

# Family Therapy Training on a Clinical Psychology Programme in Ireland

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## ABSTRACT

*The report describes a family therapy training unit developed for postgraduates in clinical psychology. The teaching method includes reading, video modelling, and simulated practice. The academic material and practice exercise are contained in a text book.*

## CONTEXT AND SETTING

On the Doctor of Psychological Science (D Psych Sc) in clinical psychology at University College Dublin School of Psychology we have developed a unit on family therapy which is described in this paper. On the D Psych Sc, in addition to a major research thesis, candidates complete six 4.5 month placements of supervised clinical practice, each of which is preceded by a 6 week preparatory academic teaching block. The first year of the programme focuses on working with children and families, and it is in the second teaching block of this year that the family therapy unit occurs, after candidates have covered all the material in the *Handbook of Child and Adolescent Clinical Psychology* (Carr, 1999, 2006) and completed their first child and family clinical placement. The second year is concerned with working with adult mental health problems. Working with people who have intellectual

disabilities is the main focus of the third year of the programme. Much of the curriculum of the programme is contained in three handbooks (Carr, 1999, 2006; Carr & McNulty, 2006; Carr, O'Reilly, Walsh & McEvoy, 2007). A notable feature of these volumes is the degree to which systemic ideas and practices have been integrated into the overall curriculum.

## WHY ARE WE DOING THIS ?

Postgraduates on the D Psych Sc requested a more formal introduction to family therapy theory and practice, and I was interested in developing a system for rapidly inducting trainee clinical psychologists into the tradition, theory and practice of family therapy.

## DESCRIPTION OF THE TEACHING METHOD

The teaching method includes reading, video modelling, and simulated practice. Reading is completed prior to the modelling and practice elements which span six 3-hour sessions.

Candidates read *Family Therapy: Concepts Process and Practice* (Carr, 2000, 2006). The book offers a critical

evaluation of the major schools of family therapy, an integrative practice model, examples of how this model may be used with a range of common problems, and a review of research on the effectiveness of family therapy.

In the first section of the book major theories of family therapy are grouped together in terms of their central focus of therapeutic concern, and in particular with respect to their emphasis on (1) problem-maintaining behaviour patterns; (2) problem-related belief systems and narratives; and (3) historical, contextual and constitutional predisposing factors. A three column model for formulating both problems and exceptions to these is presented in the second section of this book. The formulation model uses the three themes by which the schools of family therapy were classified to organize information about a particular problem. In light of these formulations, a range of interventions which address factors within each column of these three column formulations may be considered. Some interventions aim primarily to disrupt problem-maintaining behaviour patterns or amplify exceptional non-problematic patterns. Others aim to help family members re-author their constraining narratives and develop more liberating belief systems which underpin exceptions to the problem. Still others aim to modify the negative impact of historical, contextual and constitutional factors or to draw on family strengths in these domains. There is no doubt that the classification of schools of family therapy according to three themes is an oversimplification. However, it is a particularly useful oversimplification insofar as it may facilitate an integrative approach to rapidly inducting trainee clinical psychologists into family therapy practice.

In the video modelling section of the unit, candidates observe a video of a simulated intake interview which illustrates how to use the three column formulation model to guide preliminary interviewing.

In the simulated practice section of the unit (which covers five 3-hour sessions) the class of 9-12 candidates is divided into those who role play a family and those who work as a therapy team. The exercises (which are described in detail in Carr, 2006) cover intake interviewing, enactment and boundary making, addressing ambivalence and presenting multiple perspectives, externalizing problems and building on exceptions, and disengagement. For each exercise family and team members prepare for 10 minutes, role-play for 40 minutes and debrief for 40 minutes. Detailed family roles and clinical preparation

guidelines are given in the text and this is supplemented with coaching from the trainer (Carr, 2006). Therapists and teams are invited to set specific goals that they wish to achieve in each session. During role-plays, the team sit behind the therapist while he or she is conducting therapy with the family. When therapists get stuck they say 'freeze' as a signal for the family to pretend that time has frozen. While time is 'frozen' the therapist engages in live supervision with the trainer and team about how to proceed. When the therapist and team are 'back on track', the therapist says 'unfreeze' and the therapist and family pick up the conversation where they left off. During the debriefing each family member is invited to describe the events in the session that made them feel good, hopeful, co-operative with the therapist, and attached to family members; and events made them feel bad, hopeless, resistant to the therapist and alienated from family members. The therapist and team are then invited to reflect on what they have learned from these accounts and how this will impact on their future work with families. Then therapists who did interviews are invited to self-rate the degree to which they believe they achieved the goals stated in their session plan on a 10 point scale from 1 = didn't achieve this goal, to 10 = achieve this goal well. They are then invited to reflect on how this self-rating will inform their future plans for development as therapists.

## EVALUATION

This family therapy unit has been conducted with 6 cohorts of 9-11 postgraduates, and in all instances has been positively evaluated with post-unit questionnaires completed by postgraduates. Feedback from postgraduates' clinical placement supervisors about family work skills following the introduction of this unit has been positive.

## REFERENCES

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