

Training: Post-Graduate Certificate in Systemic Theory and Practice — Foundation level (Level 1)

I received funding towards the Post-Graduate Certificate in Systemic Theory and Practice, delivered by Oxford Brookes University in partnership with the Oxford Institute of Clinical Psychology Training and Research and Oxford Health NHS Foundation Trust. This is a foundation level (Level 1) training in systemic practice and family therapy, blending academic lectures, self-reflexive exercises, and theoretical assignments to teach the basic concepts and principles of the field.

The course ran across ten teaching days over the academic year, covering the theoretical foundations of systemic and family therapy from Gregory Bateson and early cybernetics through to structural, strategic, Milan, and post-Milan approaches, narrative therapy, and dialogical practice. Alongside the taught days, the course required a non-clinical family interview, a theoretical essay, and an ongoing reflexive log tracking personal and professional development across the year.

Teaching combined lecture-based theory with experiential exercises, genogram work, role play, video-based demonstrations, and creative methods including sculpting and drawing. Tutors drew on extensive clinical and training experience and were generous in linking theory back to the realities of frontline mental health work. The course was well supported throughout by Oxford Brookes University's online portal, which provided extensive reading materials, alongside regular drop-in sessions with tutors for additional support. The course is accredited by the Association for Family Therapy and Systemic Practice (AFT), and we were firmly encouraged to work within the AFT code of ethics from day one. A further strength was the course's reach beyond clinical theory into research and the critical evaluation of systemic concepts.

Particular strengths of the course, for me, were the teaching on the Social GRACES framework and reflexivity, on Mason's positions of certainty and uncertainty, and on the shift from Milan neutrality to post-Milan curiosity. The course took us through the historical roots of every major school of systemic training, which meant we were never asked to align with one prescribed school. Instead, we were encouraged to reflect on the theory alongside our own inner world and cultural background, and to find our own position within the field rather than adopt someone else's.

The course included two mandatory graded assignments alongside the reflexive log. The first was a non-clinical family interview, for which I chose a family with a young adolescent. This gave me valuable insight into how families adapt to maintain homeostasis, and into their relationships, boundaries, and communication, including how the adolescent themselves viewed all of this. The young person I interviewed was notably supportive and accommodating, working to help his parents maintain balance within the family. This allowed me to reflect on how central that homeostasis is to adolescent wellbeing and reinforced for me how supporting families systemically can act as a genuinely universal health-promoting measure in adolescent mental health. The second assignment, a theoretical essay, gave us the opportunity to choose a topic and critically evaluate it from a theoretical, cultural, and organisational perspective. Of all three pieces of work, I would say the reflexive log was the highlight of the course. It gave me a structured way to examine where I stand as a clinician and as a therapist, how I perceive a family, and how that perception shapes the therapeutic support I offer.

The training has direct, practical application in my day-to-day clinical work. I am a consultant child and adolescent psychiatrist working in an adolescent eating disorders service, where family-based treatment (FBT) is the approved first-line treatment. This course gave me valuable insight into conceptualising and formulating clinical need from a relational and systemic perspective, rather than an individual one alone. It helped me see a clinical problem as something that is not localised to one young person but is held and shaped by the whole family. Directing families toward

alternative perspectives on an ongoing concern, over the course of a term of treatment, provided the social support that in turn fostered genuine resilience in the adolescents I work with.

Beyond the clinical content, the course's emphasis on reflexivity, on noticing my own cultural background and professional training as active ingredients in every clinical decision rather than neutral facts about me, has changed how I lead my team as much as how I work directly with families.

I would strongly recommend this course to all healthcare professionals, and particularly to those working with adolescents and young people, as it offers a unique relational and systemic perspective on supporting families. Families are a crucial strength and support system for young people, and understanding that strength, and harnessing its potential, is a crucial part of promoting adolescent wellbeing.

I am immensely grateful to FPSA for funding this course, as it would not have been possible without their support. I thank the FPSA for supporting me in updating my clinical skills and knowledge through this course which has really helped our adolescent eating disorder service.