WHAT IS INTEGRATED SYSTEMIC THERAPY (iST)?

1 iST is a systemic therapeutic intervention, with potential for integrating individual psychotherapy where necessary. Within the context of a shared network around the child, 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.

2 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 less specialised social settings, such as mainstream foster families and schools.

3 iST functions at every level of the network around the child: individual, group, home and organisational. At each level, this encompasses both the children and adults who constitute a group or sub-group at that level. 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. For this reason, it is vital to remember that not only can iST be applied at every level but that it should be applied at every level. 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.

4 In the service of insight and change, iST practitioners understand and interpret experiences within groups and individuals, using family systems and psychoanalytic concepts, typically with a strong orientation towards a Kleinian object relations perspective.

5 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’, ‘what belongs between whom’ and ‘what belongs amongst whom’ can be correctly identified. Without this focus at the centre of our method, systemic work with unconscious aspects of childhood trauma becomes unsafe.

6 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.
As with all psychotherapy training, the journey to attunement in iST begins with attunement to oneself. Only by a commitment to ever-deepening attunement to our own psychological strengths and difficulties, our own 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. As our self-knowledge strengthens and deepens, so does our ability to discriminate between our own emotions, sensations and thoughts, and those which have been introduced to us, or induced in us, by others.

Pre-conscious and unconscious emotions and thoughts can thus be brought to conscious attention of practitioners and/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.

Our attunement to ourselves and others is never complete, and each of us attunes more readily to some emotional and psychological experiences than others. This is often referred to as “valency.” At its best, iST networks allows a group of therapists, thinking together clinically, to attune to a fuller spectrum of unconscious communication, than may be possible for an individual psychotherapist working alone. It can thus provide a safer, faster and more effective therapeutic treatment intervention than may be available 1:1, in particular for traumatised children who often struggle with the intimacy of 1:1 relationships.

It follows that there are three fundamental principles which must be accepted by all who seek to train and practice in the iST modality:

a. To place oneself in question and to be placed in question.
b. To do so within a group and a hierarchy of responsibility.
c. 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 or foster placements. They are the conditions of safe therapeutic endeavour within a group, community and organisational network.

Typically, an iST therapeutic intervention within a Therapeutic Community will take 2-4 years for a child or adolescent presenting serious emotional and psychological problems as a result of early life trauma. We have yet to understand the length of time that therapeutic foster care intervention would take.
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.

Integrated Therapeutic Fostering (iTF), also developed by Childhood First, and applies the above approach within the context of fostering, rather than residential therapeutic community.

iST can also be applied in other contexts, such as educational settings with traumatized children, and as a model for consultancy to other networks (i.e. outside of Childhood First.) In such situations, it is vital to remember that the power, and even more importantly the safety, of iST is underpinned by the commitment to applying the concepts at every emotional and organisational level.
WHAT ARE “DYNAMICS GROUPS” AND WHAT ARE THEY FOR?

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:

1. the psychology of mental or emotional forces or processes developing especially in early childhood and their effects on behaviour and mental states;
2. explanation or interpretation (as of behaviour or mental states) in terms of mental or emotional forces or processes;
3. 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, ie 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, eg 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 Clinical Team structure across Childhood First underpins the therapeutic framework and the dynamics groups will be 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 re-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 more balanced rota where necessary.

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 learning about ourselves and our ways of relating and interacting with other group members, the group as a whole, and thus the wider world.