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Satir Around the Globe

15 Years of Accredited Satir Transformational Systemic Therapy Training in the Czech Republic

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Republic was founded in 2014 as one of the two successor organizations when the former Institute of Virginia Satir CR closed its activities in 2016.

Our mission is to create a platform for cooperation between psychotherapists and people from other helping professions; train psychotherapists, counselors, social workers and provide them with supervision; train trainers; create a space for meeting, personal enrichment and professional growth for professionals as well as laymen; and continue in cooperation with other organizations—IVS SR, VSGN, SIP and others.

A brief history

The trace of Virginia Satir in the Czech Republic (former Czechoslovakia) goes back to 1979, when Petr Boš (1934-999)—pedo-psychiatrist, founder of family therapy in Czechoslovakia courageously invited Virginia Satir to Prague and Dobronice. Here, in the middle of communist regime, she had 3 presentations and a weekend workshop attended by a group of approx. 30 therapists and their family members.

In 1987, Virginia Satir came back to be the honorary president of the International Congress of Family Therapy in Prague. On that occasion she was awarded the Diploma of the Czech Psychiatrist Association and the Medal of Czech Medical Association.

Both visits left a deep impression. Her unique approach, genuine love and inspiring energy touched the hearts of people who met her. One of them was Olga Holubová (1948-2002), a colleague of Peter Boš, psychologist and interpreter. She went to learn the Satir model abroad, attended workshops and IHLRN meetings and then shared it with her colleagues back home. She also invited other Satirians to Czechoslovakia (1992 Laura Dodson, 1993 Walter Zahnd, 1994 Maria Gomori and Joan Winter, 1998 John Banmen and Kathlyne Maki-Banmen, 2000 Steven Young, and others). Walter Zahnd and later John and Kathlyne Banmen became the main lecturers and supervisors who trained the therapists, trainers and supervisors and helped to build the long term training program.

John Banmen also led Training in Supervision in 1998-2000, and then supervised and generously supported the second Training in Supervision in 2012-2015. Kathyne Maki-Banmen led a 2 year intensive training in Healing trauma after family violence 2007-2009

IVS SR, Bratislava, Slovakia, that many Czech therapists attended. In 2007 John Banmen together with Michael Callaghan and Walter Zahnd helped to organize World Family Conference in Prague.

Training program—MOVISA

The idea to create a long-term systematic training in STST approved by the Czech Ministry of Health came up in 1999. The program was named MOVISA—Model of Virginia Satir. After 2 years of work, in 2001, it was approved by the government as an official psychotherapy training program and in the following 15 years the team succeeded to repeatedly defend the accreditation. Since 2001, there have been more than 150 graduates, out of which there are 17 MOVISA facilitators, 4 lecturers and 4 supervisors.

In the beginning, the program consisted of 560 hours of theory, experience, skill building and supervision. The training team included lecturers, lecturers for individual experience (each participant must attend 20 hours of individual therapy), supervisors for individual supervision, and a guarantor supervising the team. Over the years the amount of hours has grown to 710 and the team now also includes facilitators who help to facilitate the training process.

The training takes 4 years; participants are mainly psychologists, psychiatrists, counselors, and social workers working in different areas, including schools, counseling centers, psychiatric hospitals, family centers, private clinical praxes, etc. A group of about 30 participants meets 3 times a year for a residential long weekend (4 days) and once a year for a weeklong residential camp. In the meantime the trainees meet in triads and do their individual and triad homework.

The current program, MOVISA 5, is about to finish in November 2016. Its 710 hours include 130 hours of theory, 420 hours of experience and skill building, 120 hours of group supervision, 20 hours of individual self-experience and 20 hours of individual external supervision. The graduate exam consists of a test and an evaluation of a video recording of a therapy session.

MOVISA Best Practice

- **Learning in a spiral** — gradual adding, deepening and practicing the knowledge and skills. Helps the participants to comprehend and use the STST approach.
- Intensive work in **home** as well as **working triads**.
- **Therapy practice in triads (therapist, client, observer)** — source of self-experience and learning.
- **Homework** is to deepen the knowledge, experience and practice and is always given a thorough **feedback**.
- Intensive work in **small groups** during the residential part.
- **Demonstration therapy** sessions followed by **debriefing** — experience and learning.
- **Team work** — good cooperation of the lecturers and facilitators—everyone is a member of the team, everyone can participate and is heard, all under firm and encouraging leadership of the director and the **guarantor** who supervises the whole training process.
- Each **triad** has a **stable couple of facilitators** working with them all 4 years. The facilitators serve as a bridge between the lecturers and participants, and gradually are given more teaching opportunities.
- **Research** — to get feedback; to prove the effect of STST

RESEARCH

There have been 2 research projects conducted in MOVISA trainings exploring changes in participants' perceptions of self. One in MOVISA IV (director of training: Milada Radosová) and one in MOVISA V (director of training: Lubica Lichorobíecová).

2011-2016: Ondřej Sekera, Hana CISOVSKÁ, University of Ostrava. *The impact of the training in STST MOVISA IV on the participants.*

Goals:

1. To map and describe the level of personal development of the participants as seen through the changes in their self-esteem and congruence.
2. To map the changes in therapeutic competencies before and after the training.

Method: Controlled interviews with 32 participants in the beginning and at the end of the training

Results and Closure

The therapeutic competencies:

In the beginning – oriented towards clients – ability to accept, to listen to be empathetic.

At the end – oriented towards clients as well as to oneself – self acceptance, trust in one's capabilities, responsibility for what one does + new techniques and means.

Congruence:

In the beginning – bookish, theoretical perception without experience.

At the end – real experience of loving oneself, self-acceptance, sincerity, self-respect, healthy assertiveness.

Key change agent: self-experience gained mainly in individual therapy sessions and supervision, triad work, experience and learning in the group during the training.

The research showed the **shift in participants' focus**—from focusing on clients they moved to experiencing themselves as well and thus changed the way they work with clients. The personality of the therapist and the **use of self** is a key factor in therapy as proven by many other researchers. The change was registered through the codes: courage, trust in oneself, love oneself, accept oneself as one is, sincerity, respect oneself, assert oneself. The level of **self-esteem, congruence and therapeutic competencies** of the participants **increased** during the training.

2012-2016: Jaroslava Dosedlová, Martina Halúzová, Masaryk University Brno. *Verification of the effect of psychotherapy training MOVISA V.* (graduation thesis).

Goal: to characterize self-concept of the MOVISA V participants before and after the self-experiential part of the training (first 2 years).

Methods:

- **quantitative part:** statistical analysis: pre-post test, control group, questionnaires focused on self-competence, self-efficacy, self-evaluation.
- **qualitative part:** Grounded theory analysis, pre-post essays focused on subjective self-perception of participants

Results and Discussion

In the Qualitative part participants described an **increase of self-esteem, improved relationships with others**, new goals in building therapeutic skills, understanding the others better. The quantitative results showed remaining **discrepancy between the actual and expected self** even though the quality of the discrepancy has changed. The participants perceived the onset of their personal growth. Before the training there was a discrepancy between **actual self** and expected **self from others**. At the end of the self-experiential part there was a discrepancy between the **actual own self and expected own self**.

The different outcomes of the qualitative and quantitative results can be caused by a statistically small sample (34 participants), also by the effect of Temporal theory of self-evaluation—one's tendency to judge the past self more negatively than the actual self. The results may also suggest that the qualitative and quantitative parts explored different constructs of self, which actually cannot be compared. While the questionnaires chosen in the quantitative part explore the structural quality of self, and its cognitive evaluation, participants in their essays referred to deeper levels of self, such as described by contemporary theory of core-self. Our further research should focus on that.