

Report upon completion of the 1st year of MSC in Systemic Psychotherapy at
Kings College London.

I am employed as a clinical practitioner in Children's Services in Southwark and part of my role is supporting social workers in using systemic and clinical skills in working with children and families. We receive a large amount of referrals about adolescents who are at risk of gang affiliation, child sexual exploitation, going missing and family breakdowns.

It was felt that the MSC in systemic Psychotherapy would supplement not only my professional development but have an impact on the whole of the team as I could share my learning and support social work development at an individual and group level.

One example of this has been for me to develop self-reflexivity in relation to the GRACES (Burnham, 2001) which involves professionals considering their Gender, Race, Religion, Age, Culture, Class, Ethnicity and Sexuality in relation to the young people we work with. When working with a young man recently who came to our attention for harmful sexual behaviour, we were able to use this learning in supervision to think about our relationship with sexual behaviour, what constituted 'harmful' and how sexuality, religion, race and gender can often 'intersect' and present more complex forms of oppression. My learning from the course helped us prepare a session with the young person where we could explore all of these 'differences' which led to a better risk assessment and a helpful family intervention.

Another piece of learning that has been relevant to my work with adolescents is about risk. I offered family therapy to an adolescent girl who had been self-harming. The professional network were feeling very anxious and kept asking the LA to accommodate her into foster care. Using the ideas around 'safe uncertainty' I was able to support the social worker in containing the network and did two very positive family sessions that reduced her self-harming to the point that we closed the case. The course has helped me build up my confidence in these situations so that we can be evidence based and robust in our work with families that create good outcomes for young people.

One of the lectures introduced the manualised approach to self-harming called SHIFT which uses an attachment based approach with families where self-harm has become a way of seeking closeness to primary caregivers. This has been very helpful in a number of families who have been referred and I have been using the tools and techniques from the approach and supporting social workers to use them also, for example by using an attachment genogram to open up conversations about feelings and safety.

I am very grateful to be on this course and am looking forward to starting the second year in September where I am confident it will continue to have a significant impact on the adolescents that are referred to the Child Protection System.

Julie Masters
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