

	Friday 11 th Sept 2009	Room
10.45 – 12.45 Opening Ceremony	<p>OPENING CEREMONY</p> <p>Welcome and Introductions by Dorothy Ramsay, Chair, East Anglia Branch Members and Shan Tate, Chair of Branches Committee.</p> <p>Opening remarks by Dr Edward Kessler, Director, the Woolf Institute of Abrahamic Faiths and Fellow, St Edmund's College Cambridge</p> <p>Edward Kessler is a leading thinker in interfaith relations, primarily contemporary Judaism and Jewish-Christian as well as Jewish-Muslim Relations. He is Founder and Executive Director of the Woolf Institute of Abrahamic Faiths and Fellow of St Edmund's College, Cambridge. He is a prolific author, having written or edited 9 books and 26 articles and we are delighted he has agreed to welcome us to Cambridge.</p> <p>OPENING PLENARY</p> <p>Systemic Practice and Family Therapy: What the Family Thought of the Process</p> <p>AFT's 2009 conference opens with a presentation by Sara Barratt, illustrating the conference theme of "Families First". Families' experiences will provide the highest context marker for the panel discussion to follow. Sara will present video excerpts of families describing their experiences of Family Therapy. She will describe the significance of the therapist's thinking and working with the wider system(s) in the therapy. There will be time for limited questions before Sara joins the panel for the discussion.</p> <p>Panelists Sara Barratt (Tavistock and Portman NHS Trust), Ivan Eisler (Institute Of Psychiatry), Donna Molloy (Dept for Children Schools and Families), Isabelle Trowler (Hackney Reclaiming Social Work team) and Russ Crane (Brigham Young University, USA) will make brief presentations and invite audience contributions to the discussion. Panel chaired by Judith Lask (Institute Of Psychiatry)</p>	Auditorium
12.45 – 2.15	Lunch in the Garden Restaurant	
2.15 – 5.45 Workshop1	<p>There's Nothing New Under the Sun but Some Things Shine More Brightly: expanding the personal style and repertoire of the practitioner/therapist.</p> <p>Jim Wilson, Consultant Systemic Psychotherapist, Gwent</p> <p>We learn how to enlighten our knowledge as therapists from many sources, but the style and grace we bring to our practice is a personal matter. Style is the "doing" of that knowledge; grace the generosity of spirit that can either accompany or abandon us. Our style is never necessarily fixed since, within it, we have the potential to expand our repertoires to engage other/s in practice. At times this takes risk and discomfort These are the twin chaperones of development</p> <p>Examples from practice will illustrate options for extending our repertoires in family therapy, including engagement as "a Theatre of Possibilities" and the therapist as "Transitional Performer". These and other modes are offered to stimulate the exploration of participants' own style and repertoire. Videos of practice will be used to illuminate and promote discussion and critique. Skills practice will be included.</p>	Auditorium

<p>2.15 – 5.45</p> <p>Confetti Workshop</p>	<p>We Live in Interesting Times: responding to the challenge of systemic training and supervision in the changing NHS</p> <p>Dr Karen Partridge, Consultant Clinical Psychologist in Systemic Psychotherapy, Central and North West London Foundation Trust. Co-Director of Training, the KCC Foundation.</p> <p>Nicola McCarry, Principal Family Therapist, South West London and St Georges Mental Health NHS Trust. Tutor, the KCC Foundation.</p> <p>Significant developments in the rapidly changing NHS have implications for training. First, are changes in where treatment is provided, and who provides it, with shifts towards greater provision of therapy in primary care and in Layard style centres, and the employment of graduate mental health workers. Second, are changes in what kinds of treatment are sanctioned, with increasing emphasis on evidence based practice, a focus on Cognitive Behaviour Therapy (CBT) and National Institute for Health and Clinical Effectiveness (NICE) guidelines for depression, schizophrenia and anorexia. These identify both CBT and family therapy as evidence based approaches. Finally, the role of the client as consumer has been established, with a subsequent transparency of records, inclusion of the family and emphasis on carers. All these shifts have implications for the way in which family therapists and other staff are trained and supervised in the work place. Until recently we were both employed in Central and North West London Mental Health Foundation Trust to provide trust-wide systemic training and supervision to clinical psychologists. Over the past year we have opened up our courses to other professionals.</p> <p>In this workshop, we will begin to explore different constructions of supervision which fit with the rapidly changing NHS, including supervision as organisational development, as primary research, as “learning to transgress” and as adult learning within a complex organisational environment. We will outline ways we have attempted to apply these ideas to work, through training and supervision. We will outline some of the challenges and discoveries we have encountered in setting up supervision and training in this environment and use illustrations from our practice and our trainees’ voices. We will focus on how we have tried to tailor training to meet organisation and supervisees’ needs and enhance choice for the organisation, supervisee and client. We will invite participants to explore ways systemic training might be tailored to fit their own organisational contexts, the implications of these developments for systemic training courses, and ways courses might respond to the challenge of training systemic therapists to work in complex changing environments.</p>	<p>Linnett Room</p>
<p>2.15 – 3.45</p> <p>Workshop 3</p>	<p>Reclaiming Social Work – systemic working in the community</p> <p>Nick Pendry, Group Manager, Clinical Services, London Borough of Hackney, Children and Young People’s Services</p> <p>Isabelle Trowler, Assistant Director, Children’s Social Care, London Borough of Hackney, Children and Young People’s Services</p> <p>This workshop will focus on the innovative Reclaiming Social Work initiative implemented by the London Borough of Hackney Children and Young People’s Service. The thinking behind the integration of a systemic methodology within the delivery of children and young people’s services will be outlined. An overview of what this looks like in practice will be given, with use of case examples. Particular attention will be paid to how a high quality systemic clinical and social work service in the community is delivered. We will look at the role and purpose of the clinical service in terms of fit with the wider system of CAMHS and how the Children and Young People’s Service can maintain high clinical standards through ongoing training and development. We will explore the creativity and challenge that arises in working with families beyond a traditional clinical setting where the need for change is often evidently acute. This workshop will combine formal presentation with more active interaction. Participants are encouraged to bring ideas and questions.</p>	<p>Auditorium Lounge</p>

<p>2.15 – 3.45</p> <p>Workshop 4</p>	<p>Connecting Families with Families: Using multiple family therapy in CAMHS settings</p> <p>Ivan Eisler, Reader in Family Psychology and Therapy, Institute of Psychiatry, London</p> <p>Gladys Ellis, Family Therapist and Team Co-ordinator Child and Adolescent Eating Disorders Service, South London & Maudsley Trust</p> <p>Multiple family therapy has a long tradition going back to Peter Laqueur’s work with schizophrenia in the early 1960s. Laqueur’s ideas were applied in the treatment of depression, alcohol and substance misuse, eating disorders, OCD and other problems. However, it is only in recent years that the idea of working with several families together has generated broader interest. This workshop will provide an overview of the different ways in which multiple family therapy has been used for different kinds of problems in a variety of settings, the conceptual ideas that underpin the approach, and specific ways in which these can be applied in CAMHS settings. Role play will be used to demonstrate specific therapeutic techniques. Participants will have opportunity to discuss how a multiple family therapy approach might be used in their own working context.</p>	<p>Games Room</p>
<p>2.15 – 3.45</p> <p>Workshop 5</p>	<p>“Sanity, Madness and the Family” – 50 Years, on the Collaborative Systemic Response”</p> <p>John Hills, Principal Systemic Psychotherapist, Canterbury Mental Health Team.</p> <p>Ali McLewin, Principal Psychoanalytic Psychotherapist, Canterbury Mental Health Team.</p> <p>Co-presented with Elaine Lee, Eileen Bill and Tricia Sinclair</p> <p>“The mind is its own opiate, and the ultimate drug is the word” Thomas Szasz</p> <p>Just over 50 years ago, RD Laing and A Esterson began their groundbreaking research into families where a member had been diagnosed schizophrenic. They attempted to “develop a method that enables us to study at one and the same time: - each person in the family; the relations between persons in the family; the family itself as a system”. In the intervening 50 years, developments in family systemic therapy, attachment theory and psychodynamic theory have delivered new and promising methods for working with families where mental distress is part of their experience. This involves holding in mind the tripartite, simultaneous dimensions of a family’s living experience where all is not as it seems.</p> <p>In this presentation, with members of the mental health team from Canterbury, we will share some conclusions from the Laing-Esterson research and how these can be used in part to enable a collaborative dialogue with a family suffering the effects of mental illness. The collaboration is with both family members and members of an adult and older adult mental health service who form part of a therapeutic team. The presenters do not intend to offer solutions to family life. However, they are convinced that there is enough gathered knowledge and practice to begin to make a difference to the family experience of the distress of mental illness.</p>	<p>Garden Room</p>
<p>2.15 – 3.45</p> <p>Workshop 6</p>	<p>Psst! Wanna get a job as a family therapist? Tips from the National Assessors on applying for posts and getting through the interview</p> <p>David Amias, Chair AFT National Assessor Panel and Consultant Systemic Psychotherapist</p> <p>David Pentecost, AFT National Assessor, Consultant Systemic Psychotherapist</p> <p><i>Congratulations! You have successfully got through the training and have qualified as a Systemic Psychotherapist but now comes the really hard part: finding a job.</i></p>	<p>J8 Teaching Room</p>

	<p>Competition is fierce as the ratio of jobs available to suitable job-seekers is lower than ever.</p> <p>Then, one day, that magic ad for the post of your dreams comes through the door. You decide it's got your name on it! But how do you prepare your application to make it stand out? How do you square up to your invisible rivals? You suddenly realise that, (in this particular context) the stuff you learned about taking a one-down position and non-expert collaborative working is about as helpful as a hole in the head....! And what about the job interview itself, the physical and mental agility, stamina and will-power to make it through...</p> <p>But never fear help is near. Learn from our experienced panel of experts how to prepare yourself for achieving the prize you have been working for all these years.</p> <p>Warning: participants must be prepared for role play and other tomfoolery in this light hearted (but certainly not <i>fainthearted</i>) look at the neglected area of selling ourselves as family therapists.</p>	
<p>2.15 – 3.45</p> <p>Workshop 7</p>	<p>Multi Systemic Therapy: How do we fit manualisation and a community based approach into a post modern world?</p> <p>Mark Pearson, Consultant Project Manager, Plymouth MST Team</p> <p>Ramon Karamat Ali, Consultant Systemic Psychotherapist & MST Team Leader, Plymouth MST Team</p> <p>Multi Systemic Psychotherapy is an intensive community based family therapy programme underpinned by structural, strategic, solution focused and CBT approaches. It has been set up to work with families with a particular emphasis on empowering the main care givers to teenagers who are at risk of being placed outside of the family home or exhibiting increasing levels of offending behaviour. Last year a 4-year national pilot was commenced in 10 sites across England. As Consultant Systemic Psychotherapists Mark and Ramón lead 2 of these MST teams in Sheffield and Plymouth. There is also a 4 year research project attached to the programme led by Dr Peter Fonagy.</p> <p>Arguably, we are living and working in a postmodern, social constructionist therapeutic world in which we are merely facilitators of change and assisting families who are themselves experts on their own families. How do programmes such as MST fit into that ideological space? The presenters will introduce the MST Treatment Programme and explore its connections with current trends in family & systemic psychotherapy. Group participation will be facilitated through use of case examples. Workshop participants will be encouraged to examine this structured way of working and consider the possible tensions in current Government led initiatives toward "value-for-money", "evidence based" and "managed care" approaches to the provision of mental health services and post modern/ social constructionist ways of working.</p>	<p>Teaching Room A</p>
<p>3.45 – 4.15</p>	<p>Tea / Coffee in the Dining Hall</p>	

<p>4.15 – 5.45</p> <p>Workshop 8</p>	<p>Social Workers are from Venus: Family Therapists are from Mars: The changing face(s) of family/systemic therapy in children’s social care.</p> <p>Jacqui Shelley, Clinical Manager, Hackney, London</p> <p>Dr Alfred Hurst, Clinical Manager, Hackney, London</p> <p>Hackney Children’s Social Care has embarked on a methodological and structural change that has Reclaiming Social Work as its edict. It has chosen a systemic approach as its working theoretical model; the rationale being to move away from the large social work team model to smaller Social Work Units where everyone has an investment in each case held in the unit. Units are, headed by a consultant social worker, and include a social worker, children’s practitioner, unit coordinator and 0.5 of a clinical practitioner or family/systemic therapist who provides consultation to the unit team or short-term direct work with families. This approach has created a unique opportunity to deliver a tier 2 CAMHS service directly into homes.</p> <p>Opportunities for multi-disciplinary partnership and integrated approaches are endless. However, the approach has also brought with it a change of script for both the social worker and systemic family therapist. Is the ‘therapist’ the new invader and sometimes uninvited guest from a far-off galaxy or the partner in a new planetary system in the social care context? When social worlds collide, meaning and action can get lost in translation - or are we now speaking the same language in our work with families. This workshop will explore how this approach differs from conventional therapeutic settings and practices? How we are creating therapeutic opportunities within the social care domain? This workshop will use a range of approaches to explore the topic. We will call upon Venetians and Martians to join us to think about how we can work together to avoid collision and appreciate when our world’s meet!</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Auditorium Lounge</p>
<p>4.15 – 5.45</p> <p>Workshop 9</p>	<p>In and Between Community and Custody: working with families in the Youth Justice System in Northern Ireland</p> <p>Mary O’Neill, Family Worker in Custody (Family Services)</p> <p>This workshop will examine how the Youth Justice Agency engages with families with children involved in the youth justice system in Northern Ireland. The Youth Justice Agency has an overall aim of reducing youth crime and building confidence in the youth justice system in Northern Ireland.</p> <p>In May 2007 Mary took up the post of family worker in custody based in Woodlands Juvenile Justice Centre having previously managed a Community Youth Justice Team in Belfast for 10 years. This new post is developmental, aimed at improving services to families, increasing direct work with families and improving co-ordination of services for families across the agency’s directorates. It marks the Agency’s commitment to putting families and the wider family systems central to the work with the children. Mary’s role combines direct family work and supporting staff through training and consultation. The aim is to support families and mobilise their resources in supporting their children, working to reduce offending behaviour by impacting on the range of systems around the child. Families are encouraged to engage in the work with their young people and be centrally involved in the assessment, planning and intervention states of work within a context of rehabilitation and reintegration.</p> <p>Mary will discuss the use of Systemic Family Therapy and other forms of family engagement practised within the agency including working with families with children in custody and in community settings. Feedback from families and staff will be presented. There will be opportunity for case discussion.</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Games Room</p>

<p>4.15 – 5.45</p> <p>Workshop 10</p>	<p>Hard to Engage Families or Hard to Engage Agencies? Methodologies for challenging powerlessness in socially marginalised families.</p> <p>Dave Tapsell, Systemic Family Therapist, Child & Family Consultation Service, East London</p> <p>Percy Aggett, Systemic Family Therapist, Child & Family Consultation Service, East London</p> <p>This workshop will present effective methodologies for family therapists working in contexts where families are defined as “hard to engage”. These families are often viewed by mainstream health & social care agencies as lacking motivation for help. The presenters reverse the compliance hypothesis woven through much professional discourses in mental health therapy provision. Starting from the position that it may well be the professional system that is hard to engage with, the presenters delineate a series of methodologies for micro-challenging the discourses of power that exist within relationships troubled by violence and challenging behaviours in children. This therapy is often conducted on an outreach basis. The presenters have been developing these ideas in an East London CAMHS over the last 7 years. The workshop will be a mix of presentation and exercises.</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Garden Room</p>
<p>4.15 – 5.45</p> <p>Workshop 11</p>	<p>“Cat Amongst the Pigeons”: Working with difference in the systemic field.</p> <p>Lorna Edwards, Systemic Family Psychotherapist, Glamorgan</p> <p>Elissa Lewis, Systemic Psychotherapist/ Senior Lecturer Systemic Psychotherapy and Counselling, Family Institute, Glamorgan University</p> <p>This workshop was inspired by the experiences of the presenters in their endeavours to work systemically with professionals children and families. Practice dilemmas will be drawn from the Welsh context. This experiential workshop will invite participants to explore their sense of professional identity and how this can be both a strength and an obstacle when engaging others in what might be deemed “chronically un systemic” contexts. What is it that we tell ourselves and others that co-creates moments of dialogue and change? What are the edges of our practice beyond which we will not go and therefore preclude dialogic moments? The metaphor of the “cat amongst the pigeons” has emerged as a useful idea in challenging our use of self when working far from the sanctity of the clinic.</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">J8 Teaching Room</p>
<p>4.15 – 5.45</p> <p>Workshop 12</p>	<p>Supervision and Reflecting Family Psychotherapy Teams: What are the challenges? How do we move creatively beyond the room?</p> <p>Theresa Hendra, Chair of Professional Affairs Committee, AFT and Family Psychotherapist at Dorset Healthcare Trust</p> <p>Sara Cole, Family and Systemic Psychotherapist, Dorset</p> <p>This workshop will explore areas of team reflection, use of self, questions for supervisees and supervisors and introduces use of personal and professional experiences with supervisees. It will explore the “fit” between theory, practice and a relational perspective on “self” in reflecting psychotherapy teams. Advantages and disadvantages of reflecting teams. Making connections between 5 levels of supervision. What is being said about the supervisory relationship? How might this effect the supervisory relationship? What scripts/stories/narratives aspects of our own lives enhance our ability to supervise? How to move creatively beyond the room and the dilemmas of supervisory relationship to work with families and supervisees? Workshop will include participation in a reflecting team.</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Teaching Room A</p>
<p>6.00 - 7.00</p>	<p>AFT AGM in the Auditorium - all members are encouraged to attend</p>	
<p>8.00 - late</p>	<p>Dinner in the Dining Hall – the AFT Diversity Equal Opportunities and Inclusion subcommittee would like to invite you to take part in a conversational menu quiz over dinner. After dinner John Hills will perform “Songs of Innocence; Songs of Experience” and Kate Daniels will introduce the theme “Sing your heart out”.</p>	


Saturday 12 th Sept 2009		
9.45 – 11.00	<p>Plenary : Justine van Lawick</p> <p>Justine van Lawick is a Clinical Psychologist and registered Psychotherapist specialising in Systemic Therapy. An experienced trainer, she has written and edited many books and papers. From 1975, she worked as a Family Therapist in adult and child psychiatry. In 1984 she co-founded the LORENTZHUIS, centre for systemic therapies, training and consultation in Haarlem, the Netherlands.</p> <p>Building Bridges: Home visits to multi stressed families.</p> <p>With multi-stressed families, family members and professional helpers often feel overwhelmed by complexity. Problems are related and concern all areas of life: lack of resources, violence, alcohol and other substance abuse, social problems in the environment and with housing, school and work difficulties, integration and language problems and illnesses. These families often have a history of frustrating experiences and they develop an attitude of distrust to the outside world. Spirals of blaming and demonisation within the family and between family and 'outsiders' such as professional helpers create disconnection and powerlessness.</p> <p>We started to visit these families at home. Referrals come from the mental health field, police, child protection or general practitioners. We aim to build bridges to the family and different family members by visiting them in their natural environment, asking them about what in their opinion went wrong with the help they received and what they think could help them better. We try to find a shared language and definition of problems and act on that. Recognizing and acknowledging the resources and surviving strategies of the family belong to the core interventions of this project. After establishing new trust with the family we try to build bridges to professional helpers, police and others. In this presentation I want to clarify the ideas and clinical practice of this project and illustrate these with case examples and video.</p>	Auditorium
11.30 – 1.00 Workshop 13	<p>The Cost Effectiveness of Family Therapy: Where We Now Stand</p> <p>Professor D Russell Crane, Director of the Comprehensive Clinic and Professor of Marriage and Family Therapy, School of Family Life, Brigham Young University, USA</p> <p>There is a need to educate policy makers about the value of including family therapy (FT) in mental health care services. This presentation will review the results of a number of studies that has investigated the cost effectiveness of family therapy in mental health service settings.</p> <p>The research program covers 15 years of published research designed to identify the costs of including family therapy in health care systems. Since the presenter has had the opportunity to present earlier work to AFT and to have published in the JFT on the subject, this presentation will focus primarily on the most recent findings from 2007 to the present. The most recent research uses data from a large US based behavioral health company. The company manages mental health care for more than 50 million participants. The available data includes almost 500,000 unique individuals who received psychotherapy care over a four year period.</p> <p>Results demonstrate that family therapy was more cost effective than individual or "mixed" psychotherapy. In addition, all mental health services were effective with 85% of patients needing only one episode of care and averaging about seven therapy sessions.</p> <p>More recent results will be presented for different DSM disorders including depression, anxiety, ADHD, substance misuse and others will be presented. Issues of treating retiree age patients will be discussed.</p>	Auditorium

	<p>Also the role of other psychotherapy issues such as therapy “dropouts” and the cost effectiveness of collaboration across mental health disciplines will be presented.</p> <p>Finally, the cost of treating of DSM “relational diagnoses” will be presented. Relational diagnoses are those where the diagnosis was exclusively relational issues such as “partner-relational problem” and parent-child relational problem” will be presented. These issues may be particularly relevant to family therapy and systemic practitioners who choose not to participate in traditional mental illness diagnoses.</p>	
<p>11.30 – 1.00 Workshop 14</p>	<p>Multi systemic therapy beyond adolescent antisocial behavior – update of implementation and case presentation</p> <p>Brigitte Squire, Consultant Clinical Psychologist, MST Service Manager, Cambridge</p> <p>Jeanette Stanton, MST Worker, Cambridge</p> <p>Multi-systemic therapy has a profound body of research evidence to support treatment efficacy and efficiency for addressing severe antisocial behaviour in adolescents. In Cambridgeshire MST was implemented first within an intensive court programme but gradually started to work with families where an adolescent was at the edge of being placed in care due to multi family problems. Not only Social Care could refer to MST but also CAMH, where it became clear that the complex presentation of the problems needed an intensive outreach and home based service.</p> <p>In this workshop we would like to present some follow up data re the work we did with this client group and also some research findings of a group of 30 families we did MST with. This will be followed by a case presentation of an adolescent with high functioning autism, who was terrorising the family with severe aggressive and controlling behaviour. He was referred to MST after receiving years of outpatient CAMH input and 2 hospital admissions. We will reflect about the strategies that were necessary to bring about change.</p>	<p>Linnet Room</p>
<p>11.30 – 1.00 Workshop 15</p>	<p>Learning & Hope: How experienced parents can be of benefit to others in the treatment of eating disorders</p> <p>Mandy Simms, Family Therapist Peter Honig, Family Therapist</p> <p>Sarah Davies, Head of Patient and Parent Involvement, Phoenix Centre, Cambridge</p> <p>David, Janet and Chloe Pike, Service Users</p> <p>This workshop will be run by parents of young people with anorexia nervosa and staff of the Phoenix Centre, an eating disorder service in Cambridge, all of whom are involved in a multi-family group programme that continues to evolve. From our different perspectives we will describe the programme in which parents of patients who have been discharged, participate in both the running of the group and the design of the programme. A number of models of multi-family group have been tried at the Centre and we have come to believe that the current model, which includes experienced parents as group members, is the most effective. We agree with our patients’ families who have expressed that the family is central to a patient’s recovery. This is borne out by an evidence base that has established the importance of eating disorder focused family therapy in the treatment of adolescent onset anorexia nervosa. For the main part, finding ways of managing the eating disorder outside of the consultation room and the hospital, mainly in the context of their homes, is the key issue for most families. Parents often feel that they need training in how to manage their child’s illness, and they appreciate this occurring both formally and informally. Experienced parents generously share their knowledge with other parents whose children are currently inpatients suffering from anorexia nervosa. Our partnership with experienced parents brings hope to these families as well as a wealth of skills, education and empathy. As professionals, this is a great learning curve for us too.</p>	<p>Auditorium Lounge</p>

<p>11.30 – 1.00</p> <p>Confetti Workshop</p>	<p>Introducing Patchwork text into Systemic Training – an opportunity to increase reflexivity</p> <p>Lesley Novelle, Programme Leader – Systemic Thinking and Practice, University of Derby / Systemic Psychotherapist, Derbyshire Mental Health Services NHS Trust</p> <p>Kath Williamson, Associate Lecturer Systemic Thinking and Practice, University of Derby / Systemic Psychotherapist, Derbyshire Mental Health Services NHS Trust</p> <p>Patchwork text is a method of assessment where participants develop their learning in relation to key aspects of a module by constructing short patches in small peer groups over the course of the module, the patch groups are tutor facilitated. Patchwork text is considered to offer opportunities for deep learning by building ideas one on top of another and revisiting ideas across the module in the light of new learning. A final written synthesis joins all patches together as a completed patchwork. Akister (2003), Parker (2003).</p> <p>A decision to introduce patchwork text assessment into foundation level systemic training was considered to have the potential to reveal any difficulties in engaging with key ideas as well as maximise opportunities for inter-professional learning and reflection within peer groups.</p> <p>The implementation of the patchwork text not only altered the method of assessment but also led to a number of key changes in the teaching and learning style of the module.</p> <p>The patchwork text process enables the course tutors and participants to use key systemic ideas in the construction of the process maximising opportunities to model key systemic theory and practice.</p> <p>This workshop will look at the key theoretical ideas associated with patchwork text delivery and share the results of a small scale research project considering the learning narratives of the participants.</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Games Room</p>
<p>11.30 – 1.00</p> <p>Workshop 17</p>	<p>Giving clients a voice by researching the effects of family therapy; Interactive workshop with the new outcome measure SCORE</p> <p>Dr Julia Bland, Consultant Psychiatrist in Systemic Psychotherapy, Maudsley Hospital</p> <p>Professor Peter Stratton, Professor of Family Therapy, Leeds University / AFT Academic & Research Development Officer.</p> <p>Getting reliable information from our clients about how therapy has affected them should be an ethical imperative for all therapists. There are different ways of giving clients their voice in this respect, but a research approach offers advantages in having tried and tested ways of reducing bias. Our clients usually want to be nice to us and if we just ask them, they are likely to reassure us that they found the experience positive.</p> <p>Meanwhile the political dimension is that family therapists have to earn their livings therefore family therapy provision in the NHS costs money which is competed over.</p> <p>IAPT has given a huge boost to CBT although NICE guidelines support couple therapy for depression.</p> <p>Outside the clinic, we have to argue for the merit of what we do, and we need a robust measure which is user friendly, non-judgemental and captures the kinds of change we see in the clinic. The workshop will present and work with the final version of the SCORE outcome measure.</p> <p style="text-align: right;">Cont</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Garden Room</p>

	<p>Our approach in developing the SCORE has been to attempt to identify aspects of the operation of family relationships that are likely to be crucial in the family's capacity to resolve its difficulties. These were then selected for those that represent aspects that systemic family therapy attempts to change. Each aspect was phrased as a simple description of family life on which each family member (over 12 years of age) could give a rating. Family members are also asked for qualitative descriptions and direct ratings of their family life and difficulties.</p> <p>The first phase of the research used a 40 item version and required data from at least 200 families. This substantial body of data, generated in collaboration with AFT members in clinics from all over the UK, has enabled us to create trustworthy versions of the SCORE that can now be used to investigate how clients feel their families have changed during therapy.</p> <p>The workshop will engage participants in using and exploring a version of SCORE constructed for regular clinical use. Therapists who may be interested in this next exciting phase of the research should come and see where we have got to, and contribute their ideas for its future use.</p>	
<p>11.30 – 1.00 Workshop 18</p>	<p>Afterlife encounters: Bereavement, continuing bonds and systemic therapy Hugh Palmer, Lecturer / Systemic Psychotherapist, York</p> <p>This workshop will explore the phenomenon of 'afterlife encounters' and discuss the relevance of these experiences when working with the bereaved.</p> <p>Afterlife encounters are experiences where somebody perceives the presence of a deceased person, whether it be in dream, through actually seeing or hearing the person, or via other routes, such as butterflies, or even messages on mobile phones. These phenomena suggest that significant ties continue after the death of a family member. There are two broad discourses about these experiences; the 'material' which explains them as hallucinations or wishful thinking, and the 'supernatural' which considers them to be genuine contact from the afterlife. Rather than debating whether these experiences are 'real' or not, Hugh will focus on how accepting and discussing these experiences may help families and individuals who are grieving. This requires therapists to be accepting of both explanations, but is this possible?</p> <p>As people who experience these encounters may be reluctant to disclose them in a formal therapeutic setting, this raises wider ethical questions about the appropriateness of introducing and inviting conversations about sensitive themes and issues. Therapeutic approaches to working with bereavement that incorporate consideration of afterlife encounters will be discussed, primarily drawing on narrative and collaborative ideas. Concepts of grief will be considered, contrasting the traditional approach of 'moving on' with the concept of continuing bonds, where it is accepted that an ongoing relationship with the deceased person carries on.</p>	<p>J8 Teaching Room</p>
<p>11.30 – 1.00 Workshop 19</p>	<p>Stepping out of the clinic: an overview of mainstream and specialist family based approaches in Somerset Roger Stanbridge, Consultant Family Therapist, Somerset Partnership NHS Foundation Trust Frank Burbach, Consultant Clinical Psychologist, Somerset Partnership NHS Foundation Trust</p> <p>Recent national policies for mental health services in the UK have a common theme of seeking to enhance working partnerships between professionals and families/carers.</p> <p style="text-align: right;">Cont</p>	

	<p>They emphasise both the importance of including families/ carers as part of routine care as well as providing specialist family work for more complex and severe needs. How this can be achieved, however, is less clearly defined.</p> <p>This policy context offers an opportunity to develop services that place a social network perspective at the heart of mental health services. However, it also represents a challenge to the existing workforce where the majority of staff have not received training in working with people within the context of their social support network.</p> <p>We would argue that a comprehensive family/carer workforce development strategy is required in order to equip staff to meet this challenge and that family therapists are particularly well suited to take on influential roles.</p> <p>In Somerset we have developed two complementary training and service development initiatives.</p> <p>Firstly, developing more family inclusive mainstream services.</p> <p>We are providing a trust wide whole team-training programme (three-day course) to promote partnership working with families as part of routine practice for both community and inpatient teams. This training focuses on staff attitude, knowledge and skills development, with the aim of raising staff awareness of the needs of families and increasing their ability to hold family meetings as part of the assessment/ admission process. This has led to the development of practice guidelines and a family liaison project where family therapists provide one day each week to join with inpatient staff to hold meetings with families as part of the admission process.</p> <p>Secondly, establishing specialist family services.</p> <p>This includes two elements:</p> <ol style="list-style-type: none"> 1. Developing specialist systemic psychotherapy clinics as part of an evolving psychological therapies service. We currently provide clinics in child, adult, older adult and learning disabilities services to work with severe and complex needs. Clinics include some designated posts working alongside staff with a range of levels of systemic training. These developments are supported by a quarterly Systemic Psychotherapy Forum which has a professional, educational and clinical format and promotes the development of professional standards e.g. monitoring standards of supervision. 2. Developing a countywide family interventions service for families where a member experiences psychosis. Staff from adult and CAMHS services are trained by means of an in- situ, one-year, AFT accredited team-training course, the Family Interventions (Research, Skills, Theory) in Psychosis Course, which is run in partnership with the University of Plymouth at degree/ diploma level. A trust-wide service of four local teams has been created. <p>In this workshop we will present the Somerset approach to training and service development. We will describe the two training programmes, their implementation and evaluate their impact. We will also look at the roles family therapists are able to take in this process and offer a forum for discussing issues raised in taking things forward in local contexts.</p>	Teaching Room A
1.00 – 2.15	LUNCH in the dining room	
		Notes

<p>2.15 – 5.45</p> <p>Workshop 20</p>	<p>Overcoming Problems – Creating Possibilities through Wrestling with Restraints and Embracing Resources</p> <p>John Burnham, Head of Family and Systemic Psychotherapy and Director of Systemic Training, Parkview Clinic, Birmingham</p> <p>Contemporary approaches have brought a ‘breath of fresh air’ into the systemic field through creating forward looking practices, de-emphasizing problems and restraints, whilst emphasizing resources and solutions. I readily embraced this orientation yet, in my own work, not all clients or situations, responded enthusiastically, or fitted easily to these ways of working. Based on these practice experiences I looked to create a practice map which helped me, and the people I worked with to, navigate ways through these different ways of working in therapy and training. Using feedback from clients and trainees, this map evolved into its present form:</p>  <p>Working together can be mapped onto the diagram to create a fit between client and therapist, or therapist and supervisor, and to work out the unique pathway from ‘problem to possibility’ for each client/supervisee when they are seeking to ‘wrestle with what restrains them’ and ‘embrace the resources that can sustain them’ along this pathway.</p> <p>This is an evolving model and workshop will explore this process through talk, tape and exercises. Maps and sample questions will be provided to facilitate workshop participants to create their unique working profile.</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Auditorium</p>
<p>2.15 – 5.45</p> <p>Workshop 21</p>	<p>The Court as a Reflecting Team in Child and Family Proceedings</p> <p>Chip Chimera, Director, Centre for Child Studies, Institute of Family Therapy Peter Marsden-Allen, Systemic Psychotherapist</p> <p>This workshop will examine the possibilities of therapeutic change in the often extreme environment of the Court process. Many practitioners are daunted by the prospect of the potential exposure of their practice in Court. Families may be showing extremes of destructive behaviour to their children and other vulnerable members. The same families are often severely challenged by the conflict which can include pervasive personal and collective stress. This is often exacerbated by the Court process.</p> <p>However, we find that the theatrical nature of Court can be a helpful metaphor for reflection; for families and professionals.</p> <p>The presenters work in the public and private law field as ‘expert witnesses’ (itself a conundrum for Family Therapists). They bring experience gathered over many years of working with couples and families in high conflict.</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Linnet Room</p>

	<p>After reflecting on these experiences we feel they are best shared and discussed through the following aims:</p> <ul style="list-style-type: none"> • To examine recent legislation which informs the provision of therapeutic intervention as part of the Court process, • To consider how conflict can be reframed to the advantage of children caught up in these complex processes, • To evaluate how the theatrical ambience and action of Court proceedings can be helpful or not in child focused work. • To maintain a focus on the child as central to the process. • To link all of the above by examining the principles of the reflecting team ideas of Tom Anderson and applying them to working in this environment. • To share experience and reflections with other participants in the workshop. 	
<p>2.15 – 3.45 Workshop 22</p>	<p>The Complexity of Clinical Work and Ethical Practice AFT Ethics Committee</p> <p>The Complexity of clinical practice means that family therapists are always grappling with ethical dilemmas. We would like to debate some of these in the workshop and will bring some recent dilemmas we have discussed as a committee. We would welcome delegates bringing their own dilemmas to the meeting. The precise format of the workshop will be influenced by the numbers attending and we may break into small groups for some of the discussion.</p>	Auditorium Lounge
<p>2.15 – 3.45 Workshop 23</p>	<p>Monty Python-Focused Therapy: A Career Full of Absurdity Brian Cade, Context Editor, Family and Systemic Psychotherapist</p> <p>As I approach retirement and look back over 40 years of practice, nearly all of them as a family therapist, in my work, whichever approach to family therapy I have been using, there has always been a core theme - - regular excursions into the realms of the unpredictable and the absurd. This workshop will offer an ageing therapist's reminiscences of the absurd in therapy. Stories will be told, video-tapes shown (some old and grainy) and a rationale (or is it a rationalisation) will be given.</p>	Games Room
<p>2.15 – 3.45 Confetti Workshop</p>	<p>Beyond the training room...Working with student's personal and family experiences as a resource in training and supervision Marie McGovern, Family Therapist and Trainer/Lecturer, Leeds Family Therapy and Research Centre, University of Leeds</p> <p>Students of family therapy and systemic practice are required to develop their awareness of the influences their personal and family experiences have upon their professional selves. This work supports their potential to consider themselves in the therapeutic system and to take a self –reflexive position in relation to their work with other people. In beginning to think about their personal experiences, students may talk for the first time to others about their life experiences and thus trainers need to anticipate the ethical dilemmas and challenges that this may bring.</p> <p>The presenter will argue that family of origin or life experience work offers a rich resource for students and therapists and should maintain a key place in any training programme. Trainers and supervisors are required to support this work which may require taking risks and offering challenges in order to make full use of the potential resource that the student has in their own experiences. This presentation will review the literature in this area and offer suggestions for training practice at each stage of training.</p> <p>The presenter is currently a student on the Family Therapy Supervision Course (Tavistock Clinic / University of Leeds LFTRC)</p>	Garden Room

<p>2.15 – 3.45</p> <p>Workshop 25</p>	<p>The role of the systemic family therapist in trauma focused work in a CAMHS setting.</p> <p>Charlotte Seymour, Systemic Family Therapist, London</p> <p>Trauma focused work is often seen as something done with individuals. This workshop will show the importance of embedding the work in a family context.</p> <p>The systemic family therapist is in a particularly good position to undertake trauma focused CAMHS work because of his/her training, expertise and ability to focus on complex relationships between different systems/individuals and difficulties that may arise in the relationships between different systems and inside these systems. Traumatic events tend to cause difficulties in relationships, both within an individual causing the debilitating symptoms of Post Traumatic Stress Disorder and the relationships the individual has with others. Some traumatic events can even have a pervasive impact on subsequent generations, resulting in misunderstandings, whose origins may be forgotten or overlooked.</p> <p>There are different types of trauma: interpersonal or natural disasters, single events or ongoing traumatic situations from which there may be no escape. The age at the time of a traumatic event and support systems around an individual play an important role in treatment and recovery. Recent research into brain functioning has shown that the brain reacts differently to traumatic events. This can explain the symptoms of post-traumatic stress that can be very disabling and often misdiagnosed, especially in children and adolescents.</p> <p>The systemic family therapist with a particular awareness, skills and interest in the impact of trauma and PTSD may be in an excellent position to offer treatment because of the ability to pay attention to all these interacting systems. The ability to create a safe/special relationship between family/child/therapist in which to explore these issues is important and the basis for treatment and can be compared to creating a good attachment.</p> <p>In this workshop, I will focus on systemic psychotherapy skills and knowledge in the field of trauma in children and adolescents.</p>	<p>J8 Teaching Room</p>
<p>2.15 – 3.45</p> <p>Workshop 26</p>	<p>The Safe Study</p> <p>Joanna Pearse, Consultant Systemic Psychotherapist, Brighton and Hove Children and Young People’s Trust.</p> <p>Joe Green</p> <p>Janice Cusick</p> <p>The National Academy for Parenting Practitioners is evaluating a number of programs that already have an evidence base in other countries. Functional Family Therapy has a strong evidence base within the USA and has had good outcomes with families where young people have been involved in high risk behaviours including drug using, anti-social behaviour and offending .</p> <p>The Research</p> <p>The SAFE Study is the first randomized controlled trial of Functional Family Therapy within the UK. 100 young people and their families will be followed up over an 18month period comparing the effectiveness of FFT with treatment us usual.</p> <p>The Model</p> <p>Functional Family Therapy is an intensive, home based intervention. It is a manualised approach, but the interventions are specific and individualised to each family allowing for differences in culture, family form and individual family style.</p> <p>The workshop will briefly describe the research and present the model with examples from practice.</p>	<p>Teaching Room A</p>
<p>3.45 – 4.15</p>	<p>Tea / Coffee in the Dining Hall</p>	

<p>3.45 – 5.45</p> <p>Workshop 27</p>	<p>Tea and Cakes at the Fairness Café - Raising Awareness on Diversity Issues Within AFT, Our Vision for the Future</p> <p>AFT Diversity, Equal Opportunities and Inclusion Sub-Committee of the Ethics Committee</p> <p>This is an exciting opportunity for you to help influence thinking and policy which runs to the core of our systemic beliefs.</p> <p>As we professionally fight for fairness and inclusion for all in our therapy settings the wider cultural and political systems are indicating paradigm shifts in thinking. Twenty years ago who might have speculated that we would live in times in which America appoints its first black President? AFT is keen to ensure that our thinking in this domain is joined up and that all aspects of our profession, from therapy room to committee room, to training room and beyond, reflect a culture of inclusion and diversity. The Diversity, Equal Opportunities and Inclusion sub- committee of the Ethics Committee is charged with advising AFT in these areas and we need your help to ensure we achieve this vital goal.</p> <p>You are cordially invited to join us to pool our ideas and truly develop thinking that is 'greater than the sum of its parts'. If that is not incentive enough, tea and cakes will be available to help the neurons fire!</p>	<p>Auditorium Lounge</p>
<p>4.15 – 5.45</p> <p>Workshop 28</p>	<p>The Marlborough Multi-family Model: working with families and schools</p> <p>Serena Potter, Assistant Head of the Marlborough Family Education Centre, Teacher and Systemic Family Psychotherapist</p> <p>Neil Dawson Brenda McHugh</p> <p>The Marlborough Multi-Family Therapy Model Theory</p> <p>We believe children's needs should be viewed in the dual contexts of home and school and not simply in relation to the children themselves. By using the multi-family therapy approach, families have the opportunity to experience that they are not alone in their struggles with parental issues. In multi-family therapy families can share coping strategies and receive help and support by attending groups regularly. They exchange advice with other families, helping them experience being effective, supported and supportive. Groups are run by systemically trained psychotherapists in partnership with school staff. Multi-Family Groups in Schools are designed to give children at risk of exclusion access to psychological help, whilst working with their families to:</p> <ul style="list-style-type: none"> • Challenge and reduce behaviour that puts the child at risk of exclusion • Develop the child's social and emotional skills • Enable parents to improve their relationships with their child and with the school • Engage parents reluctant to be involved with mental health professionals • Exchange skills and knowledge between mental health and education professionals • Develop mini communities capable of sustaining improvement • Raise children's achievement <p>We address problems such as conduct, emotional, hyperkinetic and attachment disorders. Who is it for? The multi-family therapy is aimed at children under the age of 14 with behavioural, emotional and social difficulties who are at risk of exclusion, as well as their families. Why does it work? The Marlborough multi-family therapy model is unique in that it brings together children, parents, teachers and CAMHS, ensuring a mutual understanding of a child's mental health needs. This benefits all groups involved.</p>	<p>Games Room</p>

4.15 – 5.45 Workshop 29	<p>Managing in a time of chaos; survival and better</p> <p>Peter Short, independent Consultant and Trainer, Chlinaig, Inverness-Shire</p> <p>On all sides, events seem to conspire to make life difficult for families and those who seek to help them. As if sustaining healthy and productive relationships is not enough of a challenge we have war, abuse, poverty, torture, financial meltdown and pandemic flu to negotiate.</p> <p>What are the resources available that enable leaders in organisations to create the conditions in which clinicians can meaningfully address the concerns of families?</p> <p>Drawing on a range of diverse approaches from Appreciative Inquiry, through Just Therapy to Public Conversations and trauma survival, Peter invites you to bring your own thoughts and resources to construct frameworks of realistic support for families and communities facing potential chaos.</p>	Garden Room
4.00 – 6.00	<p>Confetti Meeting chaired by Kate Daniels</p> <p>J8 Teaching Room</p>	
7.30 – 8.00	<p>Pre-Dinner Drinks reception sponsored by Wiley-Blackwell in the Dining Hall</p>	
8.00 - late	<p>Dinner in the Dining Hall Entertainment by Peter Honig and his band</p>	

Sunday 13th September 2009		
9.45 – 11.15	<p>Plenary: Jim Wilson</p> <p>Jim Wilson is a UKCP registered Systemic Psychotherapist . He works sessionally as Consultant Family Therapist in Llwyn Onn Child and Family Psychology Service , Caerleon, Gwent, and is Co-director of Partners for Collaborative Solutions, an international training and consultation partnership .</p> <p>He provides training, consultation and seminars on his work, in the UK and Europe where his work has been published in Swedish and German. His range of publications include, "The Performance of Practice ; Enhancing the repertoire of therapy with children and families" (Karnac 2007) and "Child Focused Practice ~ A collaborative systemic approach "(Karnac 1997).</p> <p>"Between Boundaries and Desires; A consideration of the creative possibilities in family therapy"</p> <p>Jim's talk will focus on the tensions, challenges and creative opportunities still vibrant in family therapy practice. He will consider political and organisational influences on our thinking and practice as well as provide a practitioner's perspective on what he thinks is useful and effective in our work.</p>	Auditorium
11.15	<p>Closing remarks</p>	
11.30	<p>Tea and Coffee in the Dining Hall</p>	

Notes