TRAINING SYSTEMIC FAMILY THERAPISTS RELATED TO PSYCHOSOCIAL INTERVENTION

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Abstract

The purpose of this paper is to focus the need of a reflexive stand about systemic training in family therapy in a higher education program.

This training is associated to diverse social interrelationships that combines theoretical and clinical objectives, as well as research activities and community issues. We have been working in training programs at the National Autonomous University of Mexico, Iztacala Faculty, since 2001. The epistemological basis of this training are the systemic and cybernetic perspectives, and constructionist view about social construction of meanings in therapy and in educational processes. We emphasize observer implication, where the student/therapist in training is observer and observant in the therapeutic and educational process. The community context is where the therapy occurs which represents complex problems of reality. We focus at individual and community influences in problem construction and at the diverse ways the systems structure is organized. We attend the emotional, cognitive, situational, social aspects of the person of the therapist. The dialogical systemic approach lead us to consider the situation of the therapist, the supervisors and the consultants. We focus on the ethics, the relational responsibility, of the systems participants involved. We propose the search for contradictions, concordances or dilemmas, associated to family, social and gender diversity, oriented to look for alternative ways of connecting with consultants and therapists. We emphasize the positioning of persons as subjects who can act upon their realities, that can explore different ways of action upon society, at the actual historical context where we live, trying to search for individual and collective strengths and possibilities.

We propose a reflexive stand when we focus our educational work, about what we do, in which theoretical and ethical perspectives we base our proposals, in order to anticipate and promote responsible professionals in connection with community needs.

This reflective processes can take in account dimensions such as: plurality, complexity, diversity, systemic relationships, meaning construction, history, contexts, social resources, gender perspective, power and the implication of the person of the therapist. Power relationships between professors, clinical supervisors, students, consultants, institutional systems, could be externalized in order to approach ethical considerations in the clinical and educational processes.

Keywords: Education, family therapists, systemic, social historical context, interrelationships.

1. Introduction and context

The ideas expressed in this paper derive from the author's participation as professor and coordinator of the Postgraduate Program in Family Therapy at the Iztacala Faculty of the National Autonomous University of Mexico (UNAM) from 2001 to 2022. This program receives psychology graduates seeking a master's degree in psychology in the area of specialization in systemic and social constructionist therapy, with a duration of two years, where they develop clinical skills to work as psychotherapists for individuals, families, couples and groups. To date, 21 generations have entered the program, and each school year, between 8 and 12 students are admitted after a very difficult selection process, given the great demand for this program, which is taught in a very prestigious public university. The students who enter receive a scholarship for the two years, the program has no cost; the students are advised by a tutor until they achieve the degree of master and specialty, after they have completed the courses and a research thesis or report of the theoretical, clinical and research experience developed in the program. About 12 to 15 professors participate per school semester, all with experience as teachers and researchers, and as therapists in family therapy based on these models. The skills and profile that the graduate will achieve are: conceptual theoretical, clinical, research abilities, prevention, ethics and social commitment, scientific and pluralistic thinking, recognizing human needs and diversity.

2. Objectives

The purpose of this paper is to propose the need for a reflective stance on the educational aspects of a program aimed at training family therapists from a systemic perspective; to focus on the curricular processes and the theoretical, clinical and community care training that characterize a postgraduate program at a public university in Mexico (UNAM). We also propose the reflection on how the different educational, relational and psychosocial processes interrelate in a curriculum are relevant and contribute to a systemic and socially responsible educational model (Desatnik, 2010).

3. Methodology

The professional and academic training of family therapists studying at a public university such as the UNAM in Mexico, leads us to propose a systemic and complexity posture that is oriented to recognize the different integrated systems and subsystems, where the educational dimensions of the subjects involved, the characteristics of the institutions converge. The intention is to promote an integrative vision to address clinical problems from an interactional angle between community practice, clinical supervision, case analysis, where the therapeutic processes include the various theoretical concepts, as well as the implications for the therapist are discussed. The main epistemological models are based on the systemic perspective (Von Bertalanffy, 1987; Papp, 1987), as well as the systemic-dialogical (Bertrando, 2011) and postmodern perspectives (Hoffman, 1997, Gergen, 1996). Cybernetics (Bateson, 1991) is relevant, as well as the complexity proposal (Morin, 2007) and the gender perspective (Walters, Carter, Papp and Silverstein, 1996).

In the formal educational process, an integrative and complexity perspective is also included, where the institutional regulations, economic resources, agreements with other institutions; we focus on the relevance to analyse the social, political and economic context in which it participates, the characteristics and influences of society that influence and are mutually influenced in community life are analyzed. (Bauman, 1999, Byung-Chul Han, 2010). At the curriculum level, theoretical and research seminars, clinical care scenarios with consultants in various community, school and health institutions are scheduled. This activity is given through clinical supervision that integrates epistemological, relational and ethical aspects for the prevention, evaluation and treatment of the different problems presented by families, couples, groups and individuals in the community. This supervision is done individually, in groups, with Gessell cameras, or by participating in the same scenario in which the patients are, by digital means, (mainly since the beginning of the pandemic by Covid 19), co-therapy, multifamily therapy, therapy with groups of people with similar problems (for example, groups of women who experience violence, groups of adolescents, groups of people who want to reduce violence, groups of parents who want to improve their parenting skills, people with anxiety or depression). Research is an important aspect of the training. Quantitative, qualitative and applied clinical research on therapeutic processes is encouraged. Research results are published in specialized journals and presented in academic forums. We are proposing a continuous interrelationship between the three components: system - individual - context. The focus on each of these elements would always be linked to their participation in this continuous feedback loop, where they influence each other continuously.

4. Analysis

We have observed a series of dilemmas in our applied program, when we try to have a look at complexity, which allows us to observe some of the contradictions or concordances. Regarding research, we ask ourselves: What do we research? How do we research? What problems do we focus on? What are the relevant methodologies and congruent with our epistemology, as well as with the relevant topics to investigate? What is the congruence between research, in the clinic and the systemic and postmodern epistemologies? How are meanings, processes, behaviors and relationships constructed? Qualitative and quantitative methods respond to different ways of explaining reality. The former can focus on relationships, processes, from a perspective that recognizes circularity and systemic relationships. The latter point to causal relationships where one variable determines others, which does not coincide with a perspective that sees circularity in relationships (Cecchin, 1987). The proposal to analyze how meanings are constructed, how these meanings are shared, and how they are expressed in the context of a systemic relationship, is not the same as in the case of a circularity perspective.

The proposal to return to recognize the subject (Ibáñez, 1994), where the focus is on understanding people and not necessarily on determining the linear influence between variables. Second-order cybernetics (Bateson, 1991), says that we are part of the observed systems, so that in therapy, learning and research, we must include in the system the observed, the student and teacher, the

researchers and their subjects under investigation, since it is not possible to be alien or outside the observed system. Based on the above, it is also important to study the type of link that exists with the researchers and the therapists, as well as the links between them. We can ask ourselves, what is the relationship and difference between the roles of researchers, therapists and teachers/supervisors/students/therapists?

We can point out some dimensions in the training of therapists:
The recognition of the significant other.
The internal dialogue of the therapist
The questioning the expert position
The exercise of power and knowledge
Ethical posture
Therapeutic relationship
Work on the therapist's person
Attention and respect for diversity
Plurality
Complexity
Breadth of perspectives and constructions of reality
Positioning of the therapist
Emotions of the student/therapist/teacher/supervisor/researcher
Contexts
Resources and networks
Historicity
Gender perspective

Involvement of the different actors in the system from the second order cybernetics (Bateson, 1991).

The systemic relationships and the observation of the therapist's positioning are congruent with second-order cybernetics (Bateson, 1991), which implies that there is an inclusion of the observer in the observed system. This leads us to the continuous revision of the therapeutic framing, to careful attention in the therapeutic relationship (or in school relationships) (Desatnik, 2010; 2015). The look at how the therapeutic relationship flows, at the way in which hierarchical or horizontal relationships are presented, we would be choosing the way in which we address students, therapists, consultants, in the different contexts in which we participate., consultants, in the different contexts in which we participate. It would be important to investigate the history of the relationship as well as the ways of bonding, often unequal, in order to find spaces where egalitarian, respectful and equitable relationships can be fostered in the different areas of human coexistence, age, gender, social class, ethnicity, educational level. As a suggestion, we could analyze how power relations are conceptualized and practiced in a congruent manner with the epistemology of the theoretical models, the relations between people and institutions that are at different levels of responsibility and power. The idea of intervention would be subject to debate, since in horizontal relationships there would be no possibility of intervening but of co-constructing, both educationally and therapeutically. This is something that is continuously debated in this program, which assumes that people have an active participation in their processes, where they analyze and deliberate based on their perspective of reality, which may or may not be shared. The systemic view allows us to ask questions such as, for example, what is the therapist's tendency towards the process of change or homeostasis in school or therapeutic relationships? who is the promoter of change? how is the co-participation of the different actors in the system, according to second-order cybernetics (Bateson, 1991)? how are rules and limits proposed? How is a therapeutic framework decided, and from there, when to call, who to call, who to include in the system? Who defines and how, the inclusion in the therapeutic and school system according to the conceptions of family, system, linkage between the different actors? How are the degrees of horizontality or verticality, closeness or distance, in the relationship defined? If these processes occur in institutions, it is necessary to coordinate needs, policies, processes and structure of the systems involved.

5. Conclusions

The evolution of an academic program requires a continuous look at different aspects of the formal curriculum as well as the lived curriculum, where it is seen together with the daily situations of its application, as well as the way in which contradictions arise and are solved, integrations, elements that cannot coexist or also those that potentiate its development and its results. We can consider some relevant

aspects when we observe the evolution of programs where we assume that we are an interacting part in all its dimensions and also, we consider the different gears that integrate and continuously feedback in a systemic way. We can mention:

Expectations: these can be shared or not shared by the different actors that co-participate; it is important to consider how they are understood in the historical, cultural and political context in which they arise and are maintained or if they can be flexible and modifiable according to the processes of their application.

The needs of individuals and groups: programs are not successful if they only define quantitative results, scopes reflected by figures derived from research results that only take into consideration demographic variables, learning results or isolated variables without taking into account integration, co-participation, expectations. Learning and emotional needs of all those who participate in these processes. The needs of people, whether they are students, teachers, consultants, planners and coordinators, are relevant to any academic program.

Skills development and community care: there is the dilemma of what to prioritize, the training of students or the clinical care of consultants. Both objectives are important and both consultants and students experience anxious situations, challenges that require them to attend to different roles and aim at solving different problems. For the tutor or professor, there are priorities in the training of therapists, in the compliance of institutional norms and program guidelines. For the student who wishes to train as a therapist, it is important to achieve the proposed educational and professional objectives, but also to attend to the people who request therapy.

Interrelation among actors: some achievements of the graduates of this program are related to the confirmation of a professional network among teachers and graduates of this postgraduate program. They have participated in the organization of study groups, clinical, scientific and plural work in complex situations of family and community life. The program has been a seedbed for students and graduates from other universities and doctoral degrees. Many are teachers and researchers in public and private universities; the skills and perspectives learned are cascaded. Many participate in governmental, non-governmental and civil society organizations serving clients with a wide range of needs and problems. Some have done postgraduate studies abroad, others have worked in private and public clinics in Mexico and the United States.

Graduates have made proposals for action in health, mental health and attention to complex problems in the pandemic stage. They have shown adaptability and commitment in communities that experience stress and diverse problems; they have shared their knowledge and experience in critical situations, some of them of high impact and seriousness, such as attention to victims of violence, disappearances, vulnerable groups, masculinities and empowerment of women, problems related to addictions and diverse disorders.

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