond to supervision. The frequency of one to one supervision will be determined at the beginning of the placement. It is recognised that the student’s cases will also be discussed in the supervisor’s supervision.

Case material in training
Family therapists can only pass their clinical training if they demonstrate via video or DVD recordings that they are competent. They will also reflect on their cases in their assignments and in their discussions in University. Consent for these activities must be given in accordance with Trust policy. Students must comply with policies regarding confidentiality, the use of recordings and make extra care when conveying such material with them. Supervisors may require signed records about the number of recordings made, their deletion dates and the use made of them. It is a standard policy that recordings should be erased at the earliest opportunity when the need for them has been met. Extra care should be taken with digital recordings.

Responsibilities

The Tutor will seek to
1. Recommend suitably qualified students for placements with supervisors.
2. Visit the clinical placement at least twice during the two years and be in regular contact via email etc.
3. Be available to help student and supervisor should challenges arise.
4. Take seriously fitness to practise issues.
5. Take responsibility if it proves necessary to terminate a student’s studies.
6. Coordinate the student’s learning between the clinical placement and academic course.
7. Respect the confidentiality of the student and supervisor and will negotiate with all parties if these boundaries need to be broken.

The supervisor will seek to
1. Prioritise the student’s learning in the clinical placement.
2. Attend as is possible meetings centred around the student’s learning.
3. Take responsibility for the clinical work undertaken by the student.
4. Take responsibility for deciding on the student’s clinical competence.
5. Collaboratively construct a programme to increase the student’s clinical competence.
6. Ensure that matters of risk (safeguarding/ mental health safety) are attended to where relevant.

The student will seek to
1. Abide by agency policies and procedures.
2. Behave in a professional and ethical manner.
3. Be punctual and inform the supervisor if he/she cannot attend the training clinic.
4. Keep a record of the hours undertaken, keep relevant notes and contribute to the placement report.
5. Recognise that psychotherapy training may evoke a number of challenges and deal with these reflexively.
6. Help keep their supervisors up to date as regards the content of the academic course.

Signed:

Tutor..............................................................
Supervisor....................................................
Student...........................................................

Date:
APPENDIX H: Table mapping AFT ‘Blue Book’ learning outcomes into CYP-IAPT SFP learning outcomes
Table mapping AFT ‘Blue Book’ learning outcomes onto CYP-IAPT SFP learning outcomes.

### Basic Skills module

<table>
<thead>
<tr>
<th>Blue Book competency for Intermediate Courses (Please see full description on AFT website)</th>
<th>CYP-IAPT SFP learning outcomes (please see full description on UCL website)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>Aims and General Learning Outcomes</td>
</tr>
<tr>
<td>Demonstrate understanding of a range of systemic theories including a theory of change</td>
<td>Understand and apply systemic theories</td>
</tr>
<tr>
<td>Critically discuss issues of power and difference including ethical responsibilities and clinical responses</td>
<td>Explore constraints including wider social discourses</td>
</tr>
<tr>
<td>Articulate theory, research and evidence base for systemic practice</td>
<td>Develop a critical knowledge of the above and relevant research</td>
</tr>
<tr>
<td>Use supervision and take reflective approach to learning</td>
<td>Consider impact of personal and professional issues on the work</td>
</tr>
<tr>
<td>Have basic understanding of one manualised approach and how to apply it</td>
<td>Integrate the core principles of SFP with appropriate specific (manuals) evidence based systemic practice</td>
</tr>
<tr>
<td><strong>Theory to practice</strong></td>
<td></td>
</tr>
<tr>
<td>Convene systemic sessions</td>
<td>Structure and pace sessions in a way which provides a safe environment etc</td>
</tr>
<tr>
<td>Work collaboratively to set goals</td>
<td>Work collaboratively with family members etc</td>
</tr>
<tr>
<td>Develop therapeutic alliance with more than one family member</td>
<td>Develop and maintain the therapeutic alliance etc</td>
</tr>
<tr>
<td>Conduct an assessment</td>
<td>Understand the history of the presenting problem in relation to the family</td>
</tr>
<tr>
<td>Help clients identify strengths etc</td>
<td>Encourage family members to identify their strengths and resources</td>
</tr>
<tr>
<td>Create systemic hypothesis</td>
<td>Make a formulation of the family and its relationship to the presenting problem</td>
</tr>
<tr>
<td>Ability to use family trees etc</td>
<td>Map trans-generational family relationships using questioning, genograms etc</td>
</tr>
<tr>
<td>Use techniques such as questions, reframing etc</td>
<td>Demonstrate listening skills and curiosity through techniques</td>
</tr>
<tr>
<td>Track and work with behavioural and communication processes</td>
<td>Including questioning, reframing etc</td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td>Understand ethical issues in relation to systemic practice</td>
<td>Actively track and work with behavioural processes</td>
</tr>
<tr>
<td>Use reviews and ROMS</td>
<td>Understand and manage ethical issues relating to systemic practice with families</td>
</tr>
<tr>
<td>Manage endings as appropriate</td>
<td>Include progress reviews using agreed measures</td>
</tr>
<tr>
<td></td>
<td>Manage endings effectively</td>
</tr>
</tbody>
</table>

Please note a few issues:
I assume the accrediting panel had such a grid available to them when they accredited the course.
The authors of these two documents were often the same people.
The CYP-IAPT SFP curriculum was written so that it would satisfy AFT Intermediate level LO.
In fact the SFP Aims, Learning Outcomes and Competencies are significantly larger and I think personally more rigorous than the AFT ones: hence not all LO are included in the above table.
APPENDIX I:
Student Support

Student support

The University has a range of supports for students including Accessibility, Disability, Study Skills, Wellbeing Service etc. These can be found via link http://www.exeter.ac.uk/students/