



Provided by the author(s) and University of Galway in accordance with publisher policies. Please cite the published version when available.

Title	Mature trainees' perceptions of the process of their family therapy training.
Author(s)	Hodgins, Margaret
Publication Date	2004-10
Publication Information	Sheehan, J., Delahunty, A., McMahon, A., & Hodgins, M. (2004). Mature trainees' perceptions of the process of their family therapy training. <i>Human Systems</i> , 15(4), 288-299.
Publisher	Indiktos S. A.
Link to publisher's version	<a href="http://www.humansystemsjournal.eu/library/articles-before-2008-1/volume-15-2004-3/volume-15-2004-issue-4">http://www.humansystemsjournal.eu/library/articles-before-2008-1/volume-15-2004-3/volume-15-2004-issue-4</a>
Item record	<a href="http://hdl.handle.net/10379/2303">http://hdl.handle.net/10379/2303</a>

Downloaded 2024-04-25T11:13:31Z

Some rights reserved. For more information, please see the item record link above.



## Mature Trainees' Perceptions Of The Process Of Their Family Therapy Training

Jim Sheehan<sup>1</sup>, Alan Delahunty<sup>2</sup>, Ann MacMahon<sup>3</sup>,  
& Margaret Hodgins<sup>4</sup>

<sup>1</sup>Director of Training Family Therapy Unit, Mater Hospital, NCR, Dublin, Ireland.

<sup>2</sup>Family Therapist/ Psychologist, Lyradoon Family Centre, Western Health Board.

<sup>3</sup>Consultant Researcher, Kilfenora, Co. Clare.

<sup>4</sup>Department of Health Promotion, National University of Ireland.

---

### ABSTRACT

Studies on Family Therapy Training generally focus on the outcome of training rather than the process of learning. This study employed a qualitative methodology to explore experienced trainees' perceptions of skill acquisition and development over the course of a two-year part time systemic family therapy programme and one year later.

Participants were 15 M.Sc. in Psychotherapy trainees, all of whom had at least one qualification in the health or social sciences and all of whom worked in the health or personal services. Trainees were asked to supply comments on the process of training at five time periods: mid way through the first year, end of year 1, mid year 2, end year 2 and one year after completion of the course. Analysis revealed three main categories, one for each year, each with sub-themes. A key finding was that for these experienced therapists, there is clearly a process of de-skilling and re-skilling and de-thinking and re-thinking. It is evident that they actively consider the course material and do not adapt new ideas uncritically. The study demonstrates the utility of taking a qualitative approach to explore the process of training from the therapists' perspective.

### Introduction

Recent years have seen a proliferation of studies on Family Therapy Training (FTT). While Kniskern & Gurman were unaware of any empirical studies (in 1979) that focused on the process or outcome of FTT programmes, Avis and Sprenkle (1990) located 15 studies, six of which focused on instruments for measuring outcome and nine of which actually evaluated training outcomes. Studies generally focus on the outcome of training or elements of the training programme, rather than the process of learning. Thus, considerable attention has been paid to skill acquisition and the devising of appropriate measurement instruments. Despite this focus, the literature has yet to unequivocally demonstrate that FTT produces measurable gains in therapeutic effectiveness, and thus is a long way off producing a coherent theory of training.

More recently, Street's (1997) review of the literature noted the lack of studies that considered how trainees integrate different modes of therapy and therapeutic thought as their professional practice develops' (p.107). Attention has now turned, in part, to exploring the process of training: the manner in which skills are acquired, integrated with existing knowledge and applied in the therapeutic setting. In this way, as Rivett & Street (2003) state, process research can be used to

'set the stage' for outcome research and thus provide a valuable contribution to understanding FTT,

Antagonism to qualitative research methods has limited progress in family therapy research, including the exploration of training and professional development (Rivett & Street, 2003; Gehart et al., 2001). Yet, by its nature, process-focused research must employ qualitative methods. The continued need for qualitative studies in family therapy has been reiterated (e.g. Faulkner et al., 2002; Street, 1997; Moon, Dillon & Sprenkle, 1990).

Qualitative studies on the process of skills acquisition and integration are rare (Street, 1997). However where they do exist, they are encouraging. Green & Kirby-Turner (1990) describe a study in which six professionals met as a multi-disciplinary training team two afternoons per month over a period of one year to develop their skills in strategic family therapy. Using a repertory grid technique and an informal diary of critical incidents, they found that family therapists in training employ numerous learning paths. They concluded that the process of becoming a family therapist is not an easy or simple one, and involves the development of super-ordinate constructs under which a systems model and individualistic understanding can be subsumed.

Bischoff's (1997) study of 13 novice therapists' which retrospectively logged reflections on the first three months of clinical experience, revealed a focus on the development of confidence in one's clinical ability and the clarification of boundaries between therapist / client and between personal / professional self.

In a more loosely structured, formative study, Lee et al. (2001) reported on seven first year Marital and Family Therapy (MFT) trainees' daily journaling of critical incidents during their training. The themes that emerged related to peer relations, sources of stress, criticism of the training program and self-reflections.

These two latter studies were conducted on novice, inexperienced trainees embarking on a programme of therapeutic training. We do not yet know if the process is any different for mature trainees with previous non-MFT experience. The present study employed a qualitative methodology to explore experienced trainees' perceptions of skill acquisition and development over the course of a two-year part time programme and one year later (2001).

This programme is offered by the Mater Misericordiae Hospital in conjunction with University College Dublin. Trainees in the programme are normally experienced professionals - social workers, psychiatrists, psychologists, addiction counsellors, psychiatric nurses or other mental health specialists - who have already attained either masters or masters-level awards within their own first professional training and education. The programme standard is similar to that achieved in Masters level training programmes in systemic family therapy in the United Kingdom that are accredited by the Association for Family Therapy (AFT). While this is a part-time programme the standard is also equivalent to that reflected in the first two years University-based 3-year doctoral programmes in marital and family therapy in North America. In 2003 the programme was accredited by the Family Therapy Association of Ireland.

The philosophy of training underpinning the programme commits the course providers to proceed in a manner "which respects the unique abilities, aspirations, professional history and

prior learning of all students and teachers" (Course Handbook, 1995) and goes on to place emphasis on the training as a context of adult learning. While the programme teaches, to different degrees, a broad range of systemic models of therapy, Milan Systemic Family Therapy has been the central plank around which its identity has been shaped (Sheehan, 1997). A further identifying of the programme arises from the nature of the clinical population that provided the initial impetus for the development of the programme in the early 1980's. This population was, and to a lesser extent remains, an economically disadvantaged group of families living on the north side of Dublin - Ireland's capital city. It is with this population in mind that the philosophy of training had stitched into it a recognition "that certain groups in Irish society suffer different forms of discrimination and injustice" (Course Handbook, 1995) and goes on to link the training function with the identification of, and issuing appropriate challenge to, the social processes that lead to such discrimination and injustice. Hence, the historical clinical context of the programme has led to an emphasis on delivering training in a manner that is sensitive to the requirements of social justice (McCarthy and Byrne, 1998), the reality of poverty (Kennedy, 1994), and the need for liberating therapeutic practices (Sheehan, 1999).

### **Method**

Participants were 15 systemic family therapy trainees on the Mater Misericordiae Hospital / University College Dublin M.Sc. in Psychotherapy (Systemic Family Therapy). Twelve of the 15 trainees were female, 6 were single, 5 were married and 4 were members of religious communities. Four were aged between 20 and 29yrs, four between 30 and 39 yrs, five between 40 and 49 yrs. and two between 50 and 59 yrs. All had at least one qualification in the health or social sciences and all worked in the health or personal services.

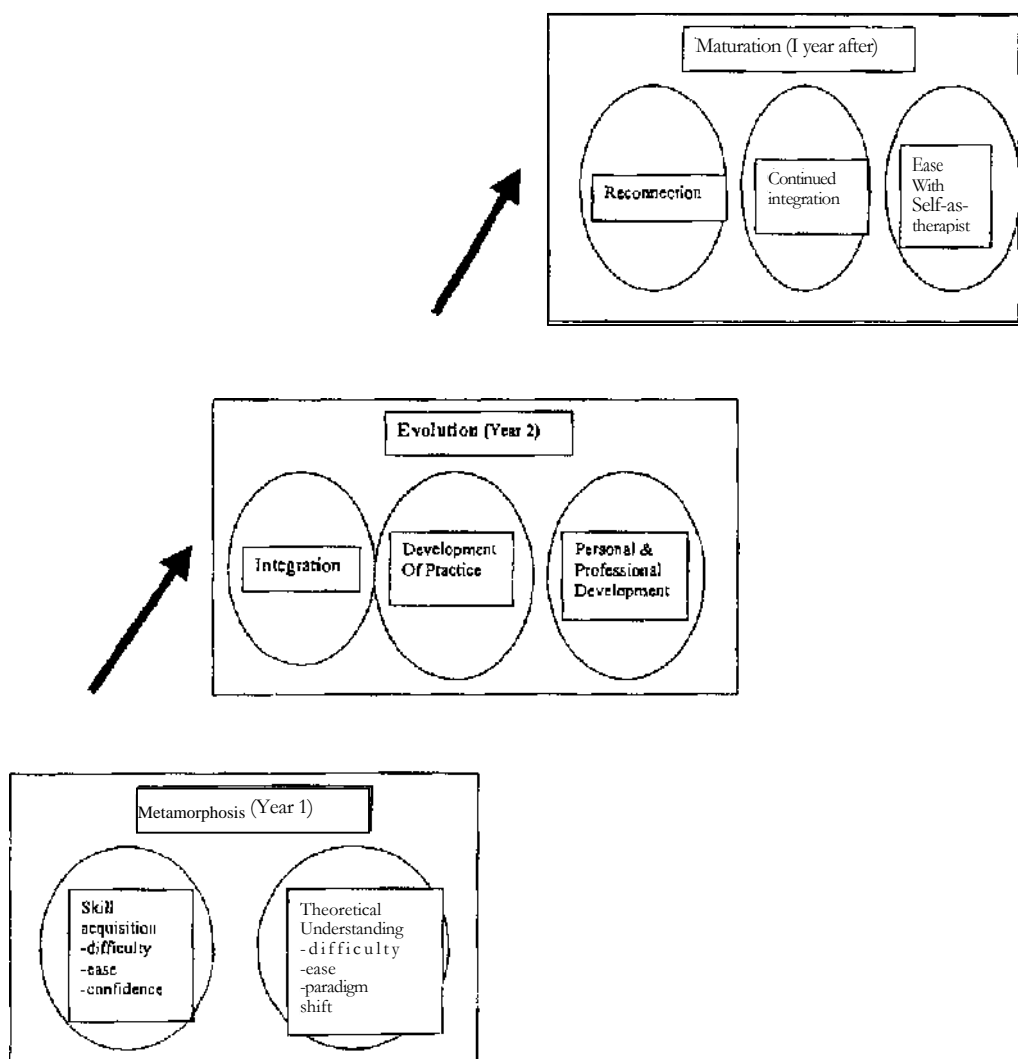
Trainees were asked to complete an evaluative questionnaire at five time periods: mid way through the first year, at the end of the first year, mid year two, end year two and one year after completion of the course. The quantitative section of the questionnaire involved rating the various elements of the programme and was used in programme evaluation. Following the rating task, trainees were invited to supply comments, in open-ended questions on skill acquisition, development of practice and of theoretical understanding, at each time period. All trainees returned detailed written comments in this section. These comments comprise the qualitative data described here.

A thematic analysis was conducted. Responses were initially coded by one author using the computer program QSR-NUDIST N VIVO over the five time periods. Following initial interpretation and discussion with two further authors, theme and category definitions were identified. The five time periods were collapsed to three time periods, to simplify interpretability. Three of the authors then, independently, manually re-coded the data. Inter-coder reliability was high (86 percent). Discrepancies were explored and agreed upon, and as a final validation the fourth author overviewed all data, category definitions and interpretations. The following results summarise the major categories and themes that emerged from individual responses at different points during and after training.

## Results

The first stage of analysis viewed the data set in its entirety. Further analysis led to the adoption of a framework in which each of the three main time periods was viewed as a separate data subset. Year 1 of the course was best described as a time of Metamorphosis, Year 2 a time of Evolution and Year 3 (one year after completion of training) emerged as a period of Maturation (see Figure I).

*Figure 1: Categories and themes emerging from the analysis*



**Metamorphosis (Year 1)**

The process of embarking on a new learning experience involves, at this early stage, the somewhat dramatic attainment of new levels of theoretical understanding and acquisition of skills. The data suggest that trainees feel they must shed their old skin of previous training and experience, and take on board new philosophies and ways of working and being. This presented considerable difficulty particularly in the first half of the year. The data were coded into two categories, each of which contained further themes.

**Category 1: Skill Acquisition**

In their discussions of skill acquisition, the themes of ease or difficulty in acquiring new skills emerged as well as the effect such a process had on their own confidence.

**Difficulty**

The term 'de-skilling' came up in this context. Many struggled: *'Yes I am using different skills but quite frustrated at the slow speed at which I am acquiring the skills.'* Some trainees were specific about the skills they were finding challenging to master: *'The biggest difficulty for me is to shift from a more passive Rogerian style to a very active interview style.'* Others felt a more global helplessness. One trainee felt he had *'disabled myself by discarding all skills and deciding it must all be new and different.'*

**Ease**

Other comments described the ease in which trainees acquired certain skills, for example: *'Now, I am starting to be more aware of certain things at a practical level. I think now I am beginning to make a shift... I don't find it difficult to make the shift, there is no resistance in doing so.'* Again, some trainees were quite specific; *'have noticed that I'm using new skills, such as circular questioning without thinking about it.'*

**Confidence**

Trainees described fluctuating levels of confidence in acquiring the new skills relevant to MFT. For many *'...confidence in my ability decreased for a time.., and yet now in my work content I am more confident but struggling...'* There was an acute self-awareness of one's own feelings in this regard: *'occasionally because of attempting to apply the new theory learned to my practice, I feel my confidence diminishing rather than increasing. On the other hand I feel optimistic that my confidence will increase given time.'*

**Category 2: Theoretical Understanding**

The challenge embodied in developing new vistas of theoretical understanding was discussed by trainees. The main themes that emerged from the data were, again, the difficulty or ease trainees experienced in integrating this 'new thinking' with their own background and training, as well as the paradigmatic shift such integration necessitated.

### Difficulty

The majority of trainees noted the 'struggle' they experienced in taking on board new theoretical constructs and concepts, in particular *'the shift from (previous) style to systemic, from linear cause/effect to circular...'* One confessed that *'The process of learning in this course had been a quite painful experience for me. I resisted strongly to leave my previous training which was quite focused on the individual and to move on to a more systemic perspective.'* In tandem with the notion of 'deskilling', there is almost a sense of 'de-thinking': *'There are times I feel I don't know what's best to do, what theory to apply, what question may be more useful...'*

### Ease

After a brief (for some) period of confusion, trainees embraced the new theories: *'...at first did not think I would ever welcome my fear or understand what was going on, however, I think I'm swimming now!'* Another claimed to be *'more relaxed. Ideas and concepts making more sense.'* For some this was an unconscious process *'Generally, I am not conscious when the things started to change, but I have definitely noticed a difference in my practice and thinking.'* For other trainees, it was more a deliberate decision *'I have started to think differently but I still have a very strong sense of integrating my previous theoretical background as just a different perspective to apply to specific problems and taking the new thinking as a major and general framework, not only for therapeutic work but also in my life in general and thinking.'*

### Paradigm Shift

For the majority of trainees, the early days of the course were truly a time of metamorphosis, involving a major paradigm shift and accompanying worldview. In the words of one trainee:

*'I was very linear in my thinking and had a "fix it" mentality...this course has made me more reflective and changed my whole outlook, even in the way I view people in general quite apart from the most focused therapeutic situation.'* Many felt *'overwhelmed'* initially and *'resisted strongly to leave... previous training.'* One trainee moved from expectations of it being *'easy and exciting to learn a new way of thinking'* to being *'confused and a little bit concerned'* For the majority, this dilemma resolved itself: *'I also decided that I am not going to sacrifice my previous training. I am going to keep the elements that fit with me and integrate them into the new knowledge... "I disabled myself by discarding all skills and deciding it must all be new and different. I now experience it as a different approach but do not see them as conflictual as I had initially decided it was, and find some skills are still valuable.'*

### Evolution (Year 2)

Over the course of Year 2, there is a clear sense of the trainees growing and evolving in their therapeutic role. There is a strong impression, not just of the accumulation of knowledge or an expanded repertoire of skills - but of changing, developing and being aware of the transformation. Major difficulty has abated, and the trainees talk about integration, and about practice development. There is an increased tendency to use more specific terminology as opposed to

`the systemic' perspective. Trainees are more secure and confident in their practice, and in their personal and professional progress. The data are best represented by the three categories of Integration, Practice Development and Personal and Professional Development.

### **Category 1: Integration**

Integration is an issue in the second year, however the process is generally less troublesome than in year I. There are two themes in this category: integration of past and present, e.g. *'I find that this year is giving me more of an opportunity to integrate previous experience with current learning.'* *'I've noticed that I've challenged strongly my previous modernist assumptions about therapy.'* The second theme sees the integration of the newly learnt theory and practice. *'Since this year 's seminars on social constructionism I feel I am better able to use these ideas.'* *'I think some of the concepts from the theoretical perspectives are beginning to connect for me to the clinical sessions.'*

### **Category 2: Development of Practice**

Several trainees identified specific changes in their therapeutic practice, enabling their practice to develop. One trainee was pleased to *'have really began to take a less directive position with clients., more able to be less fixed to theories or particular ideas when working and more interested in what fits for the client.'*

### **Category 3: Personal & Professional Development**

Similarly, several trainees reflected on changes in their own therapeutic style as well as specifying things they now did differently as a result of personal and professional growth. *'My confidence is noticeably increasing which is noticed in my capacity to co-construct conversations with often difficult clients.'* One trainee self-reflexively noted *'The words I use are very different now. I am more aware of my own biases, ideas of how things should be and the perception of my role as a therapist has changed'*

### **Maturation (One Year After)**

It was evident that one year after completing the course, newly trained systemic family therapists continue to reflect on their training experience and its impact on their work and professional development. Three categories were evident: a need to maintain or reconnect with the training programme emerges, as does the continued integration of past and present, theory and practice. Finally, a new sense of ease with one's self as therapist is highlighted by some respondents.

### **Category 1: Reconnection**

Touching base with former trainees, supervisors, and current trainees was described as *'not only helpful but essential.'* Course texts and papers were now re-read with *'more clarity... with a lot more understanding and experience, they make sense.'*



**Category 2: Continued Integration**

Newly qualified systemic family therapists continued to see further opportunities for the integration of previous perspectives or experience with new ones. They speak of integrating 'skills', 'ways of working', 'theoretical approaches', 'learning and practice'. For one trainee, *'the integration of learning and practice happens'*, another has *'a sense of it coming together most of the time.'*

**Category 3: Ease with self-as-therapist**

There is a sense that, as part of the process of maturation, some of the respondents have gone beyond a simple transition to the systemic way of working to a level of comfort, ease or *fitness* with themselves and their role as a systemic therapist. Respondents variously described themselves now as 'free', 'more myself', 'less inhibited' and 'pleasantly surprised at myself.' One respondent eloquently notes *'I find that I do not get as "stuck" with my clients, I will try different ways of interaction and therapy until I get one that will "move" things again... I would not have had the confidence to do this before the course... I am very committed to the systemic idea of questioning... I have found in this past year I have gradually introduced some new skills and concepts learned on the course. As I worked at one skill and "got better at it" I have tried to move on to another one and "get better at that". This has helped me to be "comfortable" with the changes I have had to make.'*

**Discussion**

It is clear from the data presented that the process of development from the trainee perspective, during this systemic family therapy training programme, is complex. The willingness of trainees to comment and reflect on the process was marked. There was evidence that trainees both struggled with the integration of new ideas and skills and had periods of apparently seamless assimilation. Ease at one time period did not necessarily mean ease throughout the process.

Outcome focused studies pay considerable attention to skill acquisition. Although this attention has not resulted in a clear mapping of skill acquisition to therapeutic outcomes with clients it is apparent that skill acquisition is an issue for the trainees, and attention to the process is merited.

For experienced therapists there is clearly a process of de-skilling and re-skilling and de-thinking and re-thinking. Trainees frequently reflected on the clash between previous training and experience with 'new' systemic ways of thinking and working. It is evident that the difficulty and challenge this presents leads them to actively consider the course material and not adopt new ideas uncritically. The positivity of comments at the completion of the programme indicated that the programme achieved a balance between systemic and individual perspectives. One year post-training, trainees appeared to be able to take a 'both/and' approach combining their prior experience in individual perspectives with family therapy perspectives. This is encouraging given concerns (Jones, 2003) that systemic therapies may have overbalanced in favour of the

system and that the cutting edge for systemic therapies is to give more balance to the individual and intra-psychic processes.

However it should also be noted that the difficulty experienced by many trainees in the initial period of their development that we have characterised as "metamorphosis" raises some important questions. Firstly it is important to ask whether the adoption of a new paradigm inevitably involves a stressful struggle for trainees? It is important too, to consider whether a loss of a sense of confidence, an experience of confusion, and a feeling of being de-skilled might not have as much to do with the way the learning-teaching environment is constructed as it does with any assumed inevitability concerning the stressful character of engaging with a new paradigm. Although the field of Systemic Family Therapy could be currently judged to be about 50 years old (Dallos and Draper, 2000) or more, the teaching of systemic ideas and practices may still, perhaps, be marked by a certain pioneering spirit. This can lead systemic trainers to emphasise the newness and difference of these ideas from what has gone before. This can, in turn, mean that less emphasis is put upon the continuities between the ideas presented and the more traditional therapeutic perspectives that trainees have been acquainted with as part of their prior learning. The results for the student can be an experience of having 'to leave behind' their previously trusted knowledge in order 'to come towards', and form a rudimentary practical understanding of systemic ideas and practices. Additionally, the task of integrating these newly won understandings with knowledges already proven useful to experienced practitioners may be presented – unwittingly – as postponable to some future point in the training period.

While these comments are, of course, hypothetical and in need of further inquiry, we might ask whether the experiences they refer to could also be produced by a possible discrepancy between some aspects of the programme's training philosophy and actual teaching practices in the early phase of training? For example, the philosophy of training commits the trainers to respect, among other things, "the prior learning of all students and teachers" (Course Handbook, 1995) and regards as essential the participation of these adult learners in the setting and evaluation of their learning needs and goals. Would a greater commitment to realising these aspirations in practice in the early teaching-learning environment reduce significantly, if not delete, much of the stress associated with this early phase of training? Could a genuinely collaborative approach (Anderson and Swim, 1995; Cantwell and Holmes, 1995) to the teaching-learning environment really succeed in eclipsing, however temporarily, already proven knowledges and postponing the task of integrating the "new" with the "old"?

The difficult and stressful nature of the early systemic learning experience noted in this study may, however, have another referent as well. A previous study of student and graduate training experience (Delahunty, 1997) found graduates commenting on the disruptive effect of the training experience on their personal, family, and work lives-- with the impact being experienced as somewhat greater in the personal-family arena than in the workplace. The entry to systemic training can make many demands for re-organization on the contexts to which the trainee belongs and it has already been suggested (Sheehan, 1997) that these demands need further attention in their own right by training providers.

A further point of interest arising from the data concerns the level of congruence achieved between the theory of training and the theory of therapy on the Mater course. At times the data suggested a high level of congruence or connection between these two theories. One student commented, for example that as *the course progressed, we became more reflective*'. As an effect of training, this kind of report of growth in students' own experience of their reflective capacities seems to be strongly in keeping with a social constructionist underpinning for therapeutic practice which privileges a collaborative style of inquiry. Indeed, a corresponding growth in clients' reflective abilities is certainly an aspiration of such therapeutic approaches. However, at other times, the data suggested a low level of congruence, or even a disconnection between the theory of training and the theory of therapy. One student stated for example that: *'We are being pushed'*. This suggests an experience of being strongly challenged to develop new ways of thinking and behaviour in practice and appears to be inconsistent with a non-directive, reflective, social constructionist approach that is more formally pursued in the course theory of therapy. While it may be argued that a certain level of incongruence between the theory of training and the theory of therapy is inevitable given the different nature of these activities, it would be interesting to understand more about how such congruence, or the lack of it, impacts upon students' experience of their own learning.

Of interest also is the category of "reconnection" that emerged from that phase of the training profile that we have characterised as "maturation". As one trainee put it: connecting again with former trainee colleagues and supervisors is *'not only helpful but essential'*. In the midst of providing and completing the training curriculum with any cohort of students it is easy to forget that the cumulative impact of training provision in any therapeutic modality involves the creation and expansion of a community of interests that brings with it its own set of involvement obligations (Goffman, 1981). Perhaps one of these obligations might be the facilitation of a greater variety of means of "reconnection" in the "maturation" phase. While training organizations can often use open workshop provision as a means of helping to meet this obligation, there are inherent limitations attaching to this possibility. The temporal infrequency of these events as well as their geographical distance from many trainees are just two of these limitations. Gilpin (2003) describes how the hosting of a departmental website allows alumni, staff, and current students of a North American university post-graduate department to interact more regularly about matters of immediate professional and public concern. The ever-increasing access of graduates to Internet facilities makes it more likely that such approaches might more adequately respond to the variety of needs that may be experienced in the need to "reconnect". Such websites also have the capacity to dissolve the categories of student, teacher, and graduate as the developing exchanges within the website forum foster the sense of belonging to a single, unified field of interest.

Finally, it is clear that any exploration of the process of therapeutic development of trainees should not be confined to the duration of the course. In the year following the training programme it was evident that many trainees continued to reflect on the further integration of both their past skills and theoretical frameworks with the systemic ways of working, and the further development

their practice style. This supports the requirement of post-course supervision for registration as a family therapist.

### Conclusion

The rationale for exploring the process of training in systemic family therapy is to establish what training 'produces' effective therapists — a 'theory of training'. This, in turn, hinges on agreement as to what effective therapy is and how (and with whom) this can be measured. The 'what training' part of the equation will involve mapping both content (which skills) and process elements (how they are learnt and how they integrate with theoretical knowledge, prior experience etc.).

The present study has demonstrated the feasibility and utility of taking a qualitative approach to explore the process of training from the therapists' perspective. Collecting data at five time periods provided useful insights into the developmental process. Further research studies could employ a similar methodology, including the viewpoints of not only trainees but also their trainers and supervisors. Further studies are needed to explore the transferability of these programme-specific findings to other similar programmes. Understanding could be advanced by taking an explicit grounded theory approach (e.g. Corbin and Strauss, 1990) which would reveal key themes that could be employed in building a theoretical model of the manner in which skills are acquired, integrated with existing knowledge, and applied in the therapeutic setting.

*Please address correspondence about this article to* Dr. Jim Sheehan, Director of Training  
Family Therapy Unit, Mater Hospital, NCR, Dublin 7, Ireland.

### References

- Anderson, H. and Swim, S. (1995). Supervision As Collaborative Conversation: Connecting the Voices of Supervisor and Supervisee. *Journal of Systemic Therapies*, 14, 1-13.
- Avis, J. and Sprenkle, D. (1990). Outcome research on family therapy training: a substantive and methodological review, *Journal Of Marital And Family Therapy*, 16, 241-264.
- Bischoff, R.J. (1997). Themes in therapist development during the first three months of clinical experience, *Contemporary Family Therapy*, 19, 563-580.
- Cantwell, P. and Holmes, S. (1995). Cumulative Process: A Collaborative Approach to Systemic Supervision. *Journal of Systemic Therapies*, 14, 35-46.
- Corbin, J. & Strauss, A. (1990). Grounded theory research: Procedures, canons, and evaluative criteria, *Qualitative Sociology*, 13, 3-21.
- Course Handbook for M.Sc.Psychotherapy (Systemic Family Therapy)*. (1995). University College Dublin/Mater Misericordiae Hospital.
- Dallas, R. and Draper, R. (2000). *An Introduction to Family Therapy : Systemic Theory and Practice*. Buckingham and Philadelphia: Open University Press.
- Delahunty, A. (1997). Profile of Students and Graduates of the Mater Family Therapy Training

- Programmes from 1981 to 1996. Dublin: Mater Misericordiae Hospital.
- Faulkner, R.A., Klock, K. & Gale, J.E. (2002). Qualitative research in family therapy: publication trends from 1980 to 1999, *Journal of Marital and Family Therapy*, 28, 69-74.
- Gehart, D.R., Ratliff, D.A. and Lyle, R.R. (2001). Qualitative research in family therapy: a substantive and methodological review, *Journal of Marital and Family Therapy*, 27, 261-274.
- Gilpin, C. (2003). The Religion and Culture Web Forum. Circa: *The University of Chicago Divinity School Newsletter*, Autumn, 6-7.
- Goffwan, E. (1981). *Forms of Talk*. Oxford: Blackwell.
- Green, D. and Kirby-Turner, N. (1990). First steps in family therapy - a personal construct analysis, *Journal of Family Therapy*, 12, 139-154.
- Jones, E. (2003). Continuing developments in the 'Post-Milan' therapies. Workshop presentation, Mater Hospital, Dublin.
- Kennedy, J. (1994). Living and Working in a Poor Community: An Evolving Conversation. *Human Systems: The Journal of Systemic Consultation and Management*. 5, 209-218.
- Kniskern, D.P. and Garman, A.S. (1979). Research on training in marriage and family therapy: status, issues and directions, *Journal of Marital and Family Therapy*, 16, 407-421.
- Lee, RE., Eppler, C., Kendal, N. & Latty, C. (2001). Critical Incidents in the professional lives of first year MFT Trainees, *Contemporary Family Therapy*, 23, 51-61.
- McCarthy, I.C. and Byrne, N.O'R. (1998). Illuminations from the Margins: Families and the Cultures of Poverty. In McGoldrick, M. (Ed.) *Re-Visioning Family Therapy: Implications of Race, Gender and Culture for Clinical Practice*. New York; Guilford, 387-413.
- Moon, S., Dillon, B. & Sprenkle, D. (1990). Family therapy and qualitative research. *Journal of Marital and Family Therapy*, 16, 357-373.
- Rivett, M. & Street, E. (2003). *Family Therapy in Focus*, Sage, London.
- Sheehan, J. (1997). Family Therapy Training : Past Trends and Future Possibilities. *Eisteacht: The Irish Journal of Counselling*, Spring, 1-7.
- Sheehan, J. (1999). Liberating Narrational Styles in Systemic Practice. *Journal of Systemic Therapies*. 18, 51-68.
- Street, E. (1997). Family therapy training research - an updating review, *Journal of Family Therapy*, 19, 89-III.