

Growing systemic family therapy in paediatric healthcare

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Psychology in healthcare team (children and young people)

Plan for the session

- The development of the clinic
- Set up and clinic processes
- Influences
- The context of diabetes
- Case study 1
- Case study 2
- Reflections and top tips
- Hopes for future
- Questions / discussion

Development of the clinic



Healthcare at its best
with children at our heart

Developments

- Gift of time during covid led to a more structured clinic being developed and some of the team hopes being realised:
 - A fortnightly family clinic was set up
 - Supervision from a qualified family therapist began
 - Further training prioritised – foundation, intermediate and masters levels
 - Increased use of reflecting teams
 - Increased joint work across and within teams

Current set up and processes

- There is now a weekly clinic offering 7 slots fortnightly
- Families seen monthly
- 2 masters; 4 Intermediate; 1 foundation
- Trainees and assistants also involved
- Referrals from within service:
 - Consent from family
 - Consultation with referrer which can be for systemic perspective OR to consider direct work with family
 - If direct work is indicated - relationship to help call with family
 - Open invitation – bring who you feel best to be there



The session

- Loosely based on Milan 5-part session:
 - Team pre-session (15 mins)
 - The family session (45 mins ish)
 - Reflecting team (5 ish mins)
 - “Intervention” or reflections on session, connections made and what next (10 mins ish)
 - Team post session (15 mins)

Influences and literature

- Milan - Hypothesising, circularity, neutrality and curiosity (Cecchin, 1987)
- Reflecting processes and multiple perspectives (Andersen, 1987)
- Collaborative and dialogical approaches
- Strengths based approaches (Bray et al, 2020)



The context of diabetes

- National guidance:
 - Young people with T1D have increased emotional and behavioural needs
 - Increased likelihood of diabetes related family conflict
 - Access to psychological support recommended
 - Systemic family therapy not named but family interventions mentioned
 - Type 2 first year of care document refers to whole family support and work

The context of diabetes

- Family and siblings
 - T1D a disruption to lives of families and emotionally demanding for siblings (Overgaard et al, 2020; Cao et al, 2021)
 - Siblings can experience worry, responsibility, fear and jealousy (Herrman, 2010)
 - Parents report guilt at needing to prioritise T1D over sibling needs (Jackson et al, 2008)

Referrals to family clinic

- 5 diabetes so far in clinic (could be more)
- Range of families and focus of work – parent work, whole family, sibling, 3 generations
- Themes of referrals/work so far
 - Differences in parenting styles related to health condition
 - Adjusting to diagnosis
 - The role of diabetes in the family, including multiple members diagnosed

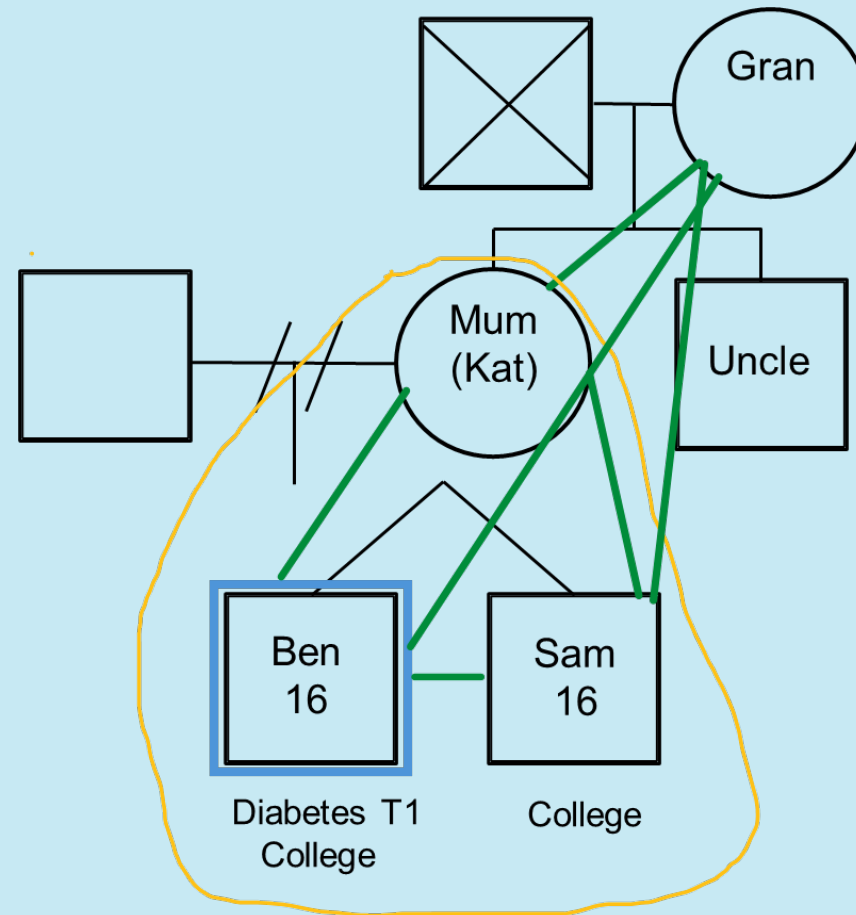


Case examples

- All details anonymised
- Consent from families involved



Case study 1: Ben and family – referral



Hypotheses

- Sam **worries** about Ben, and feels a **responsibility** to check on him and help him manage T1D
- Sam **worries** that if he does not check in on Ben, he might become seriously ill
- Sam knows that Ben can get **overwhelmed** so does not share his own worries for fear of adding to Ben's overwhelm, as well as causing additional stress for Mum Kat.
- Sam can **supress his own emotional needs** to **protect** his brother and Mum, but this can leave him feeling **neglected**
- Sam and Kat **worry** about the impact of overwhelm/stress on Ben's management of T1D
- Ben and Kat **worry** about Sam not expressing his feelings and feeling left out



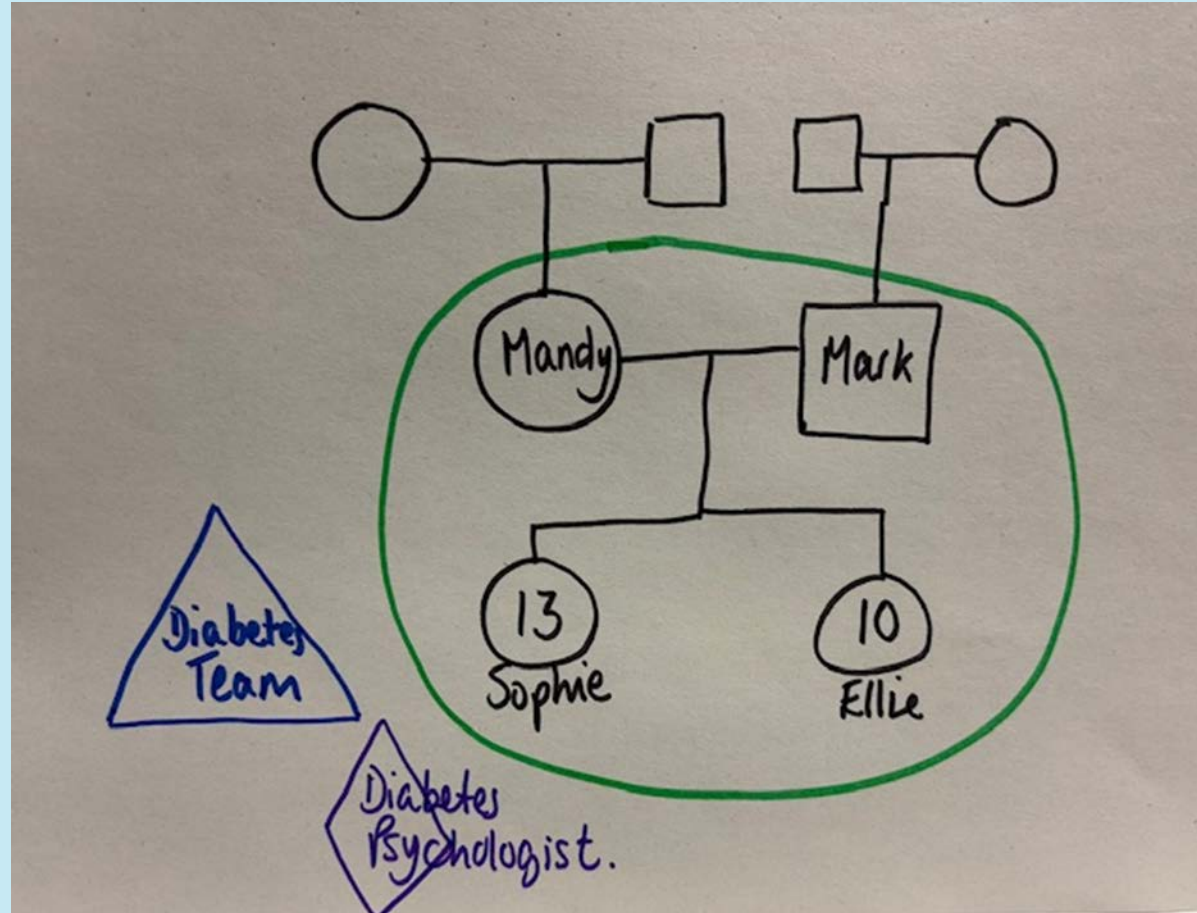
Content of sessions

- **15 sessions over 18 months**
- **Genogram, family patterns and relationships – worry:protect, pursuit:withdrawal**
- **Family scripts** about illness and caring (Byng-Hall, 1986)
- **Strengths and resources** – family shield and values
- **Externalising** diabetes – individual and family relationships with diabetes
- Dedicated time and space to talk together

Outcomes and feedback

- Neutral and safe space to talk **together**, would not happen at home, someone would walk out
- Everyone included
- "we enjoy it, and it is beneficial to us as a family"
- "it's healthy to talk as we wouldn't in this way otherwise"
- "everyone can give their sides"
- "we get to hear multiple perspectives"
- SCORE-15

Case Study 2



Hypothesis

- Thinking structurally about people in the family – those with diabetes and those without.
- Consideration of family life cycle – Sophie (13) moving towards independence 'thwarted' by diabetes
- Stories of illness in the family – dad has had diabetes all his life
- Dad's hypo and the impact of this - heightened fear especially for younger sibling who also appeared not to have strongest voice

Content of sessions

- 6 sessions over 10 months
- Who to see together – we saw different dyads; 3 sessions whole family; Mum and Ellie; Mum and Dad; Sophie and Mark
- Enabling conversations
- The impact of diabetes on different family members: who does diabetes worry the most? Externalising
- Talking about talking, and facilitating quieter voices
- Ended on strength cards.
- Feedback

Dilemmas and reflections

- What role does the psychologist for diabetes take in family sessions?
- How is information shared (or not) between family clinic, psychologist for diabetes and wider team?
- Confidentiality, risk, note keeping
- To talk about diabetes or not?
- Use of SCORE-15 and how we measure outcomes?

Top tips to try out

- Warming the context – relationship to help calls
- Start with a consultation
- Referring clinician holds case
- **Open invitation**
 - You might be surprised at who is included or not
 - Have plenty of chairs available!
- Checking in as you go.
- Be Flexible
- Holding in mind how difficulties relate to the health condition

Top tips to try out

- **Genogram**

- Not just who is in the family but patterns in relationships and family scripts about illness and caring
- Get them to draw and own the genogram in whatever way makes sense to them
- Ask questions about who cares for who? Who worries most/least? How do you know when others worry, what do you see?
- Genogram on table in all sessions, to continue to work on and/or refer to, can open up conversations

- **Externalising**

- Drawing diabetes, playful, creative ways
- If diabetes knocked on the door...
- Exploring differences/similarities between family members

- **Strengths and resources**

- Any strengths or helpful things that have come along with diabetes
- What resources have you drawn upon?
- Values you have been able to hold on to as a family



Hopes for future

- Score 15 and outcomes
- Online clinic
- Research

Questions / discussion



References

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