

Report of the first year of a two year qualifying level training in family therapy at the University of Derby, 2013~14

Overview

I would like to thank the FPSA for the funding provided for the Post Graduate Diploma in Systemic Thinking and Practice.

I work with young people leaving care, who are known to experience significant mental health difficulties, greater than the general population; with an associated need for specialised, accessible services. My goal in taking this training is to enhance the service available to these young people and their families.

Structure of training

The training has involved one day per week at the University of Derby, a weekly training clinic and two further days per week of private study. Systemic theories, key systemic frameworks, issues of difference, diversity and reflexivity have been explored, together with research methodology, ethical and legal frameworks for practice.

The weekly, four hour live supervised training clinic sessions entail working with families as a member of a family therapy training team, with a reflecting team and live supervision.

There is a strong emphasis throughout the training on the integration of theory, practice and personal and professional development. Further information about the course can be found at

<http://www.derby.ac.uk/courses/postgraduate/systemic-psychotherapy-msc/>

Impact of the training

For me

I've been pleased by:

- My first experience of working with families as a trainee family therapist; using systemic thinking and practice with a reflecting team and live supervision.
- The experience of doing some things well, being helpful to families and receiving affirming feedback from families.
- Immediate feedback from my supervisor and team colleagues that is helpfully supportive and challenging.
- Making sense of personal – professional connections.
- The ability to use systemic thinking and practice within my own agency practice.
- The supportive experience of working within a team where there's a range of perspectives.

I've been challenged by:

- Needing to absorb so much information about approach, method and technique; and, working in a new context; with colleagues who may use a

medical model of assessment, diagnosis and treatment of an identified patient rather than a social constructionist model of family work; or, a social model.

- Working through the effect of personal – professional connections with colleagues in pre- and post sessions.
- Working with a group of colleagues who appreciate different things to me.
- The amount of work required for the course.

Working with families in the training clinic and with young people leaving care

- Seeking a conversation and co-constructing meaning with family members; being curious about people's wider lives and contexts before focusing on difficulties; appreciating skills, strengths and things that are working well now or have worked well in the past; appreciating that people may be acting with good intentions even where outcomes aren't positive; inviting questions from family members and being open to feedback; and, being aware of the effect that I'm having as part of the system within the room.
- Being curious about circularity; inviting the perspectives of different family members; exploring thoughts, feelings and meaning as well as actions; considering the present, past and future.
- Seeking coherence between my hypothesis, my intentions prior to the meeting and my actions during the meeting; and, crucially of sharing my hypothesis with the family in a way that's accessible to them and enables them to feedback to confirm or enable us to amend the hypothesis.

Working with other professionals

- Seeking information from staff in order to learn more about the agency context; being aware that the information given is from the perspective of the staff member and acknowledging that these views or interpretations attributed to others need to be explored with those other people.
- Increasing awareness of the power of diagnostic labels and how these could have different meanings for the different professionals and family members; including how labels such as 'ADHD' or 'on the spectrum' could be used as a type of shorthand to describe behaviour even when there's been no formal assessment, diagnosis or discussion with family members. I try to be more curious about the basis of diagnosis; the meaning of it for family members and professionals involved; the detail of related behaviour and the effect of that behaviour on different family members, taking an interactional, interpersonal stance.

For the future

Entering the final year of a four year training to be a qualified family therapist I want to further develop my understanding and practice of:

- Being more curious with everyone.
- The narrative approach, including externalising and scaffolding toward a preferred future.
- Social constructionism, co-constructing meaning with families in a collaborative and helpfully challenging manner; becoming better able to:

establish a working hypothesis; clearly link interventions to hypotheses; check out hypotheses with family members pick-up on and respond effectively to feedback in the moment with families; intentionally choose between different types of questions to be most helpful to families; talk with families without using jargon; respond to difference and / or the unexpected in meetings with families, rather than becoming stuck.

- Actively working with difference in families.

The proposed topic for my dissertation is a critical analysis of research and policy on the reunification of young people from public care to their families; in order to consider how alternative perspectives, including systemic thinking, could inform the use of public care and the process of reunification. I aim to offer alternative meanings of 'public care' and suggest alternative ways of working that could be more helpful for families experiencing difficulties.

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August 2014