

The potential of systemic practice: *A huge army of great workers*

Nick Child

20 years ago, I was active in the AFT debate and in the necessary decision to make family therapy a profession in the UK. I accepted that but had argued against it in favour of the wider potential of systemic practice to benefit a much broader clientele of many kinds of helping professional services. I was also involved in steering the AFT logo through with its strap line *the association for family therapy and systemic practice in the UK*. At that time, anyway, AFT intended this meaning of 'systemic practice' to be supporting the application in other professions of family therapy's ideas and methods. I hoped AFT would hang onto this wider remit under that strap line.

As a 'systemic practitioner' child psychiatrist then, I remained keen on the inevitably less prominent of AFT's missions. Ten years ago I gave a plenary with the above title to a Scottish Executive funded conference for social workers, aiming to promote family therapy and systemic practice ideas in social work. That was also the launch of my own 'demystification' website www.forallthat.com and a poor attempt to start up a systemic practice network.

That unpublished plenary paper was referred to in a recent *Journal of Family Therapy* editorial (Rivett, 2010). Inspired afresh to review my old campaign, and AFT's potential responsibility towards it, I've revised the paper for publication here to mark a kind of 10th and 20th anniversary of these events.

This paper focuses on social work. It would be rewritten for other audiences, though most of it generalises to any helping profession. At several points, I note but don't apologise for saying that family therapy has this or that feature but, just now, you may not see it very much mentioned in dispatches. Please argue with me. This paper is partly to gauge if I am still as far out on an AFT limb as I was before.

A common and even irritated reaction to what follows is that it is so obvious it shouldn't need saying. Or that it is so general that it's not family therapy's business. My point is that, if we all accepted these views, then essential things will never be said by anyone. Like the debate on common factors in psychotherapy, we assume the commonality but focus on our own speciality. I argue for a broad view of what 'systemic' should mean.

Challenging work – slippery words

Whatever your job as practitioner or manager or academic, I think our work is increasingly like serving drinks in a storm tossed ship. Storms knock us from all sides, but we've to smile and deliver the drinks without spilling a drop. We have to find ways to do this ever more difficult juggling act.

A lot of this is to do with us workers rather than what we do with clients. So here's a client's voice: I was in institutional care as a child from the age of five. As a result, I know a lot about a lack of care presented as if it was care. And about mystique and the absence of knowledge and authority presented as if the words were clear and the knowledge absolute. Like Orwell's 1984 'newspeak', the word 'care' comes to imply its opposite when used in the phrase 'in care'. The UK term 'looked-after' was no doubt intended to revive the more 'caring' meaning – but for how long?

Words and meanings and helping professions and their methods are slippery. As I tell you that my 'in-care' experience was in boarding schools chosen for me by

my parents, notice your mind slide into an 'oh, well that's not so bad, is it?' mode, even though boarding school reasons and family dynamics and trauma and bamboozlement can be as bad 'in care' experiences as the normal social work controlled version.

We say we're ruled by concepts, cognitions, words, labels – language in general. Words is mostly what we've got in publications, conferences, and the internet. Theory and thinking are important. But we've all seen people who have very fine theories – written textbooks even – but who are not so good in practice with colleagues or clients. And we've seen highly skilled practitioners and ordinary human beings who do it without any apparent special training or theory behind them. It is worth our active reflective effort to reduce and deconstruct the mystique of labels, concepts and words.

One family of 'work' that is 'social'

I've spent my professional life deconstructing and re-constructing ideas about life and the helping professions (see www.forallthat.com). Here are three big labels – family therapy, systemic practice

and social work. Despite their differences they're all about relationships and communicating and positive functioning in families and other systems. They're all about 'systemic practice' which I further define as: working to bring out, share, and respect the views and stories of everyone involved, while integrating a way forward.

'Social work' would actually be the best term for that. Family therapy, systemic practice and social work are all 'work' that is 'social'. Family therapy itself is the natural child of social work. Found on psychiatry's doorstep and brought up in a different family, I suggest that social work can meet afresh her own now grown-up offspring, family therapy. Social workers in general may not like the way she's been reared, nor the way she talks – far too jumped up! But blood is thicker than water. Social work could reclaim one of her own. We won't even mind if her name gets changed back. A benefit of changing her name would be that this non-specialist ordinary good practice wouldn't run into copyright complications and conflict with the structures and quality control of family therapy.

Mainly child psychiatry's adopted child, you need to know that family therapy has been a bit of a misfit there. Extra measures of care and protection have been required. Various voluntary organisations and training institutes – AFT, IFT, KCC *et al.* – have provided the misfit child, family therapy, with financial support, respite, befrienders, groupwork, and general preparation for premature independent living. Unfortunately, this adoptive status and special support has rather narrowed family therapy into a corner of wordy theory and health service shaped character. The term systemic practice has added a few more special meanings on the way.

Systemic practice is what we call adapting family therapy ideas to work in other mainstream helping professions – health, education, voluntary and social agencies. In these services, a rather wider range of clients and motivations and problems come through the door, than those that look like 'families', and than those ready, willing and able for 'therapy'.

I am definitely not proposing a new profession or job title: 'systemic practitioner'. I am talking about the application of ideas and methods characteristically found in family therapy to ensure that your own job goes really well – productive, intelligent and enjoyable, on task for your agency, ensuring morale, quality and quantity of work. Systemic practice's main strength is to promote, at the ground level front-line, skilled ordinary good practice. You may be doing good systemic practice already and find this validates what you're already doing. Many trainings assume basic skills and do not focus on learning about life and ordinary good practice. Any specialist training and its academia, naturally focuses on its own specialist area, assuming we know the rest naturally. In this respect social work training often does much better than other kinds.

Ordinary bad practice

Here are some everyday examples of poor practice in work settings. Ordinary bad practice is obvious when you see it, but it is seldom mentioned – for good reasons; it is better to accentuate the positive when e-lim-i-natin' the negative. The following examples are about workers, not clients – clients are allowed poor functioning. I mean only to illustrate, not to damn; I have been part of these.

- In my first training with live family screenings, the functioning of the group of mental health professionals behind the screen was really poor judged by the standards of what we were promoting for the client family group functioning. Late, bossy, insensitive, rushed, disorganised, intrusive.
- Silent reflection can be valuable, but there are courses that promulgate long, worse than useless silences presumably in mistaken homage to psychoanalytical groups.
- Many – including some family therapists – profess to sophisticated expertise about systems functioning but seem hardly able to understand the simple basics of effective committee work, constitutions, and organisational communication.
- In the past I've seen – but not stayed for long in – medical or psychiatric committees that are really not much more than very expensive siestas.
- Managers arrive like white tornados and leave as quickly destroying all in their wake.
- We're so busy we don't read the minutes and reports in our new case's fat file; but if we took the time, we'd be less busy.
- General practitioners seldom come to interagency meetings – they're too busy and don't see the value of it.
- But non-medical agencies and staff do important work and keep it secret too. Hardly a phone call or even an occasional brief letter to record and summarise the fact for other agencies who continue to remain irritated and negative towards them.
- A social worker seemed oblivious of the other eight (than his identified child) far more out of control and uncared for children in a very problematic family where the neighbours, the school and all other community, housing and other local authority agencies were tearing their hair out. It was eventually a local politician who organised a case conference.
- Appointments committees are arranged to appoint someone to a team, yet the established team members are kept out of the process.
- Well-intended workers throw symptomatic treatments around, like family doctors who prescribe pills at the drop of a mood. This goes with the malignant growth of labelling (Child, 2000). So a problem family gets referred for home help or respite, the depressed

or anxious to the doctor for pills or CBT, the drinker to alcohol problem services, the young offender lined up for a group, the child for a befriender, ADHD sent to the Ritalin dealer, anger to anger management, and risk to risk assessment. The result can be the client and professionals suffering an extra layer of confusing, diary-challenging, help-induced, 'all over the place' disorder.

Fitting and teaming up – family therapy's strengths

In contrast to this, underlying all good systemic practice, is carefully finding some good 'fitting together' and positive 'teaming up' (Child, 1998). We can consider 'fit-ness' and 'teaming up' with several systems – clients, families, communities, colleagues, managers, theories and trainings. Teaming up entails creative collaboration, looking after each other in the way a good football team does – developing and working for shared aims; playing to each other's position, role and known strengths; and not showing up weaknesses. This reduces and integrates, but does not eliminate, the need for more highly specialist services.

Ultimately, the best measure of a system's functioning is the experience of the individual in it. Do **you** work in a team and structure that liberates your best skills and energies? So, what are some of family therapy's general strengths that social work might also want to own?

The most basic basics

Ordinary good systemic practice is built on basics and qualities like the humanity and maturity of workers, appointed by effective staff appointment processes, within a functional service, comfortable office and interview rooms, effective preparation for the work each day, worthwhile committees, supervision and management that sustains standards and morale, useful case conferences, team working, ordinary assertiveness balanced with friendly thoughtfulness for colleagues and clients, liaison, phoning (persistently where necessary), letter writing, and organising diaries. Trainings often don't focus on these areas, even though public enquiry after public enquiry identifies them as the deficient ones. Simple essentials are so obvious we forget how important they are for a client's experience of a good interview (e.g. informing where the toilets are), or ours of a good meeting (e.g. was

there a good fit with the day's diary), or a good team (eg making tea for colleagues as well as your self).

Family therapy itself is a 'teaming up' of scores of separable component parts each of which may be useful on its own (Child 1989). Doing the 'full monty' of family therapy is a kind of 'MOT' that shows that all the parts fit together and are in good working order. Here are some more of family therapy's useful parts – they're all good social work:

Problem-solving with respect

Family therapy now underplays it, but it has always been optimistically problem-solving. Other methods may assume that problems and people won't or can't change much. Narrative and solution-focused approaches are our modern versions of the old social work dictum: 'respect for persons'.

Formulation

Another sidelined notion in family therapy just now is that we work from some kind of formulation of the presented problem and situation. Formulations are too often hard to find. Naturally, the less formulated a case, the leakier the work will be – and the more resources there may be being poured ineffectually into it. Formulations are short focal descriptions of the situation containing some specifically tailored account – a 'theory' for a unique predicament – that connects it together usefully and suggests a way forward. Formulations, of course, must always be open to revision. In this field, diagnostic labels usually condense formulation too far.

Meeting everyone together

Seeing a family group together is family therapy's hallmark. We know how, in any organisation, a good meeting of workers can help get things working well. It takes time, effort and skill, but it's worth it. So, for the client family or substitute family or group, who belong and live together every day and for much of their lives, it can be worth meeting them together, too.

Working with the functioning group

Work with the system means thinking in terms of how a group, family or agency organisation, teams up positively or negatively or not at all, how the system and

its members function to help or hinder the functions, the aims, the subgroups and individuals in it.

Process

Process is not fancy stuff, it's fun – just like what you do in your tea break over last night's favourite soap-opera episode. Similarly, working with a family or other group means attending to, and engaging with, the processes that happen, enjoying and following with curiosity the circle or spiral of how one person's actions and views are framed by, and how they frame in turn, other people's actions and views. The worker also looks to explore and help work out where they're heading, the potential of the family's situation, the future of the process. Some workers and some professions need to learn more how to trust that the process itself will work things through, rather than to rush or push it. Other workers and professions need to learn a more active initiative and power to intervene than they might normally use.

Seeing the wood for the trees

Family therapy uses various ways of stepping back and reflecting on a new overview of what a client first presents. A shared reflection informs or actually may be the intervention. There are skills to learn, but a good starting point is to draw on that constructive 'gossip' mode of teamwork and thinking that we all have in us without specialist training. Put the *Eastenders* part of your brain into gear for your client and their story remembering that you are now unavoidably part of the plot too. Other ways to 'see the wood for the trees' are:

The genogram

The genogram is what we call the diagram of a family tree, relationships, others involved, along with annotations, symbols and dates of births, illnesses, and deaths and other main events. It is a kind of X-ray that condenses and shows more of the whole inter-related system and wider picture as well as its dark or missing areas. The genogram is a routine tool that everyone can immediately use. It requires only pen and paper.

Family life cycles

Obvious though it is, we can all forget to step back and think in terms of where an individual, family, or organisation is in

its life cycle. And that's where we easily assume their culture and values are the same as our own. Important life cycle tasks for all cultures are birth, life, partnership and children (or not), and death and loss. An example of a family life cycle question would be: Is a parent ready for their last child to grow up and (maybe) away? A better question would be: In what (if any) ways does that question fit this family in their culture? The client's presented problem may itself be the solution to or distraction from their life cycle task or other harder problems.

Reframing and solution-focus

Reframing is not just a trick, nor just a way of softening awful situations. Let's follow a simple example through. We all try to be supportive with a client or family we've met; how, after listening properly, to validate their strengths in coping with their difficult and complex situation. Where a client feels completely hopeless, it may be best just to listen quietly. To say, in the right tone, that "Things are really hopeless then" need not be an invitation to despair but a 'reflection' in a session that implies the strength to see it, say it, hear it, and work it out. You could be less daring and say, "Things seem really hopeless then?" which is the beginning of a more explicit reframing, implying there could be an alternative view and a different future. A more developed reframing might recast hopelessness in a new light: "Some people wouldn't be as strong as you are to face such hopelessness". A narrative or solution-focus might more actively open up strengths and options: "So you're feeling really hopeless just now. In the last few days what has helped? Have there been times before when you've had to work through feeling like this? What worked for you then?" These examples show the development of greater skill from ordinary life skills, and how training can build them further.

Wide perspective

While keeping it relevant to the people in front of you, taking a systemic approach has you thinking from the start in terms of the wider system and context – of our own and our clients' wider culture, rituals, and of the wider agencies involved and their remits and values, alongside wider influences (such as gender, sexuality, race, religion, class, ability etc).

Live teamwork

To deal with a complex task and wide varied field, family therapists enjoy two heads better than one. Finding evidence for the worth of live teams is a different challenge. A live team needs to be based on a genuinely teamed-up team or it won't work. Family therapy has pioneered working and training using live consultation and supervision. There are many benefits of satisfying live teamwork that make it valuable, not wasteful overmanning: quality and morale-sustaining, inbuilt direct supervision and incorporation of organisational issues and protocols, audit and sharing training, and economical. In terms of the work with clients, it ensures flexible openness, with focused individually tailored planning ahead for each session. If you're confident about where you're heading, you can continue on your own. Note that live teamwork does not require one-way screens and video systems; and you don't need a special training or a live team to arrange, for example, taking a five-minute break "to collect your thoughts". Any worker can do some of this right away and by themselves.

Integrating, focused, effective, economical

So we work away at exploring the situation, following leads and clues and gut feelings until the puzzling array of events fits an integrating story that takes the family and the helpers forward. Our focal understanding takes the complexity around it into account in order to find a key change that will make a wide difference. Often we're helping several interconnected people and their problems in an inter-related change. So it is often effective, brief and economic. It is therefore also a good way to assess where more major interventions, longer-term work, or multiple agency involvement are needed. Wider interagency team working is sensible but not easy. Done well, it is essential systems work that clarifies and reduces the amount and cost of conflict and duplication of multi-agency effort.

Client empowering and user-friendly

Family therapy now emphasises that clients hold the power and choice about active change in their lives. It respects their connection to their own families and to

other support, values and advice. User-friendliness has become a strong feature, despite or because of earlier masterful and present post-modern rather non-user-friendly aspects.

New potential for individual work

No one suggests you can do all the business needed all the time with everyone in the same room. Knowing how to think of the family and their helpers as a functioning system or team gives your work with individuals in that system a new potential. Similarly, the use of the telephone and of writing letters (often with copies) develops new constructive power.

A match for government thinking

If you read many government documents, they often say very much the same sort of thing in other words.

A huge army of great workers!

Finally, to explain the subtitle: 'a huge army of great workers'. I recommend *On The Psychology of Military Incompetence* (Dixon, 1976). I don't recommend the psychobabble in the middle of this book. The accounts of incompetent generals at the start, and of outstanding generals at the end, are superb and generalise to all organisations and to life. It tells the story of the strengths and weaknesses of the military system and the training and selection for its officers, and the appalling fatally limited and idiotic carelessness and blindness of the incompetent. Because that profession is about life and limb of soldiers and of nations, a critical enquiry is important. The range of descriptions of the competent generals, in contrast to the incompetent ones, conveys how variously colourful and rich their personalities are, how they cared about their troops, had wider interests than just the military task, but were dedicated to that task and to the structures above them. But most of all, we see their individualist initiative and readiness to bend or ignore traditions and rules that they could see were no use to achieving the overall purpose. Respecting the given system and relationships, they are able to create a new system and new relationships out of that.

Now – leaving aside the obvious job difference between killing people and helping them – what if we think of all the helping professions and services as a huge army, thousands and thousands of

us? What would a similar enquiry make of our competence and incompetence? What would it take to ensure that we don't stand judged as 'limited, idiotic careless and blind' to what we could achieve. In the army only the generals are allowed to take initiative, while the ordinary soldier has to obey. In the helping professions, even the humblest basic grade 'foot soldier' needs to be in a position to take initiatives within a framework of support and guidance about their task. All helping professionals need to be like generals. We therefore need to be "colourful and rich in our personalities, care about people, have wider interests, dedicated to task and structure, but take individual initiative, and bend rules where necessary to achieve the overall purpose".

In summary

This article has been about space and context – about finding enough space for quality thinking, talking and planning, and about understanding enough about past and present context, about present and future stories unfolding. I have argued that there are within the Trojan horse of family therapy many bits of both ordinary good practice and extraordinary good practice methods that can make a key contribution to all professions, so that a future book on 'the competence of the caring professions' will have a much bigger section on our competence as an army of general workers than it has on our incompetence.

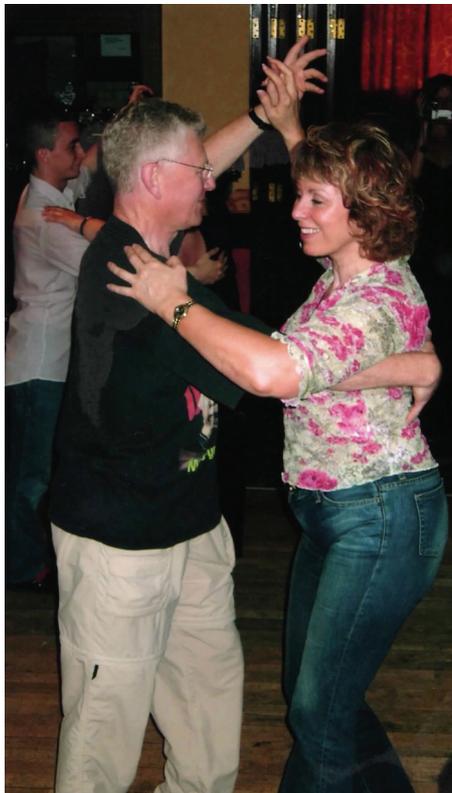
Footnotes for AFT

1. Preoccupied with the necessary promotion and protection of family therapy as a profession – for without a centre there is no field – AFT may be excused for having less energy for systemic practice.
2. Systemic practice is anyway, by my and AFT's definition, everyone and no one's business – a matter for all helping professions to think about.
3. I suggest that family therapy/AFT has an important but not a dominating contribution to make to the shared field of systemic practice.
4. For example, this framework places family therapy helpfully as a branch of systems management allied to what all managers do; when pushed by them to see more people per hour and to prove it works, we can stand up less defensively to point out that "a manager sees no clients at all but that does not mean s/he is entirely useless" (Child, 1991).
5. It is a shame we do not have a few more words available for the different meanings of 'systemic'. We might then reduce the tension and confusion between the various uses of the same words to refer to:
 - a. the many kinds of system and working with them at every level and aspect of human life and organisation, the majority of which

- family therapy steers well clear of;
- b. the ordinary systemic good practice found in all helping professions (including family therapy);
 - c. the application and sharing of any and all family therapy's systemic ideas with other professions;
 - d. the more sophisticated special/ist theories and practices of systemic family therapy.
6. 'Systemic practitioner' should remain an informal, creative, affiliative designation, not a new profession or job title or qualification.
 7. If there ever were to be a qualification in systemic practice, it would not be the same as half a training in family therapy; nor should it be solely the family therapy profession that shapes it.
 8. The promotion of systemic practice is one of AFT's avowed aims. It is hard to think just how AFT might do this. But from my point of view, qualifications and job titles in systemic practice are a limited and limiting step in the wrong direction.

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Nick Child is a retired child and family psychiatrist, now a family therapist in Edinburgh. His writings follow a theme of demystification. They are best found on www.forallthat.com as are those referred to here.

Working with families in the context of inpatient setting

Introduced by John Burnham

The following four papers are extended descriptions of some of the workshops from the 5th Participant's Conference, *Working with Families in the Context of Inpatient Settings*, hosted by the Birmingham Training Programme in Family Therapy and Systemic Practice, Parkview Clinic, CAMHS, Birmingham Children's Hospital. Through the generosity of plenary presenters and collegial spirit within the workshops from participants, this 2-day conference has established a reputation for providing an opportunity for professionals from a variety of orientations, working within inpatient settings, to share experiences and create resources for working with, and for families.

The first three conferences were written up in a special edition of *Context* in December 2006. As a follow-up to that issue, its guest editor, John Burnham, collated the following collection of extended descriptions from the December 2009 conference.

Establishing family inclusive inpatient mental health services in Somerset

Roger Stanbridge and Frank Burbach

Introduction

A conference focused on working with families in inpatient settings, which brings together participants from a range of child and adolescent services, is a unique event. Although both of us work mainly in adult services, we are involved in the development of family-based services across child, adult and older-persons services. In particular, we have been developing family-based early interventions services for young people aged fourteen plus and also have a continuing interest in the impact of adult mental health issues on the children of our clients.

In Somerset, we have developed a model of service provision which combines developing family inclusive mainstream

services alongside providing trust-wide specialist family therapy services in the form of systemic psychotherapy clinics and family interventions in psychosis services (Burbach & Stanbridge, 2008).

Research and policy

When asked about their experience of mental health services, families report feeling excluded from their relative's care, lacking in information about how services work and what might be required to support their relative's recovery. Alongside this is research that provides evidence of the pervasive effect of mental health issues for the family, both subjectively and objectively, in terms of its influence on health, work, leisure and finance.