

Foundation Year in Family Therapy: Great Ormond Street Hospital

I would like to take this opportunity to sincerely thank the Foundation for Professionals in Services to Adolescents for their generosity in providing funding and thus allowing me to pursue my passion of embarking on the first-year training in Family Therapy completed at Great Ormond Street Hospital. A course that is accredited by The Association for Family Therapy and Systemic Practice (AFT), which accredits training courses on behalf of the United Kingdom Council for Psychotherapy (UKCP).

Course Outline:

The premise of the foundation course is to provide grounding in systemic theory. This is essentially the first-year level of training. Training to be a qualified family and systemic psychotherapist is a four-year program. The first two years are described as foundation level and intermediate level with the final two years comprising the qualifying level, namely two years master's program. The taught element of the course was structured over 10 full days and included theory to practice groups, presentations, skills practice and discussions of theory and its application to practice. Alongside the taught hours, 120 hours of independent study were completed for reading and preparation of course assignments. Written assignments included developing a learning portfolio, a 1500-word assignment relating to a systemic construct and a 3500-word case study all demonstrating course learning. I particularly valued having a wide variety of multidisciplinary backgrounds within the cohort.

Contribution to Clinical Practice and Personal/ Professional Development:

A powerful contribution from this course was strengthening my intent behind my practice. More specifically, the therapeutic relationship, exploring relationship with help and illness and exploring difference are three key systemic concepts that have been enhanced within my clinical work. All three have allowed me to consider the recursive relationship between theory and practice and my attempt in adopting a stronger systemic lens to my clinical practice.

I valued exploring the evolution of family therapy, looking at its historical contexts, theoretical underpinnings and have learned key therapeutic skills and techniques offered by each school of family therapy. I was particularly drawn to the creative nature of externalization. I have found that it can be particularly helpful with young people and families when exploring relationship with illness. I have further utilized narrative therapy skills by incorporating a beading session, in which a young person used beads as a way of expressing their lives outside of their physical health condition. Additionally, I have worked on co-constructing genograms with adolescents to make a visual representation of family relations and have been struck by its power in allowing adolescents to make links between familial patterns, communication, relationships with certain concepts such as health as well as highlighting their strengths and resources.

I have reviewed clinical work and applied a systemic lens to case conceptualization and treatment planning. I have incorporated systemic constructs within the multidisciplinary team case discussions and have utilized systemic thinking as part of reflective practice sessions for trainee clinical psychologists. I have strengthened my listening skills, being able to process each narrative and attending to families' processes (both verbal and nonverbal accounts) as well as becoming more aware of my own experience in session. I have grown in confidence in containing multiplying different perspectives in a room, which has been particularly helpful when working with

adolescents who are seeking more autonomy yet also acknowledging how parents value a space to reflect on the shift in [health] treatment responsibility.

I have begun to explore the context in which illness has arisen for families and being able to explore cultural norms. I personally feel that the systemic approach has the potential to broaden the illness/ problem focused approach. I have strengthened my sense of curiosity, respond effectively to feedback within the room with families, intentionally choose questions that seem most helpful to them and respond to difference. A key aspect of training for me was to reflect on the impact and importance of difference (and subsequently power/ privileged positions) for families, for example gender, race, religion, ability, sexuality, class and culture on the family system as well as my own position.

Ultimately, I hope to continue deepening the alliance between family therapy and psychology and have even more enthusiasm to pursue further systemic training with the hope of integrating it within the context of paediatrics.

Once again, I extend my sincere gratitude to the Foundation for Professionals in Services to Adolescents.