

Systemic Approaches and People with Intellectual Disabilities

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What do we mean by Systemic?

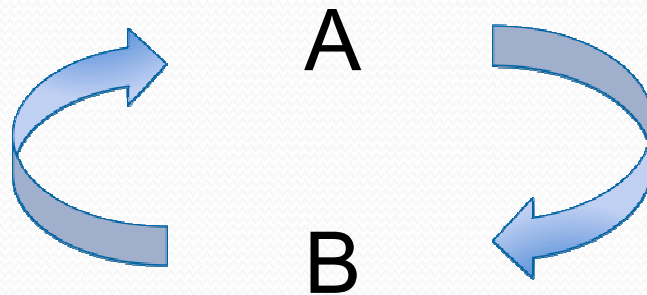
- The word Systemic, like most other words, holds many different meanings.
- From individual therapy → to family therapy (1950s)
- From family therapy → systemic therapy: (e.g. the network of significant relationships of which each individual is a part)

What do we mean by Systemic?

- From linear to circular epistemology

• From: A → B

• To:





Approach – Method - Technique

- Approach (the theories/ideas that inform e.g. social constructionism etc.)
- Method (how the therapy is done e.g. working with teams etc.)
- Techniques (the whole range of specific questions, tasks, letters etc. employed when practicing)
 - John Burnham, 1992



What do we mean by Systemic?

- What we particularly value about the systemic approach is its focus on
- **Context**
- **Relationships**
- **Communication and**
- **Interaction:**
- that is, what is happening between people rather than within people, since this moves us away from pathologising individuals and towards viewing concerns and problems as interpersonal.



What do we mean by Systemic?

- **Connected in relationship**

- We live our lives in relationship.
- Our identities, and our resources for responding to life events, are shaped and sustained by those we are close to. When we experience a crisis, significant people in our lives are affected too; and their responses in turn, affect us.



What do we mean by Systemic?

- **Contexts**

- **We always act from one context into another context**
- Since context gives meaning to our actions, we always make sense of behavior and beliefs within the multiple contexts in which they arise. – We attend to the social and cultural contexts that shape the actions and beliefs of people with intellectual disabilities, their family, carers, practitioners and ourselves.



What do we mean by Systemic?

- **Communication**

- Attention to communication is central to the systemic approach. In interactions, it is taken that all behavior is communication.
- People affected by intellectual disabilities often find communication a challenge, so that their voices are frequently subjugated, silenced or misunderstood.



What do we mean by Systemic?

- **Collaboration**

- With a systemic approach we are mindful that since people are connected in relationship, what one person does has an effect on other people in the system as well as on the relationship. We therefore pay close attention to relationships with clients, referrers, carers, family and community.
- Our intention is to shift the focus from an individual identified with a problem to a joint venture of work. We are therefore always looking for people who could be a resource to the problem.



The systemic method

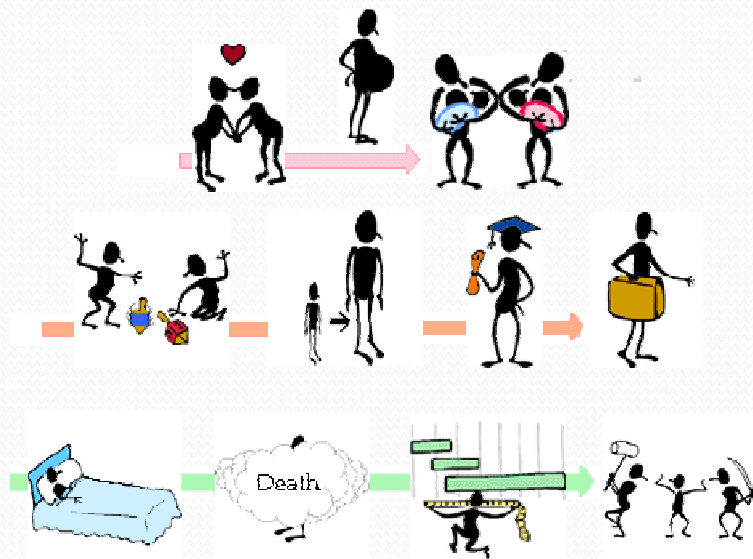
- What characterizes the systemic approach is that we work with more people in the room.
- We frequently work in teams
- However, particular challenges emerge when we work with many people in the room. Any of us can only see so much and hear so much; so having more people thinking and listening together means that we can be more useful to the people who we meet with.

Why systemic with people affected by intellectual disabilities?



- Often life long dependency on others
- Often live within complex networks consisting of family, carers and professionals
- Seldom initiate own referrals (can easily become passive recipients of services in whom problems are located without reference to the contribution of the wider system)
- The voice of person often silenced or subjugated
- Good fit between approach and the situation of many people with Id (e.g. living with family long after siblings have left; living in group home of unrelated adults etc.)
- Traditionally pwid have not had access to a broad range of therapeutic modalities

Circumstances when systemic approaches may be particularly useful



- Life cycle framework/transitions (Carter & McGoldrick, 1989)
 - Births
 - Starting school/college
 - Leaving home
 - Illness and death
 - Arrivals and departures
 - Beginnings and endings
 - Reorganisations
-
- Out of synchrony (Vetere, 1993)
 - Re-experiencing grief and loss (Wikler et al., 1981)
 - Protection (Goldberg et al., 1995; Baum & Lynggaard 2006)
 - Perpetual parents/carers (Todd & Shearn, 1996)
 - Negotiating interactions in the wider care system (Fidell, 2000, Haydon-Laurelut & Nunkoosingh 2010, Haydon-Laurelut, Bissmire & Hall, 2009)
 - The effect of disability on people and relationships (Baum & Lynggaard 2006)



What kinds of referrals do we get?

- ‘Internal’ and ‘External’
 - ‘Challenging behaviour’
 - Anger (management)
 - Relationship difficulties
 - Important life transitions
 - Value of Therapy/reviewing therapy/’spreading the news’
 - As complement to individual work
 - ‘Different understandings of realities’ – staff/staff – staff/person – staff/family members – staff/services



Some Questions for you (5 min)

- Talk in pairs for a few minutes
- How do the concepts and ideas we have described connect with you own work and work contexts?
- Is there anything you would like us to clarify?

Useful questions to ask when receiving new referrals



- Who is concerned about what for whom?
- What is the system of concern, significance and involvement? (Lang & McAdam, 1995)
- Explore relationship to help? (Reder & Fredman, 1996)

Our initial discussions may help us to decide...

- Who is the system in focus
- Who is the appropriate service for the client?
- Who to invite to the first meeting (e.g. the person with intellectual disabilities, family, couple, referrer, professional network, or a combination?)
- How to frame the invitation so that it makes sense to the client?
- How to position ourselves in the work (e.g. offering therapy, consultation, information etc.)?

I want to be listened to!

- **Dan** - a man in his early twenties
- **Jessica** – the referrer (a residential service manager)
- **Dorothy** – a colleague

An example of practice

- **The referral:** Dan has difficulties managing emotions and staff unsure how to offer help.
- **Strategies requested.**
- **Questions asked:**

'who is concerned about what?'

'who needs to talk to whom?'

'what is Dan's view of the referral?'

'who would Dan like to meet with?'

Dan



Jessica



Mark



Dorothy



Finding a speaking voice

Dan



Jessica



Mark

Dorothy

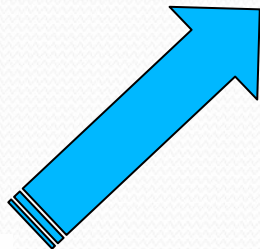


We all look to Jessica

Dan



Jessica



Mark

Dorothy

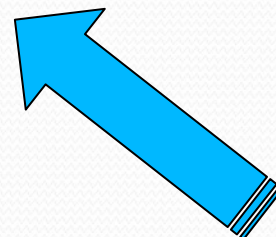
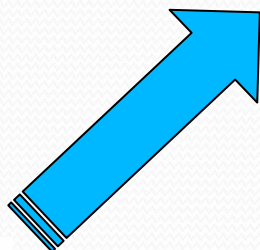
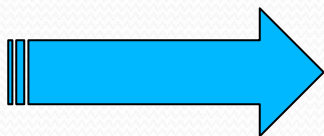


All eyes and ears on Jessica

Dan



Jessica



Mark

Dorothy

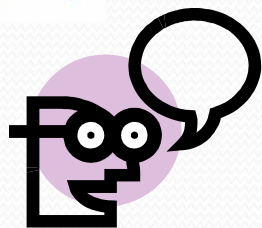


Creating reflective processes

• Dan



Jessica



Mark



Dorothy



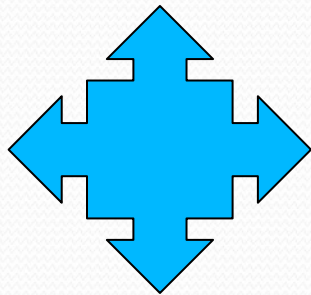
- Thickened story
- Difficult life events & personal relationships difficulties &...
- A struggle to feel heard.
- Anger and upset.
- *'being listened to'*

Creating reflective processes

Dan



Jessica



Mark



Dorothy

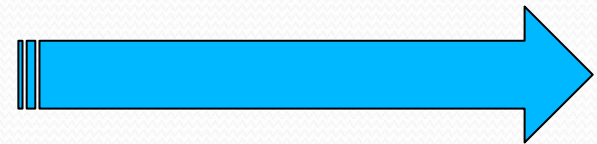
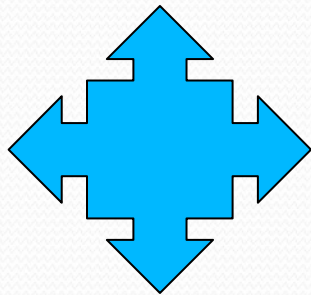


Effects beyond the therapy room

Dan



Jessica



Mark



Dorothy

Some Reflections on Case Example

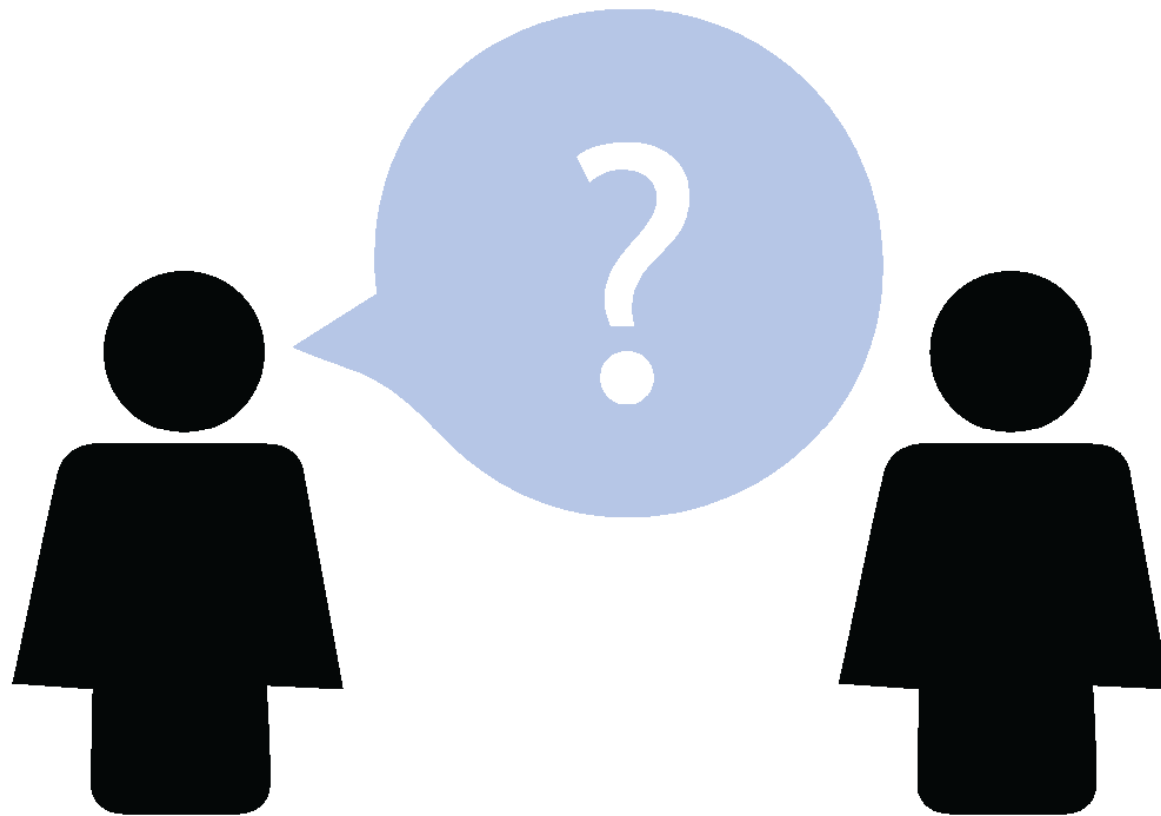
- A conversation where all voices can be heard, valued and be a part of a dialogue.
Reflecting processes, reflecting conversations
Use of physical space
Subverting patterns
e.g. taking an expert, advice giving position, may risks excluding the intellectually disabled person – and the service as well.
Positioning as a witness.
'Warming the context' (Burnham, 2001, PG 4)
- *'if the context for conversation is 'warmed', and made more inviting, then generally, participants may feel more willing/able to join the conversation/relationship more productively, openly, whole heartedly.'*



What the approach offers...

- A way of engaging people who are concerned and affected by a problem in finding new and more hopeful ways forward
- **Respectful approach.** There is respect for the meaning systems of those with whom we meet.
- **Facilitates Inclusion.** An adaptable approach that has many possibilities for including the voices of people with the most severe learning disabilities both in actuality and virtually.
- A rich set of **methods** and **techniques** for effecting change in preferred ways
- A way of un-sticking stuck situations
- A way of questioning taken for granted assumptions
- **Appreciative focus.** A strength based therapy – it seeks out the abilities and resources in those whose identity is primarily associated with possessing dis-abilities.
- **Socio-politically sensitised.** Permits us to explore and acknowledge the extent to which some of the problems faced by people with learning disabilities and their families are due in part to inequitable distribution of resources and the resulting cultural and socio-economic pressures.
- The concepts of **mutual influence** and **feedback** guards against the common linear discourse that people with learning disability are merely someone that others require support in coping with.
- **Effective working** - less meetings and less frequently than other approaches.
- **Enables the understanding of even the most seemingly meaningless and strange behaviours** to be viewed as a communication – as an invitation to others.
- **Permits a playful and creative approach.**
- **It frees the therapist from having to make ‘correct’ interpretations or discover a singular Truth.**
- **Everything is in relation.** Allows descriptions – diagnostic labels, psychological attributions and so on – to be understood in relational and contextual terms.

Questions and Answers



How to contact us

Intellectual Disabilities A Systemic Approach



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How can I show this is a useful model?

- Approach has a relatively short history
- The Evidence Base of Systemic Family and Couples Therapies by Peter Stratton, (AFT website, 2010)
- Randomised control trials (Jones & Asen, 2000)
- Descriptive accounts (see Baum & Lynggaard, 2006)
- Qualitative accounts (see Arkless, 2005; Baum & Walden, 2006; and Pote, 2006)
- Building up archives – practice based evidence
- *Context* (AFT: April 2011)