



Short Term Integrated Family Therapy Training Professional Development Project

The Short Term Integrated Family Therapy Training (SIFTT) Program was a pilot project designed to help clinical staff at Aisling Discoveries develop or increase their repertoire of knowledge and skills. This professional development project involved two therapists becoming co-therapists who allowed other therapists (hereafter referred to as “observers”) to view their family therapy sessions through a one-way mirror.

The model demonstrated by the co-therapists was short term (up to 10 sessions within a 4-5 month period), and was based on a Systemic and Integrative Family Therapy approach, including other theoretical backgrounds such as Systemic Therapy, Structural Therapy and Brief Therapy. After each session with a family, the co-therapists would conduct a debriefing meeting with the observers to discuss the session and tie components of it into the theory behind Systemic Family Therapy.

Evaluation: The evaluation of the SIFTT program occurred in two stages. The first stage involved obtaining the thoughts and opinions of those who had observed from behind the one-way mirror. The second stage entailed asking the co-therapists about their experiences with SIFTT. The purpose of this evaluation was to determine the benefits of the SIFTT program as a professional development program and to discover what changes could be made to improve the program.

Results: Overall, most staff benefited from the SIFTT professional development program. More than anything, staff appreciated and valued the rare opportunity to observe their colleagues at work and to be able to view therapy from a different perspective. When asked whether their work had been affected by SIFTT, some observers stated that they were thinking more about who the session should focus on, and who affects the child. They also thought the program helped them to become more aware of how important it is to remain focused with families, and how staying focused can shorten the time clients spend in therapy.

Although observers were able to say how they benefitted from the program, many nonetheless stated that they did not feel that they had learned the theory that was being practiced. When asked about barriers to learning, most comments had to do with a lack of teaching received about the theory and the inability to see how the therapists were putting the theory into practice. Observing was good but limiting, as they often did not know what they were looking for. The co-therapists agreed that there needed to be a better way for the theory underlying the SIFTT program to be transmitted to the observers.

The final report included suggestions for improvement to the SIFTT program as well as recommendations about future professional development initiatives.