

Who and What Supports Systemic Working in a Learning Disabilities Context

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This article sets out some of the many ways in which systemic working can find a place in Learning Disability (LD) services. It covers ways in which systemic working can influence different aspects of work in an LD service, possibilities for embedding systemic approaches in Positive Behaviour Support (PBS) work in an Enhanced Support Service (ESS), systemic consultation in an LD team, systemic working in a forensic LD service and a specialist LD family therapy service. We hope the article offers a range of ideas which others can draw upon in thinking about their own context, practice and future possibilities.

Introduction

This article explores the variety of ways in which systemic working can find a place in Learning Disability (LD) services. It is made up of the contributions of many people working systemically with people with LD across the UK and emerges from a series of conversations in the Special Interest Group (SIG) for practitioners in systemic practice with people with LD. It symbolises a step on a long journey to grow, develop and embed systemic working in LD services across the country. The journey of the SIG began when Dr. Sandra Baum was asked to organise an afternoon event at an Advancing Practice conference in 1997. For the first time, 10 clinical psychologists working in LD services came together to share their practice with the wider LD community. Following the conference, the newly formed SIG began to come together biannually in Oxford, to share and reflect on practice, try out systemic ideas and techniques and discuss family, staff and organisational work.

Like many groups, the SIG was required to adapt rapidly during the COVID-19 pandemic, with meetings moving online, becoming shorter and taking place quarterly. This has enabled a broadening of the group's membership, with clinicians joining from Northern Ireland, Wales, Scotland and the far reaches of England.

Throughout its lifetime, the SIG, and those who have attended over the years, have made a significant contribution to the literature producing two special editions of the LD Faculty Bulletin in 2012 and 2017 (Baum, 2012; Baum, 2017), a special edition of the Association of Family Therapy newsletter, Context (Robbins, 2011) and authoring and contributing to two books (Baum & Lynggaard, 2006; Jones & Haydon-Laurelut, 2019). Over this time, the literature has grown to illustrate the wide range of possibilities for systemic working: to conduct consultations with staff teams (Rikberg Smyly, 2006; Parker, 2018), to convene network meetings (Fredman & Lynggaard, 2015), and to offer systemic family therapy (Cardone & Hilton, 2006; Fidell, 2000).

However, whilst many LD clinicians report working systemically, evidence suggests that, at least historically, there has been great variability in the level of systemic training undertaken by clinicians working in LD services (Kaur et al., 2009). In Oxleas NHS Trust, where both the past and present chairs of the SIG (Sandra Baum and Bethan Ramsey) are employed, systemic

theory has become embedded in all aspects of practice with the majority of psychologists holding a systemic qualification at Intermediate level and some at Masters level. However, from conversations in our meetings, we know there remains great variation across services nationally.

In what follows, we offer five short vignettes to illustrate some of the ways in which different aspects of systemic practice have developed in services across the country. We have kept the distinctive voices as a way of offering multiple perspectives and made explicit some aspects of the contexts in which the practices emerge.

It is not our intention to describe theories and practices in detail. Instead, we hope to offer up an array of ideas which we hope people will be able to draw on in thinking about their own context, current practice, and future hopes.

Vignette 1: Systemically Informed Working

Anna Bodicoat and Arnas Zujus

Systemic ideas inform all our practice in Kent, where there are currently two clinical psychologists trained to Intermediate level in systemic psychotherapy, and another currently undertaking a Masters in Narrative Therapy.

Alongside offering family therapy and running groups to support family carers, we have found ways to embed systemic thinking throughout our service. Our referral forms now pose the question 'what important relationships does the person have?', hoping to encourage relational thinking from the start (Robbins, 2019). We run systemic peer supervisions, drawing on systemic techniques for taking multiple perspectives such as the 'As-If' exercise (Haydon-Laurelut et al., 2012). These provide a valuable reflective space and support us in widening the lens in our work. We include a systemic session in our induction for trainee clinical psychologists, including an exercise looking at their cultural experiences of disability.

Our barriers to systemic working:

- Limited access to training.
- Practicalities: time pressures, booking large rooms at times that are convenient for family members, systems seeing the referred person as an individual above all else.
- Time: involving everyone takes time, as does needing to be more tentative and thorough, widening the lens and following a story.
- There is a constant pull to re-locate the problem within the individual; systems around the person can see the only agent for change being the person themselves.

We are sustained by:

- The presence of assistant psychologists and trainees: arranging and co-ordinating with families, providing different perspectives, giving us thinking space.
- Online sessions enabling family members from around the country (and the world!) to join.

- Connecting with others: systemic training, attending the SIG, a trust-wide systemic network.
- The joy and necessity of working creatively with systems.
- The privilege of working with families, hearing their stories and being alongside them.
- Finally, the permission (from management, colleagues, SIG members) to do things imperfectly, and to try things out.

Vignette 2: Systemic Approaches and Positive Behaviour Support

Becky Cooper, Shona Daynes, Karin Fuchs, Mark Haydon-Laurel

We are three clinical psychologists and a systemic psychotherapist who work in Sussex. Systemic therapy and practice is embedded across our three community teams inclusive of three family clinics and other systemic consultation work. We also practice in the countywide Enhanced Support Service (ESS). This team has Positive Behaviour Support (PBS) and systemic therapy and practice as its core models. In ESS we work with people who experience precarity. They may be at risk of physical harm; have complex physical and mental health conditions; are a risk to themselves or others; are supported by families and services who are struggling to manage; may be at risk of losing their home or requiring support to return to the local area. There are high levels of risk. Crises often involve the person presenting with behaviours of concern for which NICE guidance (2015) highlights use of PBS. Clinicians (e.g. Fuchs & Ravoux, 2019) have found systemic and PBS useful co-approaches.

The networks with whom we engage are often facing impasses between system members (e.g., services and families), are likely negotiating difficult and traumatic experiences and managing complexity in the context of risk. Working from positions of curiosity and appreciation with family, services and other professionals supports the inclusion of all perspectives as resources. PBS and systemic approaches whilst differing (particularly in the positioning of the practitioner) share much, not least being network-focused frameworks. It is beyond the scope of this brief outline to explore the many ways in which PBS and systemic may act synergistically. One example, however, is where a behavioural formulation and subsequent recommendations may not fit family's perception of a problem (see Daynes et al., 2011). Here, systemic practices can support moving forward in a productive relationship to PBS intervention.

Influenced by systemic practice more generally, and the principles of Open Dialogue (Seikkula & Arnkil, 2006) in particular, the network is gathered at the first opportunity. ESS clinicians take a facilitative position supporting the bringing forth of the voices of the network of significant relationships. A crisis context can be an opportunity to galvanise the network for hearing and holding multiple experiences and ideas whilst moving toward clarity and the co-construction of the next steps the network (now constituted) takes. A single meeting may be enough, or meetings may periodically punctuate PBS practice as a space for the network to re-form, step back and reflect.

The work of ESS often takes place in fast changing multi-agency contexts. For example, crisis meetings may be organised by others and directions forged before systemic work can take place. Barriers have included the practical issues of suitable (large enough) rooms being in short supply and minimal administrative support. Developing systemic working in ESS and beyond has taken some time. Important factors include securing systemic training and recruiting and developing an enthusiastic team. We currently have several staff with Intermediate systemic qualifications and a qualified systemic therapist. It has been important to clearly and confidently name systemic work, normalising and formalising the approach with participants and the wider learning disability service.

Vignette 3: Systemic Consultation

Laura Darbyshire, Lisa Morris, Laura Carrington, and Katharina Bucher

Within the Birmingham Adult LD Service there has been a long history of offering family therapy and systemic consultations. Currently, the clinic has developed to offer systemic consultations to a wide range of families, staff teams and external agencies. Consultations are underpinned by systemic ideas and draw on these to work at an organisational level (Haydon-Laurelut et al., 2009). Within our service it is our intention to increase understanding, think about the importance of relationships, and introduce some difference into a stuck system. Professionals often hold beliefs that consultations will focus solely on problems. However, we have found that asking questions such as ‘what is going well in the system?’ can privilege the skills and resources of families, staff and professionals, which can be sustaining at points of crisis or concern.

Completing systemic training in Birmingham, we are familiar with the Problems-Possibilities and Resources-Restraints (PPRR) framework (Burnham, 2003). This has been a useful tool to help us map out our own emerging practice and to consider future possibilities for systemic consultation.

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Based on our reflections from the PPRR framework, here are some suggestions:

- Genograms and ecomaps have helped us to decide who to invite to consultations; this can then be shared with service users in an accessible way, so they can be part of the process in deciding who would be helpful to attend.
- During the COVID-19 pandemic we found ourselves offering more online systemic consultations for several reasons, including working with clients who presented with complexity and higher levels of risk. We have offered consultations in a variety of configurations, including with staff teams who may be feeling stuck as to how to move

forward, and family and professional carers who may be wanting to address the needs of a client in very different ways.

- Systemic consultations may present a different way of talking and may feel unusual at first. We have found the use of simple language is helpful, as well as keeping questions respectful and curious. We try to be on everyone's side and yet nobody's side.
- The five Ps formulation (Macneil, et al., 2012) is a familiar framework used within our service. An additional 'systemic P' (people and partnerships) has been co-created with our team during systemic group supervision facilitated by Hilary Howell. This has created a common language to weave in systemic thinking in an accessible way, this has enabled us to invite MDT colleagues to think in relational ways.
- Posing relationally reflexive questions at the start of the session has helped to make the most of our time, and to coordinate and address expectations; for example, "if this had been a helpful session, what would we have talked about together?" (Burnham, 2005).
- Reflecting processes enable us to join with and build upon what has been said, co-create new stories about the situation, introduce difference, and to highlight resources and supports.
- Undertaking an audit on the effectiveness of the family therapy clinic has influenced support from management and enabled us to expand the service to now offer more systemic consultations.

Vignette 4: Community LD Forensic Systemic Work

Hatice Yildiran

The Offending Behaviour Intervention Service (OBIS) in Hertfordshire supports adults with LD who have offended or are at risk of offending. It is embedded in the wider Specialist LD Service which has a long history of systemic work. The systemic clinic is led by a qualified psychologist trained at intermediate systemic level and a final year trainee psychologist with a group of trainees as the reflecting team. We participate in systemic supervision facilitated by an advanced practitioner as well as our own peer supervision. We reflect on additional considerations when offering systemic interventions in a LD forensic service in relation to legal frameworks, social adversity, trauma and risk management.

Court mandated treatments through a Mental Health Treatment Requirement or a Supervision Order usually specify areas to be addressed, the number of sessions and the duration. There is scope to tailor treatment plans suited to individual needs. We offer systemic work alongside the more-often considered CBT interventions for offence specific work. Service users may have their bus passes removed during police investigations and they may not be able to afford travel. We offer options for systemic consultations and family therapy to take place in the family home or at our hubs. The number of reflecting team members is decided by families. There are no set limits for interventions, most service users are offered more than one. The forensic literature highlights the importance of supporting offenders to process their own trauma prior to offence related work. Trauma can be considered individually as well as collectively through systemic work. This is important given

that people with LD are often not invited into spaces of collective trauma processing and grieving (Raji, Hollins & Drinnan, 2003).

We work with service users at their intersection of vulnerability and risk. Enhanced risk assessments, often violence specific, are routinely completed. Service users are usually known to us over many years and, therefore, there is a conscious awareness about maintaining neutrality. We have been struck by the efforts made by families to accommodate the systemic sessions. In a sense we are all trusting the process in our commitment to the work.

Vignette 5: Family therapy service

Lorna Robbins

There has been a strong history of, and enthusiasm for, systemic working in Somerset, and this helped put down the roots many years ago for a specialist LD family therapy service. Beverley Fidell and Sabrina Halliday advocated this approach, and in their footsteps, we have built on their practice and also undertaken service evaluation projects to ensure we are offering the best service we can. Where possible we have included the voices and views of those who have attended the clinic, so we can be as responsive as possible to meeting service user needs. The configuration of these clinics has varied over time in line with good practice guidance, advancing theory, service constraints and, of course, a global pandemic. In our work, we follow a five-part session format (Barbetta & Telfener, 2021) and we send out an accessible letter after each session.

Barriers historically have been access issues, as families can struggle to get to Trust settings. COVID-19 and the shift to online working has opened up possibilities and more creative ways of families and members of the team joining together; thus we might meet in person, online, or a hybrid of both depending what will work best for the family and person with the LD. When working online, one challenge is to give reflections in an accessible way. It can feel easier in person to reflect using pictures or make other reasonable adjustments. Being creative and finding ways to convey reflections or ideas in a meaningful way (virtually) is something that our reflecting team works hard to tailor to each family's needs.

What seems to sustain and support this aspect of systemic working is the positive feedback from families who have first come to the clinic living lives that feel problem saturated. They tell us they feel overwhelmed, disempowered, misunderstood and stuck. They report benefiting from a space to talk about difficult, sometimes unbearable situations and feelings, in a way that opens up communication, and develops shared understandings, possibilities and ways of moving forwards together, towards their preferred ways of living their lives. Families speak of feeling heard and validated and becoming more aware of their own resources.

For the team, new colleagues bring new perspectives and resources. A recent quality improvement project found that the reflecting team was seen as integral to the process and added value by holding an overview of the whole therapeutic process, being mindful of where subtleties may have been missed, voicing difference from a non-judgemental standpoint, ensuring that every member of that family has been heard and understood, and valuing and

empowering the whole system. It was also experienced as a supportive learning environment for clinicians.

Conclusion

Reflecting on the variety of ways in which systemic work has found a place in LD services, we offer some final thoughts:

- These ways of working can take years to become embedded into everyday practice.
- Regional/service developments vary according to many factors which include the influences of local training institutions, influential figures and local context.
- It is important to be mindful of potential barriers and have conversations with others to identify what supports are available for working systemically.
- Regular specialist systemic supervision from a qualified systemic psychotherapist is vital in ensuring the fidelity of the work.
- When supported well, trainee clinical psychologists and assistant psychologists can offer a vital resource in helping to develop and support services.
- Passion for the work can be supported by feedback from families and colleagues and the changes that we see from the work that we do.
- Staying in dialogue with others, in spaces such as the SIG, helps to sustain momentum and enable the sharing of ideas and practices.

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Figure 1

