

AFT Conference 2011

Buxton, Derbyshire, 22 - 24 September

in association with Derbyshire Association for Family Therapy

Extraordinary Practice in Ordinary Circumstances



AFT National Conference 2011: *Extraordinary Practice in Ordinary Circumstances*: Welcome, introduction and pre-conference programme, and a history of our hosts, DAFT – Thursday 22nd September

Welcome to the 2011 AFT Conference

It gives me great pleasure to welcome you all to this year's exciting conference, set in the beautiful Peak District – the jewel in the heart of England!

Many thanks to the conference organising committee and to Derbyshire AFT for putting together an 'extraordinary' programme, which I'm sure will have something to intrigue, inspire and challenge us all!

I and members of the executive and board of directors of AFT are available throughout the conference and would be pleased to meet with you and answer any questions you may have – there is also an AFT conference table with information available.

I hope as many members of AFT as possible will attend the AGM on Friday at 5.15pm.

Sue Jones, chair

Introduction

The pre-conference programme is an opportunity to enjoy an informal get together involving serious play, invitations to irreverence and a little fun. A chance to meet, mix and mingle, or simply relax. The panel would welcome questions, sent to the chair (Ged), before the event (via AFT) or they can be put forward on arrival. There will also be room for spontaneity and making it up as we go.

16.30-18.00pm	Arrivals and registration
18.15-18.30pm	High Peak Suite: Pre-conference welcome, DAFT committee. Nibbles and drinks
1	"Question time panel" chaired by Ged Smith. Panellists: Carmel Flaskas, Paulo Bertrando, Sue Jones, Mark Rivett and Brian Cade. Questions and discussion relating to the conference theme: "Extraordinary Practice in Ordinary Circumstances" . This will include the question <i>"How can we maintain neutrality, curiosity and creativity in difficult times?"</i>
19.30-21.30pm	Hot buffet dinner and family therapy music quiz (no musical talent or knowledge needed in order to participate and enjoy!)
21.30pm –	A chance to enjoy the hotel or local facilities

A history of DAFT

Of course, any history can only be a partial and subjective view of events; however, this is a generally agreed story from those who have participated in the DAFT phenomenon over the last decade or so.

Family therapy in Derbyshire can be traced back at least 25 years or more, when practitioners began to set up family teams within adult mental health and CAMHS clinicians began to embrace systemic thinking and practice. Systemic practitioners and therapists in Derbyshire began to connect with the then named East Midlands AFT branch mixing with systemic thinkers and practitioners within Nottingham, Mansfield, Lincoln and

surrounding areas. Some twenty or so years ago, Hilary Howell and Steve Buller were collaborating in providing training opportunities in systemic thinking and family work within the Derbyshire Mental Health Trust. Bridget Jack, Sally Wood, Carolyn Gavin and Alec Rapkin were developing family therapy approaches within Derbyshire CAMHS and were joined in 1994 by Gary Robinson who was recruited as the first full-time family therapist within the Derbyshire Mental Health Trust. In 1995, Gary, Hilary and Bridget combined together to set up the first foundation-level course in Derbyshire which was closely followed by the first intermediate-level course. The courses were subsequently accredited

by AFT in 1997 and these courses have taken place in various forms with AFT accreditation ever since. In 2001, the Mental Health Trust ceased to be a training provider and the courses found a new home at the University of Derby within a partnership formed between the trust and the university with all the course tutors being seconded from the mental health trust. In 2006, the first substantive senior lecturer post was developed within the university and Lesley Novelle was appointed. Lesley joined the systemic training team with the brief to develop masters-level clinical training. Lesley is now the programme leader for the masters in systemic psychotherapy which has just completed the 1st cohort in 2011.

Over 300 multi-agency multi-professional practitioners have now completed accredited systemic training in Derbyshire. Many more have enjoyed the free bi-monthly DAFT lunchtime presentations and bi-annual day workshops. The courses have evolved through the contribution of the many skilled therapists who have tutored the courses over the years including several therapists who began their training in Derbyshire. The list of tutors includes Hilary Howell, Bridget Jack, Gary Robinson, Carolyn Gavin, Sally Wood, Mark Weeks, Michael Fowkes, Sandra Ryan, David Gristock, Gail Collette, Gill Wallace, Julie Barber, John Taylor, Lucia Whitney, Michael Naphthine, Lesley Novelle, Kath Williamson and Clare Nichols.

The origins of DAFT can be traced back to the end of the very first foundation-level training when trainees began to talk about how they might maintain their interest and connection with systemic thinking and practice. A group of trainees, tutors and others formed a systemic interest group which began meeting on Friday lunchtimes each month to discuss their work and ideas. The Derbyshire tradition of irreverence and fun contributed to the naming of the interest group as DAFT PRATS, the Derbyshire Association for Family Therapy, Practice, Research and Training met with this title for a year or so before the managers within the mental health trust for whom the majority of DAFT PRATS worked, invited the organisers to think again about the name! This led to the group moving through childhood and beyond adolescence towards maturity and consideration of becoming an official AFT branch. The Derbyshire Association for Family Therapy was launched in 2000. Committee members and participants have included all of the previously mentioned tutors along with a host of further talented systemic thinkers and

practitioners including Diane Styne, Caroline Asperguis, Adrian Pugh, Joanne Smith, Natalie Alleyne, Veronica Bennett, Phil Pepperell, Angela Ryan, Laura Gallant, Alison McKeown, Emma Cooper, and Dan Pearson. Other talented contributors to DAFT have included Chris Ward, Mikenda Plant and Maeve McColgan. We have received tremendous support from several marvellous trust secretaries, particularly Sue Cousins and currently Sue Berrisford.

In summary, DAFT forms the core of a three-way partnership between the mental health trust which is now named the Healthcare Foundation Trust, the University of Derby and the Association for Family Therapy.

DAFT holds dear its reputation for holding high quality day-workshops at little or no cost thanks to the support of the trust and university. We only began charging a nominal amount when we realised that sometimes people booked places for free events that were subsequently oversubscribed, but then did not always arrive. We found that when we charged £5 or £10 virtually everybody came! We have been privileged to have had a host of talented and inspiring guest facilitators and presenters over the years including Elsa Jones, Barry Mason, Bebe Speed, John Burnham, Chris Iveson, Judy Hildebrand, Jim Wilson, Shila Khan, Carmel Flaskas, David Campbell, Paul Blackburn, Hugh Jenkins, Peter Stratton, Brian Cade, Brenda Cox and Barry Bowen.

We are very sorry if we have missed the names of friends and colleagues who have joined us over the years. We believe that everybody who is connected with DAFT has contributed to its growth and variety.

This year sees DAFT hosting the AFT conference and we hope that all the participants will experience a taste of the DAFT hospitality, informality, irreverence and serious play. We feel very nervous and very privileged to host the event and this seems like a good time to formally apologise to the Dorset Association for Family Therapy who we understand were once proud owners of the DAFT title but unfortunately had folded before we took our opportunity and they asked for their name back! However, if the conference exhausts us and finishes us off then we will gladly hand it back. If we continue to be DAFT as we hope, then we can only move forward with continued replenishment and new members. If anyone out there would like to join us please be in touch by visiting <http://derbyshireaft.org/>

The DAFT Committee, July 2011

AFT National Conference 2011:

Extraordinary Practice in Ordinary Circumstances

Plenary information

Paolo Bertrando, MD, PhD

Director, Episteme Centre, Turin

Paolo Bertrando, MD, PhD, graduated in medicine and specialised in psychiatry in Milan, where he was trained in systemic family therapy by Luigi Boscolo and Gianfranco Cecchin in the 1980s. He is the author of a number of scientific books and papers, mostly about systemic theory. Among them, *The Times of Time* (1993), and *Systemic Therapy with Individuals* (1996), both co-written with Luigi Boscolo. His latest book is *The Dialogical Therapist* (2007). He has travelled extensively, for conferences and workshops in Europe, Australia, and South America. He is presently the director of the Episteme clinical and training centre in Turin, Italy. His present interests concern the dynamics of systemic therapy (both from a methodological and experimental point of view), the relevance of emotions in systemic theory and practice, and the use of systemic methods in dealing with complex, multi-problematic cases.

Straight talk in the therapeutic session

Constructivism, social constructionism, and critical realism have been mostly preoccupied with the status of reality in therapy. In this presentation, I will try to address the status of truth in therapy, both from the patients' and the therapist's points of view.

Whereas we take for granted that, in a therapeutic session, clients speak their own truth, the statute of the therapist in respect of such a variable is less certain. Actually, in my early days as a systemic therapist, I was not taught to tell my truth. I was presumed to say what I (or my therapeutic team) considered most useful. Strategic therapy, especially in those days, was centred on the idea of indirect influence. To think strategically, I do not have to state my truth; I should rather do the very opposite.

Everything changed with the advent of postmodernism and constructivist therapies. Postmodern therapists, though, while refraining from strategic stances, tend to an extremely discreet position. They do not deny their truth, but they hesitate to speak openly.

As far as therapists are concerned, speaking the truth means to adopt a speech practice very distant both from strategic persuasion and metaphorical talk, to enter a realm very close to what Michel Foucault calls "parrhesia", i.e., telling what the speakers feels it is her truth, regardless of consequences. Such an attitude entails the possibility (and the very likelihood) of telling patients things they do not like about themselves or their situation, but that promote a definite possibility of fostering change and self-reflection (although, in order to be a really straight talk, what I say should neither be instrumental in triggering change, nor simply a provocation, nor aimed at reaching definite strategic aims).

At the same time, it is true that straight talk is relevant because it is not simply a statement of fact: it is relevant because it has some effect on the others. When I talk straight, I always run some risk, and I must be aware of it.

Straight talk has become important in my practice in later years. One reason for this lies, possibly, in the changing population of clients I encounter. More and more persons coming to therapy complain of some kind of identity problem; it is possible that I have become more clear – albeit tentatively – to help them face their own lack of clarity.

The adoption of such a stance has been a new way of being in the session for me; all the same, it is an attitude that I adopt together with (rather than opposite to) more traditional ways of operating.

Suggested reading

Paolo Bertrando (2007) *The Dialogical Therapist*. London: Karnac Books.

Carmel Flaskas

Carmel Flaskas is an associate professor in social work, School of Social Sciences and International Studies, University of New South Wales, Sydney, where she convenes the master of couple and family therapy program. She continues her therapy and supervision practice and has published a number of books and articles on the therapeutic relationship, on psychoanalytic ideas in the systemic context, and on knowledge in family therapy. Her recent work explores the balance of hope and hopelessness, empathic imagination, thirdness and reflective processes, and contemporary frameworks in family therapy practice theory. Carmel has been awarded an honorary doctorate by the Tavistock Clinic in conjunction with the University of East London for her contributions to systemic psychotherapy, and the ANZJFT award for distinguished contributions to Australian family therapy.

On reflection and reflexivity as a triadic relational space: Theory invitations to creative and diverse reflective practices in family therapy

How we think about what we do in family therapy both reflects and shapes what we do. In a broad sense, my presentation is about practice theory and its relationship to the creativity and diversity of the 'ordinary' mix of practices in therapeutic work with families. More specifically, it is about ideas about reflection and reflexivity and the creativity and diversity of reflective practices. Reflection and reflexivity are part of a shared territory in contemporary systemic-practice theory, with strong resonance across the Milan-systemic, narrative and dialogical approaches. Meanwhile, within psychoanalysis and allied areas of knowledge, theory has been developed about mentalisation and reflective functioning, and around the concept of thirdness. My presentation intersects these ideas from psychoanalysis, bringing them to bear on the current concerns of family therapy theory and practice. To think of reflexivity and reflective practices as forming, and being formed within, a triadic relational-space draws together the commonality of current practice theory in family therapy. This understanding also bridges current and the earlier family therapy practice theory, which generated enduringly useful thinking and practices about threes and triangular patterns of relationship. The use of 'outside' psychoanalytic ideas, then, may throw into relief commonalities of purpose within family therapy theory and practice across time. It can also prompt a re-valuing of the creative therapeutic possibilities of the lived experience of 'actual' threes in direct 'in-the-room' work with families and relationships.

AFT National Conference 2011: Extraordinary Practice in Ordinary Circumstances Schedule

Friday 23rd September

8.00 -	Registration for day delegates				
9.15-10.00	High Peak Suite: Welcome and setting the context: Sue Jones – chair of AFT, Kathryn Blackshaw – Derby Healthcare NHS Foundation Trust, Guy Daly – University of Derby, Gary Robinson – Derbyshire AFT				
10.00- 10.45	Conference theme: top 10 systemic tips with Ged Smith				
Choice of workshops					
Location	High Peak Suite	Chatsworth	Cavendish	Peveril	Haddon
11.15 -12.30	<p>One 2-and-a-half-hour workshop made up of a series of presentations: Systemic trainees & systemic practitioners Facilitator: Mark Rivett</p> <p>Lisa Fletcher & Mikenda Plant – Ordinary people, extraordinary parents</p> <p>Emily Barber, John Simons and Matt Selman – Playing with learning – creativity as trainee systemic psychotherapists</p> <p>Nina Gotua & Claudia Forero Jurado – The creative toolbox: Invigorating situations of stuckness</p>	<p>Gary Robinson & Lucia Whitney – Living and working with attention deficit hyperactivity and autistic spectrum disorders: The art and science of systemic diagnosis, treatment and support</p>	<p>Julia Granville & Sara Barratt – Narratives of connection, difference and belonging: The complexities that arise for gay and lesbian-headed foster and adoptive families</p>	<p>Nicolette de Villiers, Kathy Miller & Bertha Rogers – Working with families in adult acute in-patient setting</p>	<p>Hugh Jenkins – Ritual: Therapy as ritual and ritual in therapy</p>
12.30-13.30	Lunch				
13.30-14.45	<p>Gill Goodwillie – Using the 'tree of life' as a framework for brief systemic family assessments within CAMHS</p> <p>Mark Weeks & Mark Carling – An introduction to systemic emotional management</p> <p>Ged Smith – Language, risks and relationships in systemic therapy</p>	<p>John Burnham & Barry Mason – Making the most of ordinary moments</p>	<p>Emma Silver, Natascha Nascimento & Peter Stratton – Research that is available for improving clinical practice in ordinary circumstances</p>	<p>Liz Forbat, Roy Farquharson & Kathleen Van de Vijver – Creative ways of building a collaborative practice within a trauma setting</p>	<p>Caitlin Watson & Natalie Alleyne – Mindstep: A whole new mind set for systemic practice</p>
15.15-17.00	Plenary: Paolo Bertrando – Straight talk in the therapeutic session				
17.15-18.30	AFT AGM				
19.30-21.00	Pre-conference drinks followed by conference dinner with live band, Stone Age, playing two sets of classic rock and popular music				

Saturday 24th September

7.30-9.30	Yoga in the Haddon Suite followed by breakfast buffet and meeting with the professional affairs committee in Peveril (Please book your place at registration)				
8.00-	Registration for day delegates				
9.15-9.45	High Peak Suite: Welcome and setting the context for the day				
Choice of workshops					
Location	High Peak Suite	Chatsworth	Cavendish	Peveril	Haddon
9.45-11.00	<p>One 2-and-a-half-hour workshop made up of a series of presentations: Systemic evidence, outcomes, audit & research Facilitator: Hugh Jenkins</p> <p>Peter Stratton & Ewa Nowotny – Update of how families report the quality of their life together using the SCORE outcome measure Hannah Sherbersky – Couple therapy for depression</p>	Paolo Bertrando – Working on emotions in the systemic therapeutic session	Sarah Favier, Charlie Stanley & Simon Jubb – Transparency in action	Kay Gittins-Yarnell & Julie Barber – On the inside we're dancing, but are we co-ordinated on the outside?	Pat Gray and Rory Worthington (Diversity, Equal Opportunity & Inclusivity Committee) – Kinky practice
11.30-12.45	<p>Ian Lea – Involving young people in the planning and running of a service Liz Forbat – Family needs at the end of life: Evidence of the need for a family therapy approach in supportive and palliative care Hilary Howell – Research into relationships and meanings around children with learning disabilities and challenging behaviour Elspeth Bromiley – Does family therapy 'miss a trick?'</p>	Sami Timimi – Outcome Orientated CAMHS (OO-CAMHS) – a whole-service model	Kieran Vivian-Byrne & Billy Hardy – Ordinary training for extraordinary practice – a meeting of counselling and psychotherapy	Family and systemic psychotherapists in the non-statutory sector – Picnic among the aspens	John Hills, Ali McLewin & Louise Slator – Building a reflecting team from scratch
12.45-13.45	<p>Lunch in the restaurant</p> <p>An ethical lunch: Chatsworth. Please book at registration. Members of the ethics committee invite you to join them for lunch, discussion and information exchange around the following topics: Complaints management in AFT and UKCP – current and future procedures. Potholes in clinical practice – what ethical problems are you experiencing? – what problems are being brought to our notice?</p>				
14.00-15.30	<p>Closing plenary: Carmel Flaskas – On reflection and reflexivity as a triadic relational space: Theory invitations to creative and diverse reflective practices in family therapy</p>				
15.30-16.00	Closing remarks, followed by tea				

Friday

11.15 – 14.45

High Peak Suite

A series of 20-minute presentations on the theme of

Systemic trainees & systemic practitioners

facilitated by Mark Rivett

Ordinary people, extraordinary parents

Lisa Fletcher, trauma and attachment therapist, Chrysalis Associates in Sheffield

Mikenda Plant, trauma and attachment therapist, Chrysalis Associates in Sheffield

This presentation will aim to give you an overview of the work of Chrysalis Associates, based in Sheffield.

Chrysalis Associates are an independent, multi-disciplinary therapeutic team of professionals drawn from the fields of family therapy, social work and clinical and educational psychology. We specialise in the assessment and treatment of developmental trauma and attachment difficulties and are registered by Ofsted as an adoption support agency.

We often work with adoptive and foster families whose children have been assessed as having significant attachment difficulties. Our work incorporates the use of theories of developmental trauma and attachment, child development and family systems. Our main therapeutic approaches are 'attachment-focused family therapy', based on the model of 'dyadic developmental psychotherapy' and therapy-based interventions.

The presentation will explain the therapeutic re-parenting work undertaken with parents and carers and how this supports the effectiveness of the attachment-focused family therapy and therapy-based interventions.

Playing with learning – creativity as trainee systemic psychotherapists

Emily Barber, family worker, occupational therapist, 'hobbying' artist and one-time actor

John Simons, social worker, father, motorbiking Buddhist

Matt Selman, clinical psychologist, juggler, improviser

All are year 3 students at Northumbria University

In this workshop we offer examples of creative ways we have played with the learning process as trainee systemic psychotherapists. Through exploring our experiences outside of the training (art, drama, improvisation and Buddhism to name a few) and with the encouragement of a creative approach from the Northumbria University course we have played with ideas and co-created new

ways of engaging with theory and practice.

The workshop will be interactive where we will share our ideas and invite participants to live the experience and reflect on this. We hope to provide a space of 'safe-uncertainty' where participants can experience the familiar in a slightly different way. We will invite a reflexive position where the participants can play with the ideas and create new developments.

In the spirit of play and creativity we also invite people to bring their own ideas to share and add to the process.

The Creative Toolbox: Invigorating situations of stuckness

Nina Gotua, family and systemic psychotherapist
Claudia Forero Jurado, family and systemic psychotherapist

While collaborating in private practice, we have developed a set of ideas that have proved to be useful in facilitating conversations, particularly where recurring patterns of stuckness had besieged the sessions and threatened our curiosity. The toolbox contains various visual, symbolic and/or metaphorical aids in order to reinvigorate moments/situations of stuckness and/or generate difference in conversations. The contents of the toolbox are flexible, ever-expanding and can be adapted to suit the different needs, skills and grammars of the client(s). Using the toolbox is a co-construction between therapist and client resources, in which attention is given to what is meaningful for the client. In our practice using the toolbox has helped in the reduction of blame, use of labels, self and relational reflexivity and helped provide a safe context within which to talk about difficult things.

The toolbox permits us to introduce different contexts, symbols and meanings which enable reflexivity and playful appreciation of the process/content in our conversations with our clients. The toolbox can be both serious and playful and we have used it successfully with both adults and children.

We will present two case studies which contributed to our use of irreverence, improvisation and creativity in our clinical work and the development of the contents of the toolbox. We will be sharing our ideas and inviting others to reflect with creativity on some of the situations of stuckness they have experienced.

Using 'the Tree of Life' as a framework for brief systemic family assessments within CAMHS

Gill Goodwillie, consultant family and systemic psychotherapist, head of family therapy, Wolverhampton CAMHS

The Family Therapy Service within Wolverhampton CAMHS was challenged by the introduction of the Choice and Partnership Approach (CAPA). We seemed to be faced with either accepting a referral from the initial choice appointment without fuller assessment or finding that families were eventually referred at a much later stage in the process.

We found that often when such families were referred, they had experienced partnership appointments within which family work had been conducted but they had experienced little change. This brought with it a sense of increasing disaffection and frustration on behalf of both the professionals and families. The families were then faced with descriptions of themselves as having 'complex needs'.

We wondered how we could create an opportunity to intervene earlier and suggested that we could conduct an assessment that would create an opportunity for fuller understanding of family dynamics and process. We proposed a brief model of three sessions to undertake this.

One dilemma for us was how to incorporate an assessment framework that could be coherent with a collaborative and strength based approach. The notion of assessment does not necessarily sit comfortably with a systemic, social constructionist view of the world.

We also wished to demonstrate that systemic skills within CAMHS are useful as part of the core everyday work of the service; not just positioned as specialist psychotherapy. We aimed to introduce a difference that might make a difference and challenge pathologising stories within and about the family.

I had been interested in the work of Ncazelo Ncube (2006; 2007) and the notion of the 'tree of life' and have developed these ideas to create a framework for a non-pathologising and fun assessment that families can co-author with their therapist.

An introduction to systemic emotional management

Mark Weeks, consultant systemic psychotherapist
Mark Carling, trainee systemic psychotherapist

'Systemic emotional management' as we like to call it draws upon ideas from 'emotional freedom therapy', in which a technique known as 'tapping' is used in order to reduce the impact of emotional stimuli, i.e. emotions connected to memories that have a negative impact. It can be said that the practice of systemic emotional management is a fusion of systemic ideas with the working of the body's emotional management system. Given the historical separation within western culture of the mind and body, this presentation will explore both a practical and conceptual bridging of these two domains,

by drawing upon ideas from both recent western theories and eastern thinking about the link between the mind and body and examples of clinical practice. This presentation is therefore interested in exploring with delegates the question of how do we work with the biological/neurological systems in an interventionist manner within systemic psychotherapeutic practice? As systemic psychotherapists we are used to working with psychosocial systems be they the individual, family, educational, cultural or societal, but what about the biological system? Using the idea that the body's emotional management system influences well being, and that 'stuck' emotional trauma etc. can interrupt healing, causing negative emotional experiences to stay within the biological system. We aim to explore through examples from practice, how we conceptualise client's dilemma's using ideas from systemic practice and within a systemic conceptualisation consider the use of the tapping technique, a form of acupuncture without the needles. This process can be useful in reducing situations of high emotional expression, freeing up the clients from emotions that keep them stuck and allowing them through systemic interviewing to discuss more easily issues of high emotional content, consider their present relationships and their future aims.

In terms of our clinical practice we have all come across clients that are stuck to painful experiences, which often over-ride their ability to move forward, too toxic for them to even start to address the cause or to think of a solution that would take them forward.

Often as therapists we try to create a safe space for clients to begin to explore these issues, often with an expectation that this can be a painful process for the client. Yet does this have to be a painful process? Through the process of combining systemic exploration and tapping it is possible for clients to be relieved of the emotional pain and to become free to explore their solutions.

It is therefore the exploration of the technique of tapping within systemic practice and the implication of this for our theories and practice that we would like to explore with delegates through our workshop.

Language; Risks and Relationships in Systemic Therapy

Ged Smith

This workshop, based on recent articles I have had published in the *ANZJFT* and *Context* concerns the use of language in therapy, and how it contributes to the necessary risk taking that will be a part of therapists' repertoires. I will refer to both successes and failures, while questioning the usefulness of either concept and within a post-modern paradigm I will examine the

uses of language (including in cross-cultural settings where risks can sometimes be amplified) and also look at the uses of humour and of self. I contend that all relationships contain some element of risk and that the ways in which we create a safe enough context, through the uses of language as well as non-linguistic means, are the crucial elements in our endeavours as therapists. I favour the idea that therapy is more of an art than a science and that this is most exemplified in the graceful use of language by which we strive to engage rather than alienate people. Hopefully, the workshop will give you a chance to bring aspects of your own language and linguistic dilemmas which we can all explore in a spirit of collaboration and humour.

The great enemy of clear language is insincerity. When there is a gap between one's real and one's declared aims, one turns as it were instinctively to long words and exhausted idioms, like a cuttlefish spurting out ink.
George Orwell, *Politics and the English Language*, 1946.

The limits of my language means the limits of my world.
Ludwig Wittgenstein. *Logico Philosophicus*, 1922.

Friday 11.15-12.30
Chatsworth

Living and working with attention deficit hyperactivity and autistic spectrum disorders: The art and science of systemic diagnosis, treatment and support

Gary Robinson, principal systemic psychotherapist
Lucia Whitney, consultant child and adolescent psychiatrist,
Both work at Derbyshire Healthcare Foundation Trust

This workshop will include an exploration of the controversies, misunderstandings and prejudices relating to both ADHD and ASD in promoting and illustrating the importance of taking an intergenerational familial approach to living and working with neurodevelopment concerns. The voices of children and adults who have lived with these issues will accompany us throughout the workshop, including case illustrations and the testimonies of people who have experienced distress, validation and celebration. Participants will be offered a dual lens which brings into focus both systemic and medical approaches, and an opportunity to consider the benefits and potential difficulties relating to both. This will include an exploration of the question "whose diagnosis is it anyway?" There will be an emphasis upon being and working collaboratively alongside people in the journeys they may make when accompanied by ADHD or ASD.

There has been an explosion of diagnoses and increased awareness alongside continued controversy and misunderstanding in relation to both ADHD and ASD. The workshop will hopefully generate information and ideas relating to both professionals and service users in focusing upon both, given the high rates of co-morbidity. Current and emerging legislation in the UK and guidance from the National Institute for Clinical Excellence (NICE) relating to both ADHD and ASD are requiring social, health and educational services to develop family-focused support. However, there is little guidance in relation to how this might be achieved. This workshop aims to fill that gap in taking an intergenerational family approach, which combines both systemic and medical lenses.

Gary Robinson is a systemic psychotherapist and Social Worker who has worked in the UK with families in relation to children presenting challenging behaviours in various settings. Lucia Whitney is a consultant child and adolescent psychiatrist who has worked in both Italy and the UK with adults and children in relation to neurodevelopment concerns and conditions.

The workshop aims to combine systemic and medical lenses in promoting family-focused intergenerational approaches in relation to assessment treatment and support. Case material and the voices of children, young people and adults will be presented throughout in illustrating ideas in practice, including examples relating to clinical work with families, strategic and service developments, audit and research. The importance of working collaboratively alongside people in avoiding narratives of blame and shame will be highlighted. This will include widening of understanding, demystification and exploration of meaning. This will be a focus upon abilities and strengths with regard to ADHD and ASD attributes.

We hope that the ideas that we share may appear "ordinary" and familiar to systemic thinkers and practitioners, whilst the "extraordinary" abilities and strengths of the people we have worked with and have been inspired by will enable the participants to take ideas forward in developing services and practice.

Cavendish

Narratives of connection, difference and belonging: The complexities that arise for gay and lesbian-headed foster and adoptive families

Julia Granville, consultant systemic psychotherapist
Sara Barratt, consultant systemic psychotherapist

This workshop will describe some of the issues that arise in working with gay and lesbian-headed adoptive and foster families. Families describe complex issues

in relation to identity, parenting, entitlement and relationship to biological families.

In our experience, parents come to fostering and adoption having thought carefully about the effects of previous experiences on the children in their care and are also mindful of the dilemmas that their children encounter in the school and social environment. Many gay and lesbian parents and carers using our service are concerned about the dilemmas that confront their children in relation to their stories of identity and belonging. We work with parents and children to help them talk openly about the inclusion and exclusion children may encounter in everyday life and the ways parents help them manage. Adoption can lead many families to feeling isolated, whether through difference in terms of the children's needs and behaviour, their sense of difference from the dominant norms that continue to influence our constructions of family and how we do it or from the anxiety about the distance they feel from a lack of a supportive peer group.

We will describe some of the issues that arise for us in working with parents and children in helping them build a new family together and in managing the challenges that face them in the world that they inhabit. How do you know that "being too busy" for a pre-arranged play date means "being too busy" or "we are not sure whether we want our child to associate with you because we now know you are in a same sex relationship".

We will describe our work with gay and lesbian-headed families in relation to couple work, family work and group work and invite participants to reflect on their own experiences.

Pevenil

Working with families in adult acute in-patient setting

Nicolette de Villiers, clinical psychologist/family therapist
Kathy Miller, staff nurse/family therapist
Bertha Rogers, trainee clinical psychologist

We will present the Family Clinic, which has developed over the last five years and, unlike many other family services, is in an in-patient setting. The service is currently based across two acute in-patient wards, Laurel and Rose, in South West London and St Georges Mental Health Trust.

Nature of present clinic:

Three levels of psychological therapy and therefore family intervention should be available to all service users (Manpower Advisory Service, 1989). These levels are specified as:

- Basic interventions provided by all service providers.
- Focal interventions provided by trained service providers.

- Complex interventions provided by highly trained service providers.

The family clinic aims to add to the provision of family intervention on the ward at the level three, complex interventions provided by highly-trained service-providers.

The current multi-disciplinary team now consists of two family therapists (one a clinical psychologist from the CMHT and one a staff nurse from Rose Ward). Additional members have fluctuated over the last years but have included: community psychiatric nurses, occupational therapist from CMHT, associate specialist and trainee clinical psychologist and nursing students.

The model

The model used in the clinic is based on a systemic-consultation model using systemic and cognitive behavioural ideas. The idea of a consultation model for brief therapy is cited in Street *et al.* (1988) and drawing from a tradition of early Milan systemic therapies which offered consultations. This was based on the understanding that many families were not able to attend regular sessions due to the distances they had to travel (Palazzoli, Boscolo, Cecchin & Prata, 1978; 1980). This model, in which each session is seen as a stand-alone intervention, fits well into the quick turnover and demands of an acute admission ward. The focus of each intervention is collaboratively decided on by the family and the team.

Some families are seen more frequently and we also see individuals.

Embedding the service in the context of the ward and larger trust

We continue to apply some systemic organisational concepts to establishing this new service in the culture of the wards and trust. Examples of this have been consultation with ward managers, development of family clinic leaflet, article in trust bulletin, document on family clinic written up and distributed to senior management of all disciplines, and teaching sessions to the CMHTs

Role-play

We will use role-play to illustrate an intervention and demonstrate aspects of managing the issues raised in treating families presenting with acute mental health problems. Delegates will actively become involved in the reflecting team, alongside the therapist.

Research findings

We will end with the findings of recent research outcome on user perspectives in order to give voice to users, who often feel disempowered by the enormity of the cultural adjustment to the experience of admission to an acute ward.

References

- Palazzoli, M.S., Cecchin, G., Boscolo, L. & Prata, G. (1978) *Paradox and Counterparadox*. London, Jason Aronson.
- Palazzoli, M.S., Boscolo, L., Cecchin, G. & Prata, G. (1980) Hypothesizing-circularity-neutrality, *Family Process*, 19: 73-85.

Haddon

Ritual: therapy as ritual and ritual in therapy

Hugh Jenkins, systemic psychotherapist

'Ceremony', 'celebration', and 'ritual' or; 'transition' and 'transformation' - these are words that may be used almost interchangeably, when really they refer to dissimilar kinds of events. The first three are very different to each other, as are the last two, when we consider them carefully. What do we mean by such words? It is easy to take for granted how we think and practise, just as it is to assume that fundamental change takes place in extraordinary moments, rather than in a quiet inner movement in very private worlds. Those events that are truly transforming often occur spontaneously and surprisingly out of simple processes in the therapy encounter, and sometimes unexpectedly outside the therapy room, arising from the patient's/client's own unique creativity. If this is so, can they be 'planned for'?

In this workshop, I will share my ideas about 'therapy as ritual and ritual in therapy', and will draw on scholarship from studies of different cultures to ask how they can enhance our work. I want to explore: How do we think about therapy if we stand outside our Western 'psychological' world? How do we think about ourselves as healers if we leave behind the title of 'therapist'? What happens if we move from ways of thinking about transition to transformation, and from ceremony to ritual?

I will draw on my clinical experience and current research to suggest how thinking about practice as ritual and developing ritual in practice can be genuinely collaborative and creative. My sources are not primarily from family therapy but from socio-cultural studies and other practice, being as much about the healer, shaman, or priest, as the psychotherapist.

During the workshop, we will explore the relevance of these ideas to current practice, and how such thinking enhances our work whether with individuals, couples, or families together. My emphasis is not on models of therapy or change *per se*, but on aspects of healing and change that transcend these.

Participants will be encouraged to bring their experience and ideas to help generate different levels of thinking for their/our future practice.

Friday 13.30-14.45
Chatsworth

Making the most of ordinary moments

John Burnham, director of systemic training,
Birmingham Children's Hospital

Barry Mason, chair of advanced programme in

supervision, Institute of Family Therapy

This workshop will explore those ordinary, often small, moments in sessions that can, with care and attention, be grown and developed into something that can be transferred from therapy into ordinary life and continued as part of a families sustainable day-to-day life.

These moments happen in all families' lives, including therapists! How we notice, encourage others to notice, respond to and encourage others to respond to and nurture those moments with therapeutic potential, will be a focus of this session.

The workshop will include video-taped examples, real-play exercises, and detailed analysis of conversations that turned out to be therapeutic.

Cavendish

Research that is available for improving clinical practice in ordinary circumstances

Emma Silver, consultant clinical psychologist, Tavistock & Portman NHS Trust

Natasha Nascimento, family and systemic psychotherapist, Marlborough Family Service

Peter Stratton, AFT academic & research development officer

This workshop will start by gathering information from participants about their areas of clinical practice and will explore the availability and usefulness of outcome research in their everyday clinical work. The facilitators will report on their recent comprehensive review describing the outcome studies on therapeutic interventions with families and couples published over a ten-year period, between 2000-2009. Their review includes a broad range of 220 published studies and shows where research has been directed, the variety of methods used, and the models of family and couples therapy that have been most intensively researched. As the facilitators report the findings from this analysis, the group will be looking for discrepancies between the concentration of research and the concentration of practice/demand. Then we relate the practice needs of systemic therapists and the areas in which systemic family therapists mostly practice, to the recent patterns of outcome research. By making these connections we aim to identify research that has been conducted that can make an immediate contribution to everyday practice, and identify where the research that therapists need has not yet been undertaken. Finally, the group will generate hypotheses about the mismatches between research and practice; the political consequences; and discuss ways that the mismatches could be remedied.

Creative ways of building a collaborative practice within a trauma setting

Liz Forbat, senior research fellow & co-director, Cancer Care Research Centre, University of Stirling

Roy Farquharson, team leader – Barnados

Kathleen Van de Vijver, senior systemic and family psychotherapist – Medical Foundation, Scotland

The majority of cancer patients are cared for by two or more close relatives; however there are substantial gaps in the provision of supportive care to family members. The research evidence-base remains patchy in understanding what the experience of informal care at the end of life is like. Indeed, the majority of studies have sought to quantify the impact of cancer on psychological variables such as depression and anxiety on spouses and children, rather than look at experience in-depth.

With an ageing population and advancing technologies used to diagnose life-limiting and chronic conditions and prolong life, conditions such as cancer will become increasingly prevalent in case-loads of family therapists and systemic practitioners across a range of settings. With one in three of the population likely to experience cancer in their life-time, but only one in 100 experiencing schizophrenia, it seems likely that a sea-change toward supporting those with chronic physical illnesses is inevitable. Thus, this presentation intends to begin to document the potential territory that such therapy might cover in relation to terminal illness and may consequently be of interest to practitioners working in a range of contexts.

This presentation will report the findings of a qualitative study which examined the in-depth accounts of 16 family members of people supported by an adult hospice. The study focused on a central research question in exploring the support needs of families when someone is receiving palliative care. Analysis involved organising data into themes and classifying patterns. Sub-themes and categories were then identified and the data further refined. This thematic, data-driven, analysis was informed by a position of theoretical freedom and flexibility.

The findings strongly indicated the far-reaching implications and ramifications of the life-limiting diagnosis on the whole family. The need for palliative care both intensified/exacerbated previous tensions in relationships and created new difficulties. While little support was available to the family member to manage their new role, there was even less support which took cognisance of the wider family system and provided expert support to the family as a whole.

A key finding was that difficulties in communicating within families presented significant barriers in engaging in advance-care planning (for example planning for the last months, weeks and days of life), since families struggled

to talk with each other about wishes and needs at end-of-life. The avoidance of talking about and preparing for death and dying has been found to be predictive of significant problems in bereavement, specifically the risk of complicated grief. Consequently, the data indicate a need for appropriate and timely interventions.

The findings will be discussed in conjunction with the emergent implications for practice, focusing on the need to adopt a systemic approach to supporting families at the end-of-life, with particular focus on managing complicated grief.

Haddon

Mindstep: A whole new mind set for systemic practice

Caitlin Watson, Mindstep facilitator and systemic psychotherapist in advanced training

Natalie Alleyne, Mindstep facilitator and educational psychologist

Caitlin and Natalie are systemic practitioners who offer children, young people and adults a unique therapeutic experience through the energising medium of dance and drama.

Under the name of Mindstep, they deliver dance projects with therapeutic intent in a creative and fun environment. Recent projects have focused on body image, difference & identity, female relationships, conflict and children in care; with children and young people identified by youth-offending teams, gifted and talented support staff, Barnardos and education staff.

Mindstep use concepts and theories from systemic psychotherapy and educational and child psychology, including narrative, solution-focused techniques, CBT, personal construct theory, sculpting and CMM.

Mindstep utilise a variety of movement techniques taken from various genres including; street, Latin American, contemporary, lyrical, ballroom and freestyle.

Mindstep will offer an extraordinary experiential workshop that provides delegates with the opportunity to observe how we provide therapeutic interventions in non-therapeutic settings. We will intertwine systemic thinking and practice with the kinaesthetic experience of dance whilst attending to the intricacies of group dynamics.

The workshop will include exposition, group discussion and the opportunity to engage in the unique experience of transforming theory into dance.

Our hope is that delegates will be inspired to lift systemic theory off the page and out of the box to produce creative and innovative therapeutic practice that reflects their own extraordinary talents.

Come with an open mind, a commitment to get up out of your seat and clothes you can move in (leg-warmers and leotards optional!).

Saturday
09.45 – 12.45
High Peak Suite

A series of 20-minute presentations on the theme of
***Systemic evidence, outcomes,
audit & research***

facilitated by Hugh Jenkins

Update of how families report the quality of their life together using the SCORE outcome measure

Peter Stratton, AFT academic and research
development officer

Ewa Nowotny, Score research assistant

The SCORE measure, developed through support from AFT, has become established as a viable measure of family functioning. This presentation will report on the current progress in demonstrating that the SCORE 15 is a sensitive and valid indicator of therapeutic change in systemic family and couples therapy. We will also report on developments of the SCORE in applications in several different countries and specific groups of clients. We then report on a variety of analyses that have been carried out on completed SCORES from large numbers of families in therapy. We focus on the qualitative descriptions that family members have provided and their definitions of the problems that they face. Families that provide different patterns of quantitative scores are shown to have distinctively different self-descriptions. Also, ratings by families of their difficulties can be used to examine the responses they have made on the SCORE items. Finally, the expectations of, and levels of satisfaction with, family therapy are reported. Opportunities will be created for practitioners who have participated in the research so far to share their experiences of the project.

The presentation concludes with an exploration of the strategic and political uses that systemic family and couples therapy might make of the availability of SCORE as an established measure of the family, as well as the wider evidence base that is now available.

Couple therapy for depression

Hannah Sherbersky, family and systemic therapist

This presentation will introduce an overview of ideas and techniques developed within the Systemic Behavioural Couples Therapy Clinic at the University of Exeter's Mood Disorders Centre, internationally recognised for its research and evidence-based practice with depression and anxiety. The training clinic in couples therapy, offers couple therapy for depression using behavioural techniques, in accordance with NICE guidelines, but from a systemic approach. It is

developing a model that attempts to codify behavioural work into a systemic frame.

Behavioural couples therapy, as described and promoted by NICE, is a time-limited treatment applicable to someone with a diagnosis of depression who is in an on-going partnership. NICE guidelines recognise the systemic underpinning of their recommendation for couples therapy with depression by stating that the aim of treatment is to change the nature of the couple's interactions so that they may develop more supportive and less conflictual relationships. However, the evidence to which it points in its recommendations chiefly singles out behavioural techniques.

This presentation will introduce the 'systemic behavioural couples therapy' model currently being developed by Janet Reibstein and the presenter, Hannah Sherbersky, who are both therapists in the clinic. This introductory presentation will be suitable for clinicians who are interested in couple-based interventions with depression, for those who are interested in developing an integrated model of working and also for those interested in the research opportunities that this model might afford.

Involving young people in the planning and running of a service

Ian Lea, systemic family psychotherapist, clinical lead & team manager, CAMHS Eating Disorders Team, North Essex Partnership Foundation Trust.

In October 2010, we created a new team to assess and treat eating disorders. We were determined to involve the people who had been, or still were in treatment in the way the service worked and how it could develop. We formed a group of "young consultants" and engaged a graduate parent as a volunteer. There have been some extraordinary and amazing outcomes from this initiative. Ideas that have come from the young consultants and volunteer have led to simple yet incredibly innovative changes and improvements in the way that we work. This workshop will tell the story of how we did this, what we think we have achieved and the effect on the service, the organisation and the families we see.

A clip from the DVD produced by young people will be shown.

Family needs at the end of life: Evidence of the need for a family therapy approach in supportive and palliative care

Liz Forbat, senior research fellow and family therapist

The majority of cancer patients are cared for by two or more close relatives, however there are substantial gaps in the provision of supportive care to family members. The research evidence-base remains patchy in understanding what the experience of informal care at the end of life is like. Indeed, the majority of studies have sought to quantify the impact of cancer on psychological variables such as depression and anxiety on spouses and children, rather than look at experience in-depth.

With an ageing population and advancing technologies used to diagnose life-limiting and chronic conditions and prolong life, conditions such as cancer will become increasingly prevalent in case-loads of family therapists and systemic practitioners across a range of settings. With one in three of the population likely to experience cancer in their life-time, but only one in 100 experiencing schizophrenia, it seems likely that a sea-change toward supporting those with chronic physical illnesses is inevitable. Thus, this presentation intends to begin to document the potential territory that such therapy might cover in relation to terminal illness and may consequently be of interest to practitioners working in a range of contexts.

This presentation will report the findings of a qualitative study which examined the in-depth accounts of 16 family members of people supported by an adult hospice. The study focused on a central research question in exploring the support needs of families when someone is receiving palliative care. Analysis involved organising data into themes and classifying patterns. Sub-themes and categories were then identified and the data further refined. This thematic, data-driven, analysis was informed by a position of theoretical freedom and flexibility.

The findings strongly indicated the far-reaching implications and ramifications of the life-limiting diagnosis on the whole family. The need for palliative care both intensified/exacerbated previous tensions in relationships and created new difficulties. While little support was available to the family member to manage their new role, there was even less support which took cognisance of the wider family system and provided expert support to the family as a whole.

A key finding was that difficulties in communicating within families presented significant barriers in engaging in advance-care planning (for example planning for the last months, weeks and days of life), since families struggled to talk with each other about wishes and needs at end-of-life. The avoidance of talking about and preparing for death and dying has been found to be predictive of significant problems in bereavement, specifically the risk of complicated grief. Consequently, the data indicate a need for appropriate and timely interventions.

The findings will be discussed in conjunction with the emergent implications for practice, focusing on the need to adopt a systemic approach to supporting families at the end-of-life, with particular focus on managing complicated grief.

Research into relationships and meanings around children with learning disabilities and challenging behaviour

Hilary Howell, consultant clinical psychologist

Many children with learning disabilities are referred to services to address their 'challenging behaviour'. There are often complex networks surrounding these children. Networks of concern can include parents, teachers, professionals and social care staff. I am interested in exploring how the way people understand this behaviour may affect their relationships positively and negatively.

My research using IPA (interpretive phenomenological analysis) is attempting to explore the sense people make of behaviours which are labelled as challenging.

This presentation will be a report of work in progress.

Does family therapy 'miss a trick?'

Elsbeth Bromiley, consultant systemic psychotherapist, FAST UK director

The FAST UK programme Director, Elspeth Bromiley is a consultant systemic psychotherapist with 30 years in CAMHS in Cambridge, Wirral and Liverpool and has expertise in parenting. She worked as CAMHS lead for education in Liverpool for eight years prior to taking up her current position at Middlesex University

Families and Schools Together (FAST)

There is this thing that we call FAST
We know the families have a blast
There's lots of things that we will do
We'll have some fun and eat lots too

Learning together is so cool
Both at home and at school
Building dyads, singing songs
Helps to strengthen family bonds

Have a go at drawing scribbles
And help to stop those family quibbles
Winning the lottery gives you perks
As does coming to FASTWORKS

On special play we can depend
It's child-led from start to end
The SDQ and other measures
Contribute to evaluation treasures

Talking to each other in a hub
Helps us connect without the pub
Parents and teachers working together
Enables children to behave much better

Adapted from the US to the UK
FAST has come a very long way
North, South, East and West
Families say that FAST is best!

FAST is a complex systemic community-based intervention that aims to strengthen the bonds between family members, between families and schools, between schools and the community to improve relationships and so increase child wellbeing. It has a track record of engaging and retaining disadvantaged families. The approach does not target families. All who attend do so on a voluntary basis. This strategy enables families to attend the programme who previously have been reluctant to cross the school threshold.

FAST has an engaging approach where everyone is invited and is aimed at a complete year-group, a key stage or a whole school. The programme is tailored to fit the local community and team membership is representative of this. FAST enables families to build strong relationships with each other whilst undertaking a series of seemingly straight forward fun activities. Laughter is a large part of the approach.

Developed in 1988 by Lynn McDonald, professor of social work, FAST is underpinned by research incorporating structural systemic therapy, social capital, brain research, stress theory and social ecological theory. FAST is named as the 11th on a list of 24 family skills programmes by the UNODC.

Programme retention rates currently stand at 83% nationally. UK evaluations show 77% of families graduating from FAST have incomes of less than £20 000 for a family of four. FAST works in partnership with Save the Children UK who have an aim to lift children out of poverty. The partnership was based on the shared values underpinning the programme.

Learning outcomes – participants will:

- Gain an understanding of the process of FAST
- Enhance their knowledge base of community approaches
- Examine the FAST research-base
- Consider the first results from across the UK.
- Have a try at an activity – laughter guaranteed!!

Saturday 09.45 – 11.00
Chatsworth

Working on emotions in the systemic therapeutic session

Paolo Bertrando, director, Episteme Centre, Turin, Italy

Systemic thinking has traditionally been cautious toward emotions. Minimising their role in therapy had the aim, especially in the early days of family therapy, of distinguishing the new form of therapy from the psychoanalytic tradition, which had built its foundation on drives, affects and emotions. Afterwards, such an attitude toward emotions has been favoured by two factors: its rationalism, which comes from the cybernetic matrix, and the centrality of relationships, with the

commonplace idea that emotions are the expression of individual and irrational states. Early systemic family therapists were told not to pay attention to family emotions, in order to focus on family games.

In recent years, growing attention has been paid toward emotions by systemic therapists. An alternative way of thinking about emotions is to think in terms of emotional systems. An emotional system may be viewed as the sum of the emotions embedded in a therapist's (or team's) relations with a client (or a family). Considering emotional systems allows, for example, to see differently the well known phenomenon of a client who "induces" in me some emotion: I feel this emotion because I am put in a definite position within the emotional system.

In this workshop, I will try to demonstrate and discuss my own way of working with emotions in the course of a systemic therapy session.

During my therapeutic work, I put different emphases on my activities. I can emphasise action (trying to make emotional events happen), or understanding (reflecting on emotional events that happen anyway). Also, I can emphasise different focuses: I can focus mostly on experience (what is happening in the here and now of the session), or description (narration of events which happened outside the session).

When I work mostly on what happens within the session, I make hypotheses, which may be emotional hypotheses, on the here and now, as well as observe and comment on nonverbal clues from the clients. I also feel and comment on my own emotions as well as the others', working on our reciprocal emotional positioning. I make more and more extensive use of straight talk in the session.

At the same time, I also work on external events by making hypotheses on the emotional systems outside the session, including larger systems and institutions. I also take into account cultural factors, which shape my own (and the others') emotions.

It is also possible – although I usually refrain from it – to use more direct techniques to elicit emotions both inside and outside the session, i.e., family sculptures or other in-session means, and prescriptions and rituals outside.

Clinical cases will be discussed in order to illustrate the model, describe intervention methods, and discuss possible difficulties of the treatment format.

Participants will be encouraged to bring their own clinical cases for supervision, that may involve role-playing of individual systemic therapy sessions.

Cavendish

'Transparency in action'

Sarah Favier, family therapist

Simon Jubb, family therapist

Charlie Stanley, psychiatrist and family therapist

As part of developing a framework for high quality systemic family-work in community settings in the Leeds NHS CAMH Service it was proposed that a number of clinicians experienced in systemic approaches would offer an 'in-room' reflective consultation by request to their service colleagues (mental health practitioners from a variety of disciplines) in respect of family casework that was already ongoing.

Organising in-room systemic consultation (I-RSC) to a CAMHS team is by no means a new development (Vetere & Dallos, 2005) and its occasional use is probably ubiquitous in CAMHS NHS practice. The intervention differs from systemic supervision (see Gorell-Barnes *et al.*, 2000 for descriptions of systemic supervision methodologies). The referring therapist not only leads the I-RCC session but also remains fully clinically responsible for the case and prior generic service supervisory relationships remain in place.

Three well-established methods of reflective systemic consultation are utilised: first, at the start of session, the consultant interviewed the therapist as to their understanding of the family dilemmas; second, at least once in the course of the subsequent session, they engaged the therapist in a reflecting conversation; and third, the consultant wrote a short letter summarising the reflection (and the ensuing conversation) that was addressed to both the family and the therapist.

The initial consultant interview followed a broadly narrative enquiry with the therapist supported to describe their understanding of the family members' concerns, their beliefs about those concerns, any changes in understanding that might have occurred over time, the family members' beliefs about the nature of the therapeutic work thus far and their aspirations for the future. Towards the end of the interview, the therapist would be specifically asked about any unique outcomes they had discerned in the family narrative and enquire about any resonances that the family stories might have for the therapist and any intentional understandings they, themselves, might hold for the various storylines.

The therapist then turns to the family and invites their responses to the conversation that has just ensued. After a period of dialogue that would allow both the therapist and family members to assimilate any new meanings thrown up by the consultant's enquiry, the therapist then turns again to the consultant with a view of having a reflecting conversation that focuses primarily on the conversations that have followed the consultant's initial enquiry.

The therapist would then return to the family to ascertain what they had been drawn to, etc. in the reflective conversations and enquire about their understanding and experience of the session prior to its conclusion. As noted above, the consultant would then write a therapeutic letter, based on the contents of the session, addressed jointly to the family and the therapist.

During the workshop we will:

- Present the theoretical framework of the model based on the systemic tradition of reflecting team-work and as rooted in socially constructed practice.
- Illustrate with clinical examples and video excerpts the model being used in practice.
- Present the feedback and responses of families and CAMHS clinicians who have experienced this work.
- Offer an opportunity for workshop participants to experience working with this model themselves using their own case material would this work without family present?

We are interested in:

- Whether this model can provide a 'refocusing' for work and clinician-client relationships that have become stuck in some way and therefore increase efficiency and usefulness (in service and user terms).
- Whether/how this model can spread systemic thinking in a service.
- How families experience this type of intervention and reflective consultation.

We would welcome workshop participants to explore these areas further with us.

Peeveril

On the inside we're dancing by are we co-ordinated on the outside?

Kay Gittins-Yarnall, family and systemic psychotherapist, Parkview Clinic, Birmingham

Julie Barber, family and systemic psychotherapist, Parkview Clinic, Birmingham

The inspiration for this workshop came out of our work with a young woman who has cerebral palsy. She described the way that, from the outside, she was predominantly defined by her disability but how, on the inside, she "is dancing". For a systemic therapist, the notion of repeating patterns and dance has a ring of familiarity. This led us to a consideration of the patterns that were emerging from our therapeutic dance with this family (Real, 1990), patterns which were co-evolved and co-created in our work together.

The workshop aims to describe a journey of evolving systemic practice that both explores and reflects upon positions of orthodoxy held within an inpatient CAMHS ward. It will highlight the challenges

encountered for the therapist when the familiar steps in the dance of systemic practice begin to feel clumsy and uncoordinated. The workshop will then go on to suggest that a variation in choreography is required to facilitate the abilities of all who participate in the dance.

Engagement often depends upon verbal communication to open up dialogue in the creation of narratives, and with reliance on the use of circular and reflexive questions (Palazzoli, *et al.*, 1980; Cecchin, 1987; Penn, 1982; Tomm, 1987, 1988). However, the young woman described above used a variety of predominantly non-verbal communication methods, which included sign language, letter boards, her own individual gesticulations and use of facial expression. These practices of communication presented us with a challenge and required alternative approaches to be considered and utilised.

Often in therapy, we make use of the family's ability to assist and support their young person's communication. However, in this particular situation, we felt it was important for us to take the lead in order to release the family from this pattern. Our intention being to give them a break from participation in the often stressful mechanics of non verbal communication, which in turn might give them space to reflect on their own positioning and on the taken-for-granted patterns and assumptions that they had built up in their communication with their daughter.

In order for this to take place, we as therapists had to challenge our own taken-for-granted practices and assumptions about communication and (dis)ability. We discovered that we needed to examine the way we privileged verbal practices. We were challenged to discover and make visible our own (dis)abilities in relation to our skill in the use of non verbal practices including our very basic grasp of sign language, poor eyesight, etc. We had to explore our own prejudice and assumptions about the limitations that having cerebral palsy might place on the ability to communicate. These considerations led to a journey of exploration with the family where we learned, as therapists, new and creative ways of facilitating this process.

This workshop explores how the challenges and difficulties presented created opportunities to foster alternative approaches and new steps in the therapeutic dance, the process of engagement and ways of using team members. On the inside, we were always dancing, on the outside, we were not always coordinated (Pearce, 1989) but, through the process of repositioning and choreography of different steps, a co-ordination evolved to enable dancing on the outside too.

References

Cecchin, G. (1987) Hypothesizing, circularity and neutrality revisited, *Family Process*, 26, 405-413.
Pearce, B.W. (1989) *Communication and the Human Condition*. Southern Illinois University Press.

Penn, P. (1982) Circular questioning. *Family Process*, 21: 267-280.
Real, T. (1990) The therapeutic use of self in constructionist/systemic therapy. *Family Process*, Vol 29: 3, 255-272.
Palazzoli, M.S., Boscolo, L., Cecchin, G. & Prata, G. (1980) Hypothesizing-circularity-neutrality: Three guidelines for the conductor of the session. *Family Process*, 19: 3-12.
Tomm, K. (1987) Interventive interviewing: Part II. Reflexive questioning as a means to enable self-healing, *Family Process*. 26: 167-184.
Tomm, K. (1988) Interventive interviewing: Part III. Intending to ask lineal, circular, strategic, or reflexive questions. *Family Process*. 27: 1-15.

Haddon

Kinky not strait-laced practices: Heralding the winds of change

(Diversity, Equal Opportunity & Inclusivity Committee)

Welcome to the DEI film studio! "Let us... entertain you"; move you and get you thinking and laughing. We want to create a space focused more on imagination than restraint and enjoy the bright minds and fascinating contributions from fellow travellers. We have chosen film clips which explore power differentials and organisational, relational and individual transformation. We aim to stimulate conversation and generate ideas. Film gives us the opportunity to witness people in action and dialogue in a way we cannot ordinarily do as observers of others and gives us an opportunity to witness internal dialogue, identify themes and discourses and reflect on culture. It engages both left and right sides of the brain and has physiological effects on the body. Just as we might use the contents of books, newspapers and soap operas with clients or trainees so can we use films specific to particular human dilemmas.

Professional life in public services in the current climate is pressurised and target driven. It's a challenge to keep humour and creativity alive in the face of "cuts", which stress managers, employees and service users and stifle optimism. We live and practise in an unequal society and this is reflected in our organisations and institutions. As systemic psychotherapists and practitioners we are privileged through education and hold positions of influence and we are obliged by professional values and ethics to address this in clinical practice, service innovation and through organisational change. At times, we experience isolation and discouragement and this makes our fire, our passion and engagement uncomfortable and painful. To paraphrase Lola, the drag queen who features in *Kinky Boots*, "(sex) isn't meant to be comfortable" and it's hard to get excited on your own! Forget straitjackets and dire straits tradition and compliance and let's get "kinky" together.

Saturday 11.30 – 12.45
Chatsworth

Outcome orientated CAMHS (OO-CAMHS) – a whole-service model

Sami Timimi, consultant child and adolescent psychiatrist and director of medical education, Lincolnshire Partnership NHS Foundation Trust, visiting professor of child and adolescent psychiatry, University of Lincoln.

Outcome orientated CAMHS (OO-CAMHS) is a whole-service model that incorporates existing evidence on how to improve outcomes, reduce DNAs and dropout rates and save money through improved therapeutic efficiency.

Although guidelines and processes in CAMH Services have been developed to improve the process of assessment and resource allocation (such as 'choice and partnership approach') and to guide treatment for particular diagnoses (such as NICE guidelines), there are currently no national projects that focus on improving outcomes for treatment of all mental health problems in children and adolescents. A large body of evidence finds that matching diagnosis to a specific therapeutic technique or model has a relatively small impact on outcome when compared to factors that influence outcome across therapeutic modalities. There is a large international evidence-base that has consistently shown certain extra-therapeutic factors (such as social context) and intra-therapeutic factors (such as therapeutic relationship) are most likely to influence outcome. Furthermore, regular session-by-session measurement of outcome and therapeutic alliance has been shown to improve outcomes, reduce dropout rates, and save money through improved therapeutic efficiency. Incorporating these evidences into developing a whole-service model has meant putting systemic thinking at the forefront. OO-CAMHS is the first CAMHS model internationally that is designed to incorporate this evidence into a whole-service model that can improve outcomes for all attending at the same time as maximising efficient use of resources.

Using clinically feasible session-by-session ratings of outcomes and alliance, OO-CAMHS focuses on the goal of producing positive change for young people and their families whilst decreasing the chances of 'getting stuck in the system' with an intervention that is of no long term benefit, at the same time as ensuring that the service user's opinions and choices are always respected. OO-CAMHS won an East Midlands NHS Innovation Fund Award 2010/2011.

This workshop will introduce participants to the theory behind the approach, the OO-CAMHS model in practice and how the project has developed thus far.

Learning goals:

- Participants will learn about the evidence base on what influences outcomes of treatment for child and adolescent mental health problems in general.
- Participants will learn how to turn these findings into a clinically-feasible service model.
- Participants will find out how to develop their personal practice toward being truly evidence based.

Methods of achieving this:

Using PowerPoint presentation including video material, some group-based activities (such as using outcomes and alliance rating scales) and discussion time. Details on further information about and training in OO-CAMHS will be available.

Cavendish

Ordinary training for extraordinary practice – a meeting of counselling and psychotherapy

Kieran Vivian-Byrne, senior lecturer in psychotherapy, The Family Institute, University of Glamorgan
Billy Hardy, senior lecturer in psychotherapy, The Family Institute, University of Glamorgan

In 2005, The Family Institute (Cardiff), now based at The University of Glamorgan, began a teaching programme leading to a qualification in counselling. As far as we are aware, this BSc counselling (now re-titled BSc systemic counselling) is the first counselling training with a declared systemic orientation and approach within the UK – (though we were invited to participate in a similar undertaking with the Kensington Consultation Centre in 2006 – sadly KCC have since disbanded).

We undertook this endeavour with considerable trepidation, some doubt, a little quiet confidence and a good deal of curiosity. In particular, we wanted to use the 40 years of experience gained at the Institute in exploring and learning about therapy. We wanted to build on that experience and to address a question posed within the Confederation of Family Therapy Training Institutes (CONFETTI), and probably other contexts too, about when and how it might be possible to invite people to begin their professional training as systemic practitioners.

As such, this remains a work in progress.

This workshop is an invitation for those interested: to consider with us how this course has been developing; what place systemic counsellors might have within counselling and psychotherapy contexts; how might the most useful distinctions be drawn between systemic counsellors, systemic practitioners and systemic psychotherapists within the worlds of work;

How might we as The Family Institute help to

position-in-action our counselling graduates in relation to systemic practitioners, systemic psychotherapists and the wider systemic practice field?

How is the ordinary training experience of counselling resonating with the extraordinary contexts in which counsellors and psychotherapists are being expected and invited to practice?

Peeveril

Picnic among the aspens

Format: A “shared conversational presentation” format. Several of us will be on stage each ready to describe (more informally than formally) their work (voluntary, Nick, Dana and Karen; or private, Tessa and Lynsey) as examples of our sectors’ context and of issues arising from them, along with a framework of issues and aims within AFT and AFSPinNSS (Nick).

This will start or continue within a conversational – questioning/interviewing each other/and/or reflection – mode between us (those “on stage” first) giving space for each specified person to expand (but not at great length) on their own selected work, focus or theme.

We will take notes/flip-chart headings. We will then broaden out into audience questions and discussion – though we wouldn’t expect large numbers there; if there were, small groups may be good.

I plan to talk about my early steps at starting as an independent, and my engagements with professionals to explore the use/contracting of family and systemic psychotherapy in the specialist field of child disability and children’s palliative care.

Haddon

Building a reflecting team from scratch

John Hills, consultant family and systemic psychotherapist
Ali McLewin, psychoanalytic psychotherapist
Louise Slator, trainee clinical psychologist, Canterbury Christchurch University

“You know how to whistle, don’t you, Steve? You just put your lips together and... blow.”

Lauren Bacall to Humphrey Bogart in *To Have and to Have Not*.

Family and systemic therapy has uniquely pioneered, amongst other things, live psychotherapy and its observation and supervision. Accompanying this, and a vital part of the social, communal therapy it represents, has been the development of open reflection in teams. The roots of this approach lie deep in such Greek drama as *Oedipus the King*. However, it has evolved through its use in family and systemic psychotherapy into a democratic series of voices that everyone at whatever level of personal or professional experience has a contribution to make.

But...

- How to empower working groups in the art and skill of reflecting productively?
- How to respond compassionately and with facilitative understanding to the different distresses, stories, perceptions and desired strategies for change that a family seeking a consultation brings to the dialogue?
- How to feel free to use the richness of diversity of experience, personal and professional background, thinking, awareness, emotional connection and identification of the witnessing role?
- How to overcome the visible and invisible barriers present in the world of community mental health teams to facilitate systemic and psychological thinking in the wider service?

The three presenters will each bring a different perspective to these questions based on well-established and integrated family and systemic practice, psycho-analytic practice and research traineeship in East Kent with adult and older adult-focused presentations of mental illness.

They will trace the historical development of ‘reflecting teams’; provide an outline of a basic, sufficient training to get staff unpractised in both family and systemic and psycho-analytic modalities to begin to find their reflective skills and voices collectively and individually, and use experiential exercises to amplify this practice.

They will also share research one of the team has conducted among staff that have developed as reflective teams. This examined the staff members’ experience of their journey of personal and professional development, the benefits gained and the challenges encountered along the way.

We hope to show it may be as easy as whistling and learning to do so from scratch.