

We use cookies to track usage and preferences. [Click here to view our cookie and tri.x policy.](#) [Accept](#)

Search this manual

Go

# Integrated Systemic Therapy Policy

## AMENDMENT

This chapter was reviewed and amended in May 2018.

## Contents

---

1. [Who is this Policy For?](#)
2. [Our Mission and History](#)
3. [The Integrated Systemic Therapy \(iST\) Model](#)
4. [The Application of iST](#)
  - 4.1 [The Therapeutic Framework](#)
  - 4.2 [The Clinical Team](#)
  - 4.3 [iST Training](#)
  - 4.4 [Group Functioning and Structures](#)
  - 4.5 [Therapeutic Milieu and Individual Therapy](#)
  - 4.6 [Assessment Planning Treatment and Transition \(APTT\) Assessment Framework](#)

## 1. Who is this Policy For?

---

This policy applies to all staff, consultants and agency employees, whether permanent or temporary, and whether working for the Institute or its service delivery division Childhood First, who are involved in providing therapeutic services to children and young people, their carers and families, or in training others to provide therapeutic services.

## 2. Our Mission and History

---

The Institute, via its service delivery division Childhood First, provides specialist therapeutic care, education and treatment to children, and to their networks of adult carers, who are suffering severe emotional and behavioural disturbance, invariably as the result of early life trauma.

Our core mission is to train and support adults in transforming the lives of children and young people who suffer severe emotional and psychological difficulties, so that they can relate well to others, fulfill their potential and enjoy life. We do this in the context of specialist residential therapeutic communities, offering a therapeutically-designed environment and way of life, and therapeutic foster carer which follows the same principles.

From pioneering beginnings in 1970, with the formation of the first therapeutic community for young people, and subsequently at Peper Harow (founded 1973, closed 1993) and Thornby Hall (founded 1986, closed 2017), we have continued to refine our treatment method and to offer it more widely, with the development of:

- Further residential facilities using the same method, with variations to suit age group and size of facility - currently, Greenfields House, Gables House, Earthsea House and Merrywood House;
- Therapeutic Education Services servicing our residential homes, including partnership working, home tutoring and our own Independent Registered Special School;
- Integrated Therapeutic Fostering (iTF);
- A Placement and Family Support service which works with networks supporting children in families, foster placements and residential placements.

In 2015, we obtained accreditation for our iST training programmes with the United Kingdom Council for Psychotherapy (UKCP), so that staff completing our training programmes can be professionally qualified in psychotherapy and psychotherapeutic counselling.

In 2016, we established the charity as a training and research institute, renaming it the Institute of Integrated Systemic Therapy, to reflect the professional, clinical and academic standing of our work.

### 3. The Integrated Systemic Therapy (iST) Model

- a. iST is a systems-based and group-based therapeutic intervention, with potential for integrating individual psychotherapy. Within the context of a shared community life, iST focuses in particular on a structure of overlapping psychodynamic groups and supervisions, aimed at facilitating individual and group self-awareness and change, at behavioural, emotional and psychological levels;
- b. This structure provides multiple layers of containment for keeping children and adults safe by understanding relationships in all their complexity and inter-relationships across the whole 'system'. Within this robust relational framework, children and adults are enabled to explore the impact of behaviours and events on themselves and others, to

consider antecedents and causes, to learn to manage and in time to heal feelings and associated energies;

- c. iST is particularly suitable for children and young people who have experienced serious emotional and psychological trauma, and who struggle to function effectively and safely in mainstream settings, such as families and schools;
- d. iST functions at individual, group, home and organisational levels, encompassing both children and adults. Typically, similar material is encountered and addressed at all levels, thus offering a powerful system for understanding the unconscious processes affecting the children's functioning and wellbeing. iST opens unconscious processes to the possibilities of change, and aims to keep children and adults safe during the children's journey to emotional and psychological health;
- e. In the service of insight and change, iST practitioners understand and interpret experiences within groups and individuals, using family systems and psychoanalytic concepts and discourse, including a strong object relations orientation;
- f. The reason for an object relations orientation, within a family systems framework, is the importance of attunement to unconscious projections, via the counter-transference, so that 'what belongs to whom' can be correctly identified. Without this focus at the centre of our method, group work with unconscious aspects of childhood trauma becomes unsafe;
- g. iST's experiential learning accordingly places great emphasis on attunement to feelings in relationship, their meanings and origins, and their uses in therapeutic understanding and communication. Training in iST integrates theoretical and experiential learning in the service of this central capacity for attunement;
- h. As with all psychotherapy training, the journey to attunement in iST begins with attunement to oneself. Only by attunement to our own psychological strengths and difficulties, our own deepest existential predicaments, can we attune to those of others. The inner world of others can only be accessed via our own, in the counter-transference. When we know ourselves at this level, we can learn to discriminate between our own emotions, sensations and thoughts, and those which have been introduced to us by others;
- i. Pre-conscious and unconscious emotions and thoughts can thus be brought to conscious attention of therapist or group for consideration, acceptance, reframing and other means of release, or for the prediction and management of potentially harmful actions. Our capacity to hypothesise therapeutically about others on the basis of attunement to the counter-transference is developed by the submission of our own functioning and clinical hypothesising to the regular reflection and feedback of our supervisors and the wider group;
- j. Our attunement to ourselves and others is never complete, and each of us attunes more readily to some emotional and psychological valencies than others. At its best, iST group work allows a group of therapists, thinking together clinically, to attune to a fuller spectrum of possibilities for psychological development, both beneficial and otherwise, than may be possible for an individual psychotherapist working alone. It can thus provide a safer, faster<sup>1</sup> and more effective therapeutic treatment intervention than may be

available 1:1, in particular for traumatised children who struggle with the intimacy of 1:1 relationships;

- k. It follows that there are three fundamental principles which must be accepted by all who seek to train and practice in the iST modality:
- To place oneself in question and to be placed in question;
  - To do so within a group and a hierarchy of responsibility;
  - To do so within a shared conceptual framework.

It is noteworthy that the same principles, expressed more simply, apply to the admission of the children and young people to Childhood First therapeutic communities. They are the conditions of safe therapeutic endeavour within a group, community and organisational network;

- l. iST draws in particular on the traditions of therapeutic community, family systems and psychoanalysis. It also draws on the insights of network therapy, aiming at the extension of psychotherapeutic insight and practice to the whole system or network around the child. In practice, this means the parent organisation and all who work within and for it - staff and consultants - together with the children's families and carers to the extent that they are available for therapeutic work. In this way, the work around the child can be safer, more effective and more sustainable than would be the case with a traditional 'closed' therapeutic community;
- m. Integrated Therapeutic Fostering (iTF), also developed by the Institute, applies the above approach within the context of fostering, rather than residential therapeutic community.

## 4. The Application of iST

---

The application of iST is based on the integration of:

- 4.1 [The Therapeutic Framework](#)
- 4.2 [The Clinical Team](#)
- 4.3 [iST Training](#)
- 4.4 [Group Functioning and Structures](#)
- 4.5 [Assessment Planning Treatment and Transition \(APTT\) Assessment Framework](#)

### 4.1 The Therapeutic Framework

The Institute's unique iST therapeutic framework acknowledges the need to support children and staff individually and through the group structures via multiple layers of supervision, containment and intervention. The layers of emotional containment and understanding that are required if seriously disturbed children are to settle and undertake effective therapeutic work, include the following, although each level is not of equal importance and does not require equal input:

- Each child;
- Each staff member;
- The children's group as a whole and its sub-groups;
- The staff group as a whole and its sub-groups;
- Each community and project individually;
- All communities and all projects as a whole;
- The specialist Clinical Team and each member individually;
- Head Office departments;
- Head Office as a whole;
- Childhood First Management Group (CFMG) as a group and individually;
- Institute Executive Board (IEB) as a group and individually;
- The Chief Executive;
- Trustee groups and the Board;
- Friends and fundraising groups;
- The organization as a whole;
- The networks beyond, as much as is possible.

Only when all these layers are thought about clinically and integrated into the clinical perspective, and the therapeutic practice, is our work sustainable and effective. Hence iST is a way of seeing, thinking and acting – a way of life, that must permeate all levels of the organization to an appropriate level.

## **4.2 The Clinical Team**

The specialist clinical team complements the evolving therapeutic capacity of the therapeutic care staff who have undertaken, or are undertaking, the iST training, some of whom also have Child Psychotherapeutic Counsellor or psychotherapist accreditation.

The members of each clinical team consist of the following:

*A Consultant paediatric psychiatrist* - the Consultant Psychiatrist, experienced in working with children, and dedicated to psychoanalytic-systemic ways of working.

*Child-focused therapists for individual work* – whilst we maintain a culture within which all aspects of a young person's life may be attended to through group-based work. The individual relationships with their key/linkworker are part of the treatment that the group provides. Our facilities operate with an expectation that all of the children and young people who reside in them will engage in this way. Some children in our facilities may, however, also receive individual psychotherapy, and in one of our homes for younger children, all children receive individual

psychotherapy as an integral part of their treatment and based on a thorough assessment within the APTT framework.

*Group analyst or systemic organizational psychotherapist* – Attends to the work of emotional processing, which is engaged within each community and service through a series of regular therapeutic group and one-to-one meetings with the adults.

*Head of clinical assessment and psychotherapy* - Provides specialist psychotherapeutic assessments of referred children and adolescents, parents or carers aligned to the APTT assessment framework.

*Seminar leader for iST training delivery* - plan and deliver therapeutic staff training seminars, student assessments and training support

The clinical team in each community and across the iTF services support the therapeutic framework as follows:

- Integration across the clinical work and clinical training;
- Clinical professionalism at all levels in the work and the training;
- Senior clinical staff resources to deliver assessments, training, and research;
- Clinical capabilities to meet the needs of more disturbed children and young people;
- Clearer and more compelling clinical offer for Commissioners;
- Improved career progression for staff;
- A more united organisation.

### 4.3 iST Training

The aim of the Integrated Systemic Therapy training programmes is to provide a practice-based training for professionals caring for children and young people with complex emotional and psychological needs, and is informed by an application of psychodynamic principles and concepts. These programmes offer a pathway from Certificate level through to Masters degree level with different exit awards to students and professionals with different academic backgrounds. The iST training pathway offers senior practitioners the opportunity to become accredited as a UKCP Child Psychotherapeutic Counsellors.

The iST training emphasises the importance of the integration of Practice, Experience and Theory to support the complexities of the work with children and young people who have experienced early life trauma.

#### **Therapeutic practice/placement**

This is the living/learning environment where treatment and training take place. Adults are encouraged to incorporate theoretical and professional concepts and the wider learning experience within the day-to-day activities of their work

	<p>with the children. This provides and develops the therapeutic culture within which the children can recover – many children and young people leave us with a sophisticated understanding of healthy relating that itself incorporates elements of therapeutic learning. This environment is where the adults gain an understanding of the day-to-day practice of caring for traumatised children, and of caring for themselves and one another, in the encounter with the disturbing emotional and psychological material that the children present, and that disturbs their own equilibrium.</p>
<p><b>Experiential learning</b></p>	<p>Experiential learning is at the core of iST practice, as a relationship-based model of working. All adults will be in at least one regular group facilitated by a qualified Group Analyst. The therapeutic groups us the space to think with colleagues and to understand the impact of the work with the children on ourselves and the impact of ourselves upon the children. Access to facets of personality and personal interactions which are unconscious and inaccessible in other circumstances become available within the group.</p> <p>Child-focused clinical supervision for therapeutic staff will be overseen by the Head of Therapy/Clinical Lead, who is a child psychotherapist or equivalent, and who has a clear focus on the inner worlds of the children. The Head of Therapy/Clinical Lead will also take the lead on the assessment of children prior to coming into CF. they will be writing and review and updating of behaviour plans, facilitating the “team around the child” meeting sometimes known as a child focused or clinical case review meeting. This is a meeting that students will be presenting their key child which will inform their essay as part of the assessment for the Diploma and Practitioners Diploma in iST.</p>
<p><b>Theoretical seminars</b></p>	<p>The seminars are group-based and facilitated by a psychotherapist on a monthly basis. However it is staff themselves who bring the expertise to the seminars. The sharing of clinical examples helps to make sense of practice in relation to a theoretical frameworks, and vice versa. Theory and practice are both essential elements of effective psychotherapy. Theory expands capability in shaping the experience of practice. Practice expands capability in shaping the understanding of theory.</p>

#### 4.4 Group Functioning and Structures

In the context of community group-living, psychodynamic theory provides a framework for looking at and understanding what happens 'between people'. iST staff dynamics groups are based on psychodynamic principles. The definition of psychodynamics can be understood as:

- a. The psychology of mental or emotional forces or processes developing especially in early childhood and their effects on behaviour and mental states;
- b. Explanation or interpretation (as of behaviour or mental states) in terms of mental or emotional forces or processes;
- c. Motivational forces acting especially at the unconscious level.

Dynamics groups are a key element in a therapeutic community context because it is not only the client group that has an impact on what is experienced by all group members, but also the adults, senior staff and managers, the groups, clinical consultants, the organisation, the external world. All of these elicit feelings, the effective processing of which are key to the work with the children.

Without such effective processing by the staff group of its own feelings, and attention to their sub-conscious roots, the material is left with those least able to avoid acting it out on behalf of the adults, i.e. the children. Staff psychodynamic groups, to process the adults' feelings, are accordingly central to our clinical work with the children.

There are three main focuses within our dynamic groups:

- Direct clinical practice with those present;
- Emotional and psychological issues of children;
- Team/organisational/staff issues: working practices, team function, team and organisational dynamics.

In terms of direct clinical practice, the dynamics groups provide a space for professional self-care. We can reflect on our feelings and practice and their impact, and have that reflected back to us by our colleagues, enabling us to process the emotional and psychological effects of the work on ourselves and our impact upon others. Each can gain an understanding of our reactions in relation to the children, colleagues, clinical consultants, managers, the organisation, the wider world, and the sub-conscious positions in our own inner drama into which we habitually place these 'others'.

In the group meetings, we can look at these complex issues together and understand recurring patterns and themes, e.g. around authority, envy, shame, terror, rage. By understanding and processing these strong reactions we are then able to take responsibility for ourselves behaviourally and clinically, and we develop the tools to work proactively and safely in our therapeutic engagement with the children, colleagues and others.

In settings such as ours, for example, where treating a strongly internalised model of abusive authority is central, a key focus for psychodynamic groups will be on the mutual noticing and

challenge of projections of abusive authority into others, which all of us do at times in this work in order to avoid ourselves becoming the painful focus of the group's and our own projections.

More broadly, the group can enable individuals and the team to review current events or difficulties, learn important lessons, capture, share and build on good practice.

The dynamics groups are facilitated by:

- The Group/Organisational Therapist, a part-time staff member who is a professional group analyst or systemic psychotherapist, with an understanding of group and organisational processes, and whose role is to oversee the clinical quality of group functioning; or
- A competent iST-trained staff member who works under the clinical supervision of the Group/Organisational Therapist.

The dynamics groups may be positioned within the rota to ensure that all have enough group support and no more, avoiding the temptation for the groups to become ends in themselves, and taking advantage of the opportunity to create a balanced rota where all the complex needs of the community can be met.

iST training is a work-based learning programme and the dynamic groups are an essential aspect of students' learning and practitioners' continuing professional and personal development. The groups provide an experiential learning forum to support staff/students understanding of themselves in relation to others. The groups provide vivid opportunities for all participants to learn about ourselves and our ways of relating and interacting with other group members, the group as a whole, and thus the wider world.

Group	Focus	Facilitated or delivered by
<b>Staff Dynamics Group</b>	Focused on one of the following: whole staff group dynamics; senior staff dynamics; team dynamics; pair dynamics (e.g. Director/Deputy; Team Leader/Deputy; teachers' team dynamics; teachers/therapeutic staff dynamics; ancillary staff dynamics).	The Group Analyst, who consults regularly to the Director about the life of the community.
<b>Organisational Dynamics Group</b>	The Director and senior staff group within a facility meet regularly with the Chief Executive/ Deputy Chief Executive, to attend to the dynamics across the boundary with the organisation as a whole.	The Group Analyst
<b>Work Discussion Group</b>	A particular event or interaction is examined in detail by a large group of staff.	The Head of therapy, or a skilled senior staff therapeutic practitioner.

<b>Case Discussion Group</b>	A child is discussed in detail, examining current functioning, family relationships and historical experiences. Sometimes these groups are focused on risk management.	The Head of Therapy, or a skilled senior staff therapeutic practitioner.
<b>Community Meeting Discussion</b>	The themes and detail of a particular whole-community meeting, or series of meetings, are examined. Often focused on the Director, the main recipient of emotional transference within the community.	The Community Director with the Head of Therapy or Group Analyst.
<b>Small Group Discussion</b>	All pairs leading small groups attend. Each group is examined using detailed process recording. Themes across groups are shared.	Skilled senior staff practitioner or Community Director.
<b>Practice Meeting</b>	To examine a particular area of therapeutic practice, e.g. primary care; physical interventions; weekly new staff group.	Skilled senior staff practitioner, e.g. Director, Head of Care, Team Leader with specific responsibility.
<b>Handover Meeting</b>	A Handover Meeting takes place between two staff teams when they are handing over at the end of one shift and the beginning of another. Significant events, dynamics or other issues arising during the preceding shift will be handed over to the incoming team.	Senior therapeutic staff member.
<b>Training Seminars</b>	Encompassing therapeutic practice and statutory/practical requirements, e.g. health and safety; child protection; physical intervention; recording.	Senior staff or external trainers.
<b>Theory Group</b>	A prescribed curriculum of theoretical training underpins the work. Staff preparing for academic assessment attend formal Theory Group sessions encompassing child development and psychoanalytic, systemic and group-relations perspectives. Both theoretical and at all stages related to the direct experience of the work with children.	Suitably qualified tutors, approved by Middlesex University.
<b>Clinical Supervision</b>	Each therapeutic care staff member has regular clinical supervision, individually or in pairs, at least monthly. The purpose of these supervision meetings is to consider the staff members' emotional	A senior colleague, the Group Analyst or the Child Psychotherapist.

	and related responses to the work, including their own emotional material, and also to consider any particular children with whom the staff member is engaged in a significant relationship (e.g. as Key/Linkworker).	
<b>Line Management Supervision</b>	Every staff member has regular individual line management supervision, at least monthly. The purpose of these meetings is to focus each individual staff member's accountability to the organisation (ultimately to the Chief Executive, and via him/her to the Trustees) for meeting the specified requirements of their role.	The post-holder's line manager.
<b>Appraisal</b>	Every staff member has a formal appraisal of their performance, progress, difficulties, and training and development needs, at least annually.	The post-holder's line manager.

#### 4.5 Therapeutic Milieu and Individual Therapy

Each child has a programme of individual therapeutic work, within the context of a therapeutic milieu and highly developed therapeutic culture, with trained staff leading regular therapeutic interventions at group and individual level. Each child and young person has a Key Worker who is trained or training in iST psychotherapeutic work. Children and young people are considered to be in receipt of treatment for the entire duration of their stay with us. The specialist therapeutic milieu and culture, the integration of all the elements of a child's placement programme, and the highly trained therapeutic staff living and working with children throughout the day.

Treatment needs which are assessed via our APTT assessment framework (see 4.6 below) as requiring more intensive focused one-to-one therapeutic work will be met via the commissioning of additional individual therapy, delivered by a qualified staff member or by an external sessional therapist.

#### 4.6 Assessment Planning Treatment and Transition (APTT) Assessment Framework

The APTT assessment framework is unique to the Institute of iST, and provides a framework to bring together the qualitative and quantitative measures for each individual child, including evidence based outcome measures and narrative from therapists and the child.

**Stage 1: Impact assessment** – completed prior to arrival and is multi faceted, taking into consideration Therapeutic, Care and Educational needs of the child, with due care, attention, thought and consideration being given to:

- Physical health;
- Mental health;
- Educational needs;
- Peer relations – the impact of the child on the existing children and visa versa;
- Relationship capacity;
- Psychosocial functioning of the child;
- Transitions.

**Stage 2: Planning** –The impact assessment informs the development of the individual care, treatment and education plan for the child. The care, treatment and education plan is based on outcomes that link to assessment information and outcomes identified within the placement plan from the local authority.

Crucial to the success of the treatment is the motivation of the child to make changes towards emotional and psychological health and wellbeing. The therapeutic initial meeting with the child is crucial to their engagement and forms part of the therapeutic alliance, with the child making the decision as to whether to enter treatment in one of our settings. Outcomes and goals in all areas of health and wellbeing for the child are agreed at this meeting and form part of the contract between the child and their therapists. Any agreement at this stage is confirmed and written into the care/treatment placement plan, which is then shared with relevant professionals in the multi-agency team including the school.

**Stage 3: Treatment** – As the child becomes part of our community and during the initial 12 weeks, an ongoing assessment programme is conducted, informed by the psychosocial functioning, the one-to-one sessions with key workers, teacher observations, child psychotherapist observations, child-focused meetings, behavioural issues as identified and key worker's clinical log.

**Stage 4: Transition** - As the therapeutic placement continues, the transition and leaving date for the child becomes clearer and is informed by the integrated assessment. Transitions have to be managed with sensitivity and are based on each child's individual needs, previous history and therapeutic development.

All potential transition routes will be considered with the child at the centre of any plans for leaving and could include:

- Foster care;
- Birth family;
- Independent living;
- Other residential provision.



Copyright © [tri.x](#) |

visibility: |  
 [favourites](#) |  
 [print](#) |