The Bower Place Handbook

145 South Terrace,

Adelaide 5000

South Australia

www.bowerplace.com.au

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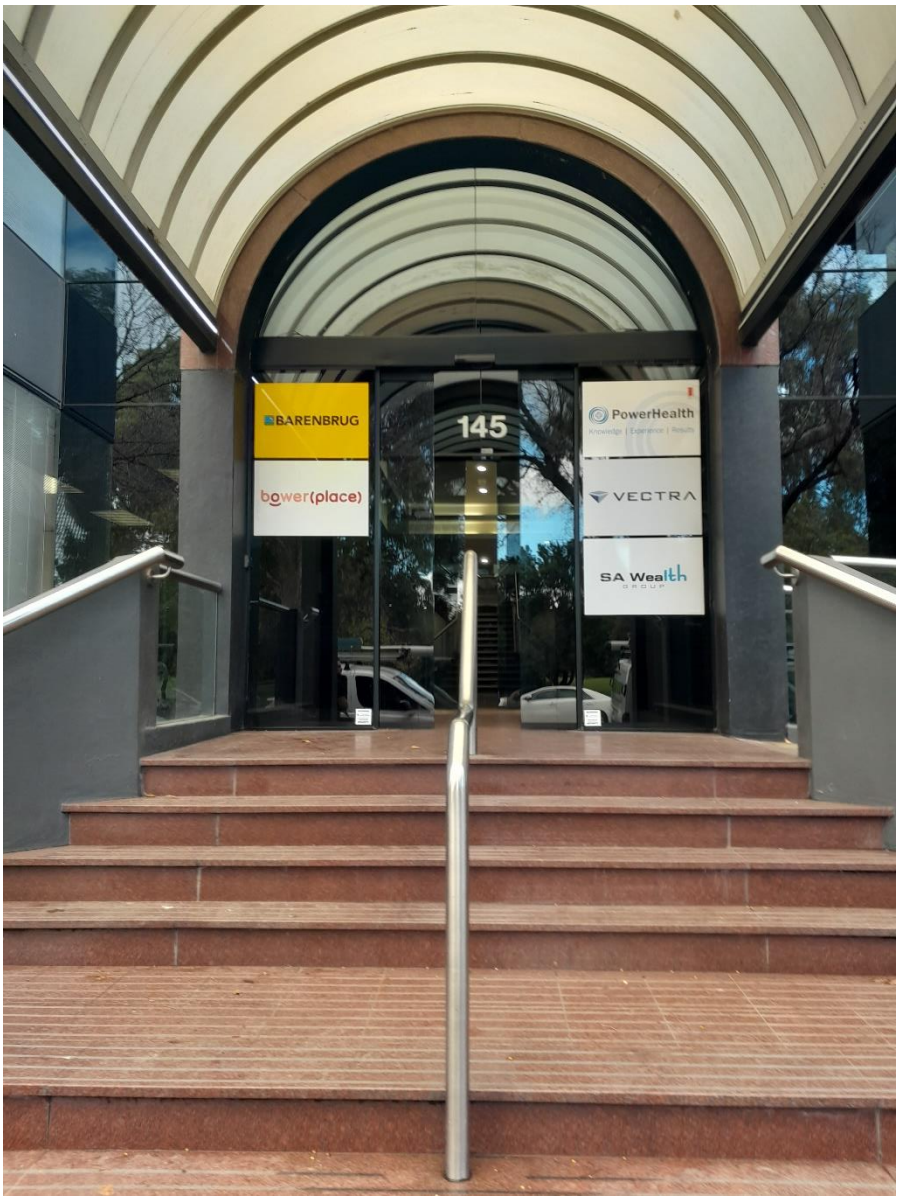
Chapter 1 The Bower Place Handbook

Bower Place

Location

145 South Terrace, Adelaide, South Australia, 5000, Australia



Bower Place

Bower Place is an independent systemic family therapy, psychology, counselling and dispute resolution and knowledge generating practice established by Malcolm Robinson and Catherine Sanders in 1986. It is a teaching practice, a Registered Training Organization and centre for the development of original knowledge, consultation service, training organization, bulk bill or low fee Complex Needs Clinic and a private practice, staffed by mental health social workers, clinical psychologists, social workers, registered psychologists, clinical assistants and a psychiatrist; all specializing in clinical and therapeutic work with individuals, couples and families. Practitioners at Bower Place come from a diverse range of cultures.

All work done at Bower Place contributes to bower(knowledge) an online member site where the original thinking developed at Bower Place is collected and available to subscribers. It includes theory, practical application to specific presenting difficulties, case studies and skill development.

Bower Place is a major provider of professional development services and a consultant to agencies and organisations in relation to, contextual practice, family therapy, service delivery, organisational conflict, and the intersection of clinical and management issues. A major programme is bower(schools) a multisystem, complexity and crisis protocol for managing behavioural, emotional, and cognitive dysregulation in schools. It is a relationship management and learning system.

Bower Place is a leading-edge provider of vocational and higher education family therapy, systemic practice, counselling and community services training across Australia. Regular workshops are offered both locally, interstate in person and online. Bower Place is closely connected to key Australian and international Universities with students from the University of Copenhagen attending on a regular basis to complete Master of Psychology placements. Bower Place has developed expertise working with complex human problems in the contexts in which they present and the delivery of systemic practice and family therapy training at all levels of service delivery.

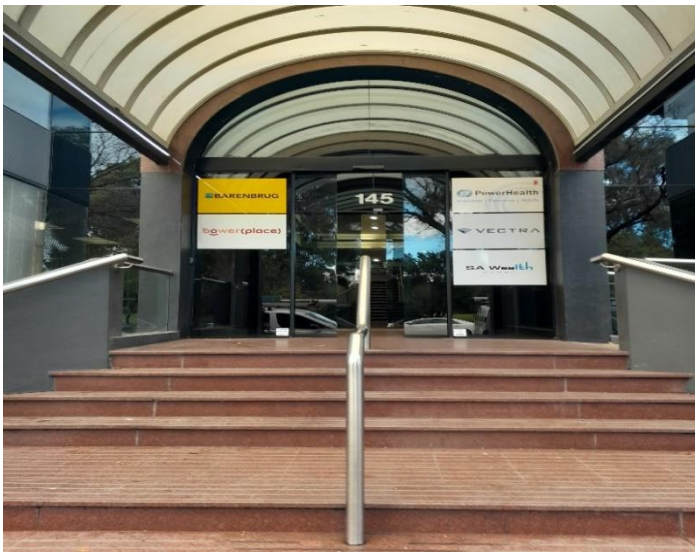
Bower Place is located at 145 South Terrace, on the outer edge of the Adelaide CBD, near parklands which bound the city. It is readily accessible by car, tram, bus and bike, with ample

parking nearby.

'Bower Place' is the name of the laneway (once known as 'The Twitten') in Eastwood where the practice was first located in 1986.

Bower Place – Complex Needs Clinic

Then & Now



71 Glen Osmond Rd
Eastwood SA 5063

145 South Terrace
Adelaide SA 5000

Bower Place includes a full-time, low to no fee, Complex Needs Clinic, staffed by practitioners at every level of experience and overseen and supervised by senior practitioners. It is specifically designed to work therapeutically with people with complex, co-occurring, difficulties and to teach students and practitioners contextual approaches to working with challenging multi-problem, multi-system difficulties. All training at Bower Place is located within the Complex Needs Clinic and provides direct clinical experience for those enrolled from Certificate IV in Mental Health to undergraduate and postgraduate social work, psychology and counselling students. Major agencies in both the government and non-

government sector work closely and co-operatively with practitioners in the Complex Needs Clinic which enhances the quality of care provided to clients. These close yet separate relationships allow for the protection of the integrity of practice within the clinic.

Bower Place has pioneered a unique relationship between the learning requirements of teaching and the clinical requirements of the Complex Needs Clinic. Student learning is maximized through having an active and contributing role assisting practitioners in therapeutic practice and developing a relationship working with individual clients and families. All clinical sessions are linked to an observation room through state-of-the-art Neatboards and recorded. Clients of the Complex Needs Clinic are fully informed about the teaching component of the clinic from their first contact to the beginning of the first visit and formally give their consent to this arrangement. This recording is a powerful learning tool for students involved in the consultations and at times becomes an integral vehicle for change for clients. Recordings are stored at Bower Place and are not released to students or practitioners to protect the privacy of all parties. At times and with the client's consent, recordings may be taken off site for teaching purposes.

The most recent technology in the form of Neatboards allows for online consultations with clients and other professionals providing services throughout rural and remote Australia and overseas. Family members may join a session from anywhere in the world and feel fully included. This delivery also allows students to join and complete training entirely online. A family therapy training programme jointly delivered between India and Australia and offered to Indian students is made possible by this technology.

The Bower Place protocols that manage student involvement are explicit and invariant and are fully disclosed to clients and all those involved in any clinical matter. Senior practitioners either directly manage or oversee all client matters; and ensure the student's role as assistant is directly addressed with the client and the family as an integral part of the ongoing clinical process. Clients often express appreciation for student involvement, develop an interest in the student and value their input in the clinical process. Students report that they too develop a genuine and committed relationship with clients and learn valuable skills and knowledge from the experience.

A third aspect of Bower Place is the development of original knowledge within the field of contextual practice. This ranges from exploring and expanding existing theoretical concepts to developing new ideas and approaches to conceptualizing and enacting clinical practice and teaching. Weekly Directors' Notes are produced by the directors which are short reviews of relevant literature or ideas developed in the clinic.

A body of writing has been produced that is available to subscribers as a platform called bower(knowledge) on the Bower Place website, to access knowledge and training generated by Bower Place in relation to systemic practice, family therapy, psychotherapy and service delivery in the human services domain. Other material will also be available as papers in refereed journals and ultimately as a book.

The Bower Place Complex Needs Clinic (CNC)

The Bower Place Complex Needs Clinic is a 'low fee' teaching clinic operating from Monday to Friday each week. It is a vehicle for training, knowledge, research and the provision of high-quality clinical services to clients. The clinic is staffed by clinical psychologists, psychologists, mental health social workers and social workers, and senior trainees with Clinic Directors Malcolm Robinson and Catherine Sanders acting as senior consultants. Catherine and Malcolm work closely with all clients and students.

The Complex Needs Clinic offers the highest quality of service to clients, many of whom have sought help in other contexts over a significant time. Given the complexity of the matters seen in the clinic, Bower Place protocol requires that the referring practitioner liaise directly with Malcolm Robinson or Catherine Sanders or their delegate at the point of referral in order to triage and prioritize according to need. This allows a coherence of service across all settings and ensures the Bower Place practitioner can work co-operatively with the other practitioners both within Bower Place and outside in the interests of the client's welfare. The team approach also ensures a practitioner with detailed understanding of the matter is available if difficulties arise and the primary clinician is unavailable. Clients readily accept a team of helpers when they are spoken to directly and understand the rationale.

Work in the Complex Needs Clinic is an integral part of clinical and counselling training for

students undertaking University Masters or doctorate qualifications, Postgraduate and Diploma level studies or Vocational Education and Training. Students participate in the work of the Complex Needs Clinic according to their knowledge, qualifications, and skill level. Research is an integral part of work in the Complex Needs Clinic and all student are expected to contribute to projects in the practice. These may be conducted in partnership with universities.

For Clients

The Complex Needs Clinic (CNC) is open to clients and families with complex and co-morbid issues and who may be struggling with a wide range of issues. It is a 'low fee' clinic with fees ranging from no cost through Medicare or NDIS to fee of $100.00, irrespective of the length of the session. These fees are subject to change. Practitioners also conduct offsite appointments where appropriate. Sessions with clients usually involve one or two Bower Place students who act as assistants to the practitioner and are selected by the practitioner based on their skill, training and experience. Clients of the CNC are ordinarily seen within one week of enquiry.

Services

The Complex Needs Clinic specializes in working therapeutically with matters of clinical co-morbidity and systemic complexity. This includes work with individuals, couples, families, children, adolescents, adults and wider systems. Presenting difficulties include major mental health, child protection, violence, suicide, self-harm, drugs and alcohol, disability, relationship issues, parent-child and family conflict difficulties and couple and marital matters.

Working with complex clients

Complex matters are a major issue in the health, welfare, education, correctional and disability sectors. Intervening in and managing complex matters and the multifaceted problems that present in the Complex Needs Clinic is advanced practice and development of advanced skill is crucial for advancement in this field. A 'complex needs' matter can be described in terms of:

- Client characteristics: The person or people identified as the client in this matter.
- Context Characteristics: The family, social and socioeconomic circumstances of the client.

- Clinical Characteristics: The clinical and therapeutic practices relevant to this matter and the constraints these impose on the activity of the practitioner. Complex matters are complex, not just because of the number of people involved, but also because of the social, financial, interactional, contractual and therapeutic aspects of the matter.

Staff of the CNC

Bower Place Directors

Malcolm Robinson and Catherine Sanders

CNC Personnel

Malcolm Robinson: Executive Director
Catherine Sanders: Director
Michelle Lindblom: General Manager
Ash Daly: Office Manager
Sarrah Tavener: Administration Assistant
Angelica Rein Tumang: Bookkeeper

CNC Practitioners
Malcolm Robinson
Catherine Sanders
Melissa Hopper
John Karatzas
Michelle Lindblom
Shirish Sharma

bower(schools)
Lisa Wolff
Paula Skinner

Who Comes to Bower Place?

Students

The age, gender, race, religion, ethnicity, disability, and life experience diversity in the student population at Bower Place mirrors the diversity in the client population in the CNC. Bower Place is a registered training organization and offers a full suite of training programmes matched to the skill and qualifications requirements of the transforming 'helping professions' and other support occupations that have developed in consequence.

- Certificate IV in Mental Health (CHC43315)
- Diploma of Counselling (CHC51015)
- Introduction to Family Therapy (Bower Place)
- Family Therapy and Systemic Practice Training Programme (Bower Place) *

*Accredited with the Australian Association of Family Therapy & on completion, with an additional 50 hours group or individual supervision, students are eligible to apply to join AAFT as a Clinical Family Therapist & identify themselves as such.

- Introduction to Systemic Practice for Schools
- A suite of on-line and face to face workshops tailored to current interest and need

Training is offered to students of The Royal Australian College of Psychiatry and all three South Australian Universities place Social Work, Clinical Psychology and Counselling & Psychotherapy Master's Degree students in the CNC for placements. Students attend from overseas to complete Masters of Psychology placements including from Belgium, Denmark and Spain These students are allocated the role of assistants to senior practitioners and manage their own clinical load.

Bower Place conducts a Professional Development series for practitioners working in the field based on the most recent evidence base with innovative thinking developed within the practice. Presentations are made by Bower Place practitioners, national and international experts in the field.

Who Comes to Bower Place?

Clients

The Bower Place Complex Needs Clinic addresses human difficulties from a contextual perspective which takes account of the individual experiencing the problem within the broader family, helper and social system in which they are located. This means working with individuals, families and relationships, and the full extent of the treating and managing systems that typically attend such complexity.

These include the Department of Child Protection, National Disability Insurance Agency, DASSA, schools, Courts, Public Trustee, Guardianship Board, various arms of the justice system, SAPOL, Baptist Care, Centacare, Anglicare, Life Without Barriers, Independent Advocacy, MS Society, Down Syndrome Society, General Practitioners, Psychiatrists and Neurologists, major institutions such as the Women's and Children's Hospital, Royal Adelaide Hospital.

Complexity refers to the nature of the difficulty, for example serious suicidality and self-harm in a young person, the immediate family or social system in which they are embedded and the helper system which has been gathered to attempt to resolve the difficulties. The social system, both personal and professional, may be excessively small and constrained or large and confusing. Whatever the arrangement it has failed to satisfactorily address the symptoms which are often escalating.

Chapter 2 The Bower Place Handbook

The Bower Place Complex Needs Clinic (CNC)

The Bower Place Complex Needs Clinic (CNC)

The Bower Place Complex Needs Clinic (CNC) is located at 145 South Terrace, Adelaide and is a five day a week working clinic specifically designed to address multi-faceted difficulties. Complexity may be in the nature of the difficulty, the multi-system involvement around the problem, the longevity of the problem or socially or politically contentious debate that has appeared around the problem. While the CNC is the location of all training its primary intention is to meet client needs. All clients consulted in the Complex Needs Clinic work with students in the room and observing, via electronic links. Training sessions are recorded for students to review and for internal and external teaching. Training is offered from TAFE Certificate IV level to post graduate specialist family therapy training. Masters level placement and post-graduate traineeships are also available, and a regular professional workshop series are presented each year. The two areas and their functions are reflected in the clear physical separation of the activities with training located at one end and the CNC at the other. However, there is also a mirroring between the activities and spaces as represented in the diagram below.

Mirroring & Recursion Between Two Spaces & Two Activities

Teaching Room

- Students meet to learn from teacher & client through observation of session
- Teacher directs learning process & shapes input from practitioner
- The teacher & students form a learning partnership inclusive of the client & practitioner

Clinic Room

- Clients meet to discuss difficulties with practitioner & student
- Clinician directs clinical process and is fully responsible for conduct of session
- The practitioner, student & client form a ‘change’ partnership inclusive of the observing group & teacher

What Does it Mean to be a Student in the Bower Place Complex Needs Clinic?

Before commencing training in the CNC all students must secure a Department of Communities and Social Inclusion Child Related clearance to ensure they are not currently dealing with criminal matters that could compromise their work with clients in the CNC. This particularly relates to crimes against children, violence and drug dealing offences. While consideration is given to accepting students with past offences this is dependent on the nature of these and when they were committed and is entirely at the discretion of the Director of the CNC. This policy is congruent with prioritizing the needs of clients who must be protected from the risk of negative interactions with students.

All students who work in the CNC must be willing to speak openly about themselves to any teacher with whom they are working directly with clients. This protects both students and client in the event that the client's difficulties closely parallel those of the student. When this happens student assistants are at risk of becoming overwhelmed and distressed and losing the calm and clear thinking required to effectively work with clients. Should this happen, the clinician may find themselves assisting the student or torn between the needs of both, to the detriment of the client. Students often feel strongly about the client they see, and both the teacher and clinician will be available to support students after the session when this happens. However, this is a teaching and not a therapeutic relationship and where this cannot be quickly resolved within the time frame of the teaching session, students will be referred to other counsellors. While having life experiences similar to a client may be disturbing, it can also be a great asset and knowledge of the student's history can allow the practitioner to draw on this in clinical work. Some of the best work done by students is around matters they have personally experienced and successfully addressed.

Inequality between clients & practitioners, students & teachers, clients & students

Questions of inequality are central to clinical work. Clients attend therapy when something unjust or unfair has happened to them either currently or in the past and they have

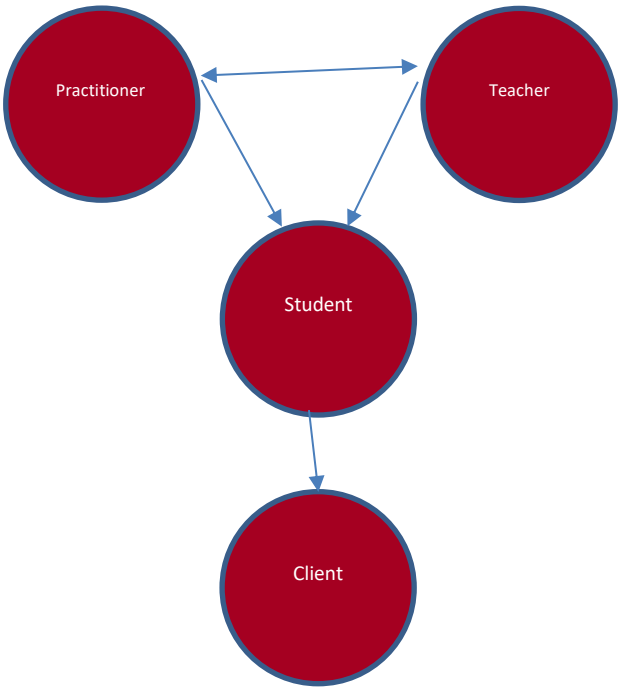
developed ‘symptoms’. The therapeutic relationship is also unequal; the practitioner is not distressed or has the problem being discussed, they are often more educated, articulate and privileged than the client and do not have physical, intellectual or neurobiological constraints affecting their cognition. They are not frightened by being in an unfamiliar place where they do not understand the rules and may not have chosen to attend.

The student is not equal to the teacher or clinician. Like the client they are in an unfamiliar place where they are uncertain and are attempting to learn complex and difficult ideas and skills that are very familiar to the teacher and clinician.

The client is not equal to the student. However, they are less disparate, and this can be very useful in clinical practice. At times the student can work more effectively, under the clinician’s direction, because the inequality is less, and the client works co-operatively with the student to assist their learning.

The issue of inequality is crucial as it determines questions of authority and responsibility. By clearly delineating the inequality between teacher/clinicians, students and client’s protocols and practices can be used to mediate this. By knowing exactly what is expected each person can properly fulfil their role.

Diagram representing inequality between Practitioner, Teacher, Student & Client



Rules for Students in the Complex Needs Clinic & the Teaching Space

Rules create boundaries which dictate who participates with whom in which activities. In doing so they clearly define the power or authority each person has and the responsibility they must take. Rules for students protect the client and the student and are set by the teacher around learning goals and the clinician in relation to client interaction.

The teacher sets rules around;

- Learning goals for the session
- Pre-session discussion
- Observing the session in silence
- Participating in mid-session discussion according to the clinician's agenda
- Respect for both clinician and student in any discussion
- Respect for other students and teacher in discussion
- Participation in post session discussion which connects learning goals to observed session
- Provision of feedback to student
- Observing confidentiality outside the session

The clinician sets rules for the student around;

- Respectful sharing of student's history where this reflects client's
- Offering of refreshments to clients
- Introducing self to clients
- Following direction in the session
- Not engaging in debate with the clinician in session
- Taking notes on A3 paper with coloured texta pens which are legible to the client
- Offering NO advice
- Ensuring notes are copied and entered in the file

The teachers and clinician are also bound by rules;

- To give the student clear directives
- To manage their teaching and clinical role
- To support the student's learning
- To support the student emotionally
- To refer to therapy where appropriate
- To provide honest and helpful feedback

Privacy and Confidentiality

Bower Place adheres to the Federal Government privacy and confidentiality legislation. Penalties apply when this legislation is not adhered to. It is important to ensure that consent is informed, and that confidentiality is maintained when working with clients. To find out more go to:

http://www.privacy.gov.au/law/states/sa

Confidentiality

Confidentiality refers to the non-disclosure of personal information to another party unless clearly authorized to do so with a signed consent form. The Complex Needs Clinic insists on the highest level of confidentiality from their students. Before the students can observe or interact with any of the clients in the CNC, they need to sign a "Confidentiality Agreement". This policy applies to every student at Bower Place. The "Confidentiality Agreement" includes information about Bower Place programs, the CNC and any information about a client and their family.

CNC Intake Procedure

Whilst most clients understand that students need to learn, there are some who have concerns about the observation and recording process. We ensure that clients are fully informed about the observation and recording process, and that they thoroughly understand the students' role and are comfortable with the process. An intake process that coerces or manipulates clients into participation is counterproductive to the therapeutic process.

Release of information

The CNC has a strict policy that must be followed when requesting or releasing information about a client or requesting information from a client's lawyer, doctor, school or other person in their world. The client must sign a 'Release of Information' form before a practitioner speaks to any other party about them or their treatment. The student and

practitioner are responsible to ensure the client understands the document and the consequences of signing it.

Recording Policy

DVD recording of all sessions is an integral part of the Complex Needs Clinic process. When the client arrives for their first visit, they are required to sign a 'Consent Form' to permit electronic recording. The Bower Place practitioner who enters the room for the first visit is required to explain in more detail the recording process and to ensure that the client fully understands this. Clients are told that they can have their recordings erased at any time during or after the therapeutic process. Clients are also told that the recording does not leave Bower Place premises except with a director and only for teaching purposes. They are welcome to request an opportunity to review the recording with a practitioner but will not be permitted to remove it.

CNC Client File/Recording Procedure

Students training at Bower Place in the CNC will have access to client recordings in order to view and review sessions for training purposes. The Complex Needs Clinic has a protocol which must be followed when the student wants to access these files.

Borrowing a Recording to view

1. The student must ask at the front desk for the Recording or file that they require. This must be done at least 24 hours before the recording is required in order to give administrative staff adequate time to source it.

2. The student must sign out the Recording/file in the sign out book situated at the front desk.

3. The Recording/File must not be removed from Bower Place premises.

4. The student must return the Recording/file by close of business (5pm) and ensure they have signed it back in.

Complaints Policy

The CNC aims to provide a high-quality service that meets the needs of clients and welcomes suggestions from clients, family members and practitioners and staff about the safety and quality of care we provide. To adhere to these high standards, we have developed an effective and fair 'complaints protocol' that supports a culture of openness

and willingness to learn from incidents, including complaints.

Our Policy

Individuals are encouraged to provide suggestions, compliments, concerns and complaints, either verbally, in a letter or through the 'Client Feedback Form'. All complainants will be treated with respect, sensitivity and confidentiality.

All complaints are handled without prejudice with an emphasis is on resolving the problem in a timely fashion. Clients, their families, practitioners, students and staff can make a complaint on a confidential basis, or anonymously and be assured that their identity will be protected.

All practitioners and staff are expected to encourage individuals to provide feedback about the service, including complaints, concerns, suggestions and compliments with an integral part of each session protocol being the seeking of feedback as the last activity of any episode of care. Practitioners and staff are expected to attempt to resolve a complaint or concern at the point of service, wherever possible and within the scope of their role and responsibility. The client, family and students are strongly encouraged to express complaints or concerns directly to the staff, so Bower Place staff can resolve the issue.

If the Complaint Is Not Resolved

Complaints that are not resolved at the point of service, or that are received in writing are regarded as formal complaints. If the complaint is not resolved at the point of service, practitioners and staff are expected to acknowledge to the complainant that a formal complaint has been received and will be acted upon. This may take the form of prompt personal contact with the complainant or contact with the complainant soon after the problem has been addressed.

Assessing Resolution Options

Formal complaints are normally resolved by direct negotiation with the complainant, but some complaints are better resolved with the assistance of an independent authority.

The Health and Community Services Complaints Commissioner is an appropriate independent authority that clients and their families may approach if the complaints could not be resolved by direct negotiation.

All Bower Place documentation contains the details below in regard to the Feedback and Complaints process.

Clients' Feedback

Bower Place is committed to providing a high standard of care and meeting the needs of clients. We appreciate clients taking time to let us know what they think we do well and where we can make improvements.

If clients have a concern, chances are that they may not be alone. Client feedback could make Bower Place aware of issues that are not known, or that clients may be personally upset about.

Bower Place asks clients about any concerns or questions they may have about our service. Alternatively, clients are able to use the feedback form attached to Welcome Pack or via Bower Place website.

Clients' Complaints

Bower Place is committed to an effective and fair complaints system, and we support a culture of openness and willingness to learn from incidents, including complaints.

All complainants will be treated with respect, sensitivity and confidentiality. All complaints are handled without prejudice or assumptions about how minor or serious they are. The emphasis is on resolving the problem. Clients, their families, clinicians and staff can make complaints on a confidential basis or anonymously if they wish and are assured that their identity will be protected. Bower Place complaint policy and process can be found on Bower Place website.

As per the National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018, NDIS clients may also lodge complaints to the NDIS Commission using the

following details:

NDIS Quality and Safeguards Commission

Telephone 1800 035 544

Download a NDIS Complaint Form from https://www.ndis.gov.au/contact/feedback-and-complaints, complete it and return it via one of the following methods:

- Email: feedback@ndis.gov.au
- Post: National Disability Insurance Agency, GPO Box 700, Canberra ACT 2601
- Drop your form off at any National Disability Insurance Scheme Office

Online at https://forms.business.gov.au/smartforms/servlet/SmartForm.html?formCode=PRD00-OCF

Timeframes

Formal complaints are acknowledged in writing or in person within 48 hours. We aim to resolve complaints within 30 days of receipt of the complaint.

Records and Privacy

Complaints records will be maintained in a complaints and client feedback register. Personal information in individual complaints is kept confidential and is only made available to those who require it to deal with the complaint.

Individual complaint files are kept in a secure location and in a restricted access section of the computer system. Clients are provided with access to their clinical records (in accordance with the privacy policy). Family members and others requesting access to a client's clinical records as part of resolving a complaint are provided with access only if the client has provided authorisation (in accordance with the privacy policy).

Open Disclosure and Fairness

Complainants are initially provided with an explanation of what happened, based on the known facts. At the conclusion of an inquiry or investigation, the complainant and relevant practitioners and staff are provided with all established facts, the causal factors contributing to the incident and any recommendations to improve the service and the reasons for these decisions.

Investigation and Resolution

The person investigating the complaint seeks to identify what happened, the underlying causes of the complaint and preventative strategies.

Information is gathered from discussions with the practitioners and staff directly involved, consulting the complainant and listening to their views and reviewing clinical records and other records.

Monitoring and Evaluation

The principal consultant continuously monitors the time taken to resolve complaints, that recommended changes have been implemented and satisfactory outcomes have been achieved. The principal consultant annually reviews the complaints management system to ensure the complaints policy is being complied with and its standings compared to indicators in the Better Practice Guidelines on Complaints Management for Health Care Services.

Code of Ethics

As the role of a practitioner is to work closely with individuals to maintain or improve their well-being, it is important that an appropriate code of ethics guides all practice. The CNC adheres to the Australian Association of Social Workers, The Australian Psychological Society and the Australian Association of Family Therapy guidelines for its Code of Ethics. Below are the links to find out more about the APS, AASW and AAFT Codes of Ethics.

AASW Code of Ethics:
http://www.aasw.asn.au/document/item/740

APS Code of Ethics: http://www.psychology.org.au/assets/files/code_ethics_2007.pdf

AAFT Code of Ethics: http://www.aaft.asn.au/wp-content/uploads/2014/04/AAFT-Code-of-Ethics2013.pdf

Chapter 3 The Bower Place Handbook

Practices & Procedures in the Bower Place Complex Needs Clinic

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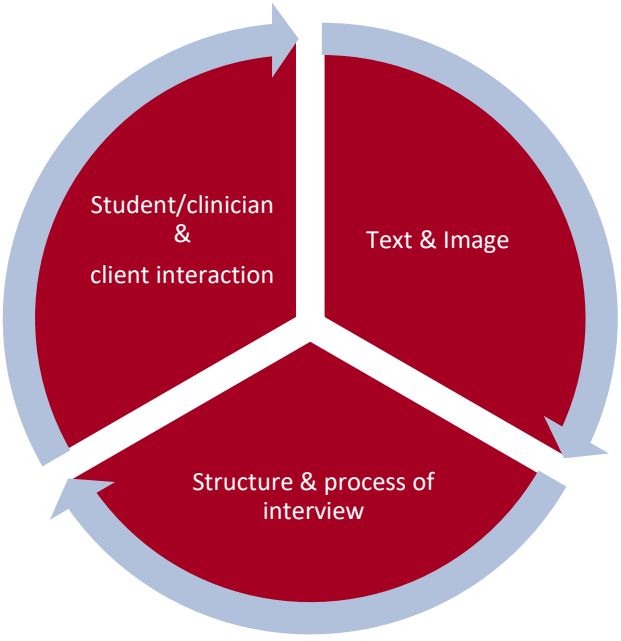
What are Protocols?

A protocol is a practice, process or procedure followed by workers in an organization or agency. It is based on articulated or assumed ideas, ethical principles, security imperatives or financial requirements of that agency. It comes from a Greek word, protocollon, which was a leaf of paper glued to a manuscript volume, describing its contents.

Bower Place Complex Needs Clinic protocols are practiced by all clinicians and students in the clinic and are central to service delivery. They satisfy external legal, ethical, registration and funding requirements of Bower Place and make manifest internal service delivery principles and requirements in working with a CNC client.

The protocols are invariant which means they rarely change and only do so under very specific circumstances. These are agreed to within Bower Place and should maintain practitioner transparency and accountability.

Bower Place Protocols



How are Protocols Applied in the Bower Place Complex Needs Clinic?

There are two categories of protocols which apply to practice in the Bower Place Complex Needs Clinic which are followed by all those who work in the clinic as student, teacher or clinician.

One relates to the student and their interactions with the clinician and teacher and the second to the conduct of the session.

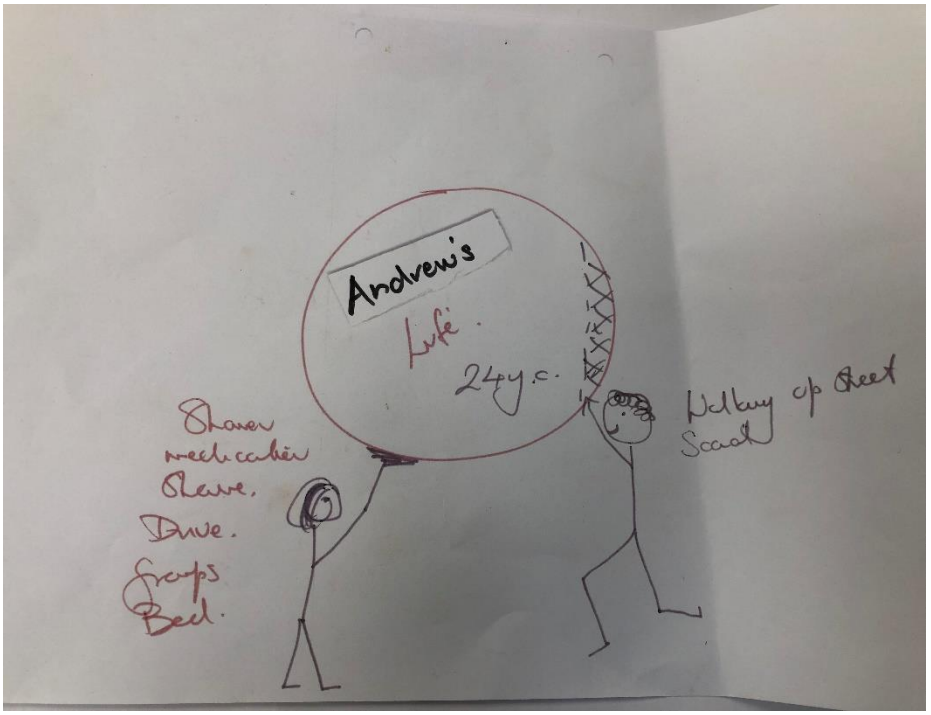
The conduct of the session also has two categories, the use of word and image in every clinical interaction and the structure and process of the interview.

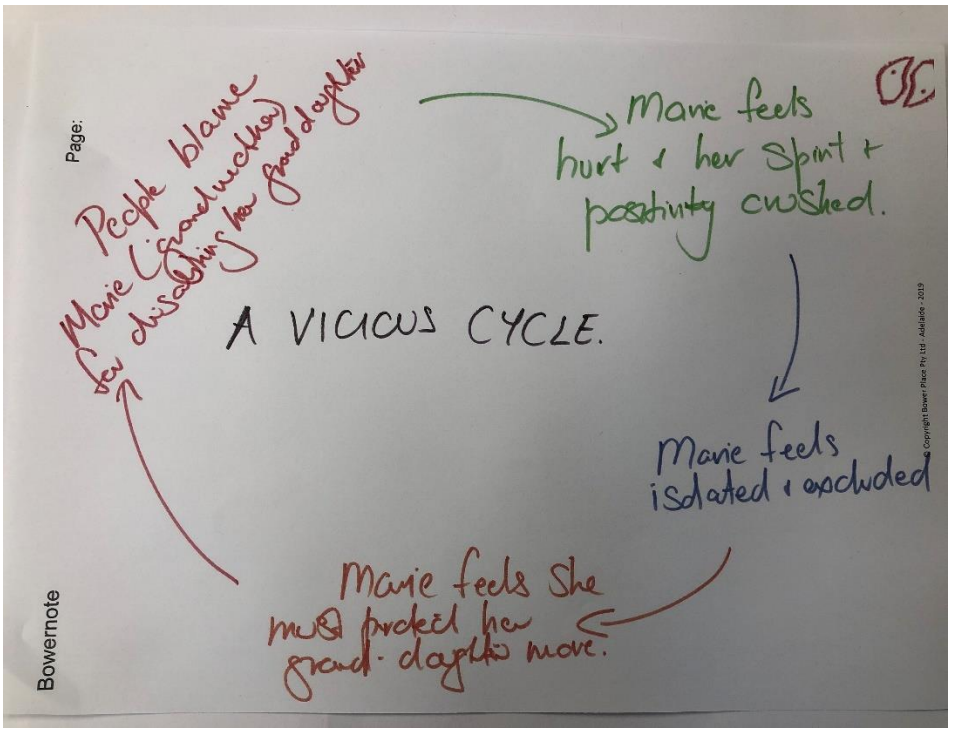
Student, Clinician, and client Interaction

The student is responsible to:

- Discuss issues which may impact their participation in the therapy process with the clinician
- Offer the clients tea, coffee or water
- Introduce themselves by name and their role as student assistant in the session
- Record session notes using coloured pens on A3 paper, with each line done in a different colour and in large, clear writing legible and visible to the client
- Support the client & practitioner in creating an ecogram or map of the client's village
- Support the client & practitioner in creating a timeline of the client's history
- Respond only to the practitioner's directives in the session
- Take responsibility for follow-up activities in consultation with practitioner
- Accept and where appropriate respond to feedback
- Date, name and number all notes including the genogram
- Photocopy all notes for the client
- Do NOT give children's notes to parents unless directed
- Return all notes, ecogram, timeline and pictures and the file to administrative staff
- Ensure future appointments have been made or make these
- Farewell the client/s
- Maintain confidentiality

The Interview is conducted in words and Images





Word & Image

Every significant communication and interaction with the client must be conducted in a minimum of two forms, in both words and images. A maximum of four forms can be used, spoken words, written words, diagrams and physical bodily experiences. This means that all interaction is presented in both a verbal form and written or diagrammatic form. Just as letters are symbols or diagrams for sounds, so can other ideas be conveyed in symbolic or picture form.

Moving between the visual and written forms and words allows clients access to a second source of information which does not instantly evaporate. This partly addresses the inequality in the client practitioner relationship as it ensures the client has a greater chance of understanding the ideas and can return to the written material if they forget. This is particularly important when working with children, those with an intellectual or neurological issue, elderly people with dementia or clients who are highly anxious or have thought disorder associated with mental illness.

The student is responsible to write notes which are brightly coloured, legible and able to be seen and checked by the client during the session. These are photocopied for them to take at the end of the session. The student also works with the client and practitioner to create a map of the client's village or social world which is called an ecogram. This includes all key people in the person's orbit and shows patterns of relationship using green lines to represent alliance, red for fracture and blue for indifference. Clients may sometimes request an additional colour, for example purple to show worry. They may also choose to show a direction for the feeling they represent using arrows. Allowing clients to take charge of the ecogram helps address the inequality.

Another visual activity which is commenced in the first session is a timeline. Dates are recorded on the line and positive events depicted above in green and negative events below in red. This often produces a clustering which reflects the client's intuitive experience.

The practitioner can use a variety of ways of pictorially exploring a problem and representing ideas and ideas for change to the client. These range from marking the size of an idea, feeling or difficulty on a line, drawing pictures to creating graphs. This is an opportunity for client and practitioner to work creatively together to create an image that is meaningful.

Wherever possible the pen should be given to the client who is asked to actively participate in drawing of the genogram and explorations of the problem.

Protocols for Practice

Protocols for Practice

All client services follow the same protocol.

1. First contact - a description and explanation is given to the referring person about the service delivery or therapeutic process. provided in the CNC. This may be the client themselves, a parent, relative or another professional.

2. Intake & Assessment 1 - This is the process which occurs when the client first attends and includes exploration of

   a. Request – what the client or other concerned people are asking the agency to address

   b. Ecogram – the world outside the client's head; past, present and possibly future

   c. Timeline – events, good and bad that have occurred over the client's life

   d. Problem - described in as much detail as possible, preferably from now backwards in time and solutions which have been attempted by the client and others.

3. Advice – once assessment is complete the client is offered direction to turn the problem around in response to their request and that of others who have also made a request.

4. Follow-up – The client and practitioner discuss and agree about actions that should be undertaken between now and the next meeting or if another meeting is required. Actions may include contacting others involved in the matter and ensuring consent forms are signed.

5. Feedback to the practitioner about the client's experience of the service

6. Review - revisit the referral and the contract for service delivery and decide whether the request has been met, and this is all you as the client, and others, require of this agency.

7. Exit - once it is decided or agreed that the agency has nothing more to offer the client or the client is not suited to the agency.

8. Request II - whether a new request is made of the practitioner or the agency that is consistent with that agency's mandate, funding agreements and mission

9. Assessment II – follows the format of request 1

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Chapter 4 The Bower Place Handbook

Agenda I & Agenda II

What is an Agenda?

"Things to be done," is the plural of the Latin gerund agendum and is used today in the sense "a plan or list of matters to be acted upon."

How Does it work in Clinical Practice?

Writing the agenda is a critical role which places the student in relationship to both the client and the practitioner. The student is located as assistant to the practitioner and trainee practitioner to the client. This establishes a clear hierarchy which is reassuring to all parties.

The student assisting the practitioner is responsible for writing up the AGENDA in a way that is accessible to all parties in the room. This is one way of addressing the inherent inequalities in the therapy and teaching processes. It is written so the client can easily read it, and this helps them follow and remembering the process of the interview. Most of our clients have difficulty with literacy, memory or cognition and even those who do not have these deficits may be highly anxious. Anxiety alone interferes with cognition and memory.

The Agenda – First Visit

What Happens in the First Interview?

After the practitioner has completed an explanation of the interview process; recording, cameras, notes, students, observation, rights and confidentiality, they introduce the Agenda, saying "each time we meet with you, we plan our session using the AGENDA. The assisting student prints the word...AGENDA, at the top of an A3 page, in 3 cm high capital letters, in bold red, green, black or blue texta pen.

The practitioner goes on to say "The agenda...will cover six key areas so we can understand and advise you about the problems you're wanting help with.

The first item on our AGENDA is your REQUEST and the assistant then prints: 1. REQUEST. The practitioner explains this as 'what are you asking us to do for you and your family?' This may be divided into a request for today and a long-term request. Being clear about the client's request mean 'we all know when our work is completed'. It may be that another request is negotiated at that time, or the therapeutic process completed.

The second item is VILLAGE and the assistant prints: 2. VILLAGE. The practitioner explains this as 'the people in your world - family, friends, past friends and enemies, workmates, neighbours, people in groups you belong to, other treating practitioners, doctors and helpers'

The third item is PROBLEM and the assistant prints: 3. PROBLEM. This is a description of the difficulty, its history and how you and others have tried to solve it. This may be explored backwards from now into the past.

A session break takes place after the PROBLEM component of the agenda prior to the ADVICE.

The fourth item is ADVICE and the assistant prints: 4. ADVICE. How to turn this problem around and help things change. This is informed by your request, so we are addressing the matters you asked us to consider.

The fifth item is FOLLOW-UP and the assistant prints: 5. FOLLOW-UP. That is what we will be doing next and may include tasks for both the client and practitioner and assistant. This includes sourcing both professional and personal knowledge and talking to other professionals who have been or are involved in the matter. In this case the client is asked to sign a consent form giving the practitioner permission to do this.

The sixth item is FEEDBACK and the assistant prints: 6. FEEDBACK. This is where the practitioner seeks the opinion of the client about their experience of the session. 'What was this session like for you and how did we perform? Is there anything you would like us to do differently should we meet again?'

Pre-printed sheets with the Agenda items and notes pages can be a useful memory aid for assistants and make the process easier when practitioners are working alone.

The Agenda - Second Visit

What Happens in Subsequent Interviews?

The assistant is often expected to be a more active participant in second and subsequent consultations, especially if they have already participated in a first consultation and creating AGENDA I. Second and subsequent consultations always commence with the preparation of AGENDA II.

If a new family member or practitioner attends, the process is re-explained for them including the interview process, recording, cameras, notes, students, observation, rights and confidentiality. This can be briefer than in the first visit if they have already been given some explanation. Inviting clients who have attended earlier sessions in the explanation reduces inequality, a key principal in all this work.

The agenda is written for the client, so they can easily read it, follow it, remember it, and the content of the session. Agenda II follows the format of Agenda I.

AGENDA II

1. REQUEST: From the first consultation and any alteration to that request

2. SPECIFIC REQUESTS

* What does the client want addressed today?

* What do other 'interested parties' want addressed today?

* What does the practitioner want addressed today?

3. VILLAGE: The most recent drawing of the VILLAGE is put on the table for reference and where appropriate for additions or alterations to be made. It is important to understand that both the ecogram and timeline are living documents that are amended throughout the work.

* Have there been alterations to the village and does a new VILLAGE need to be drawn?

4. TIME-LINE: This is also put in front of the client(s) and if necessary, additions and changes are made

5. PROBLEM

* Has the problem(s) changed and what has been done to solve the problem?

SESSION BREAK

6. ADVICE

* This is based on the request of the client and all interested parties

7. FOLLOW-UP:

* Out of session tasks for the client, practitioner and assistant

* Agenda items for the next session

8. FEEDBACK

* What was the session like for you?

Notes

All notes are taken on A3 paper using coloured texta pens. The notes are intended to be the record of the session for the client NOT the practitioner and need to be made with this goal in mind. One way of thinking about taking notes is to imagine how one would write a text message to a friend. It must capture the essential meaning of the exchange but be short and clear. Each new item of information is recorded I a different colour.

The first page records the date, clients' names, practitioner and assistant's names and anyone else in attendance. Each page is numbered, dated and the clients nae recorded.

The practitioner sits beside the client ensuring that they can watch as the notes are taken and invite them to correct them as they are made. Assistants must be aware that the hand they write with is important in deciding where to sit to ensure they do not block the client's view.

During the session break when the practitioner is considering their advice the client(s) is invited to review and correct the notes.

Below is an example of notes taken in a session.

Notes (1)

C_2 not attended school
⇒ 7/12 ⇒ all persuasion unsuccessful ⇒ tried talking to him ⇒ "forcing" him ⇒
⇒ No issues with C_1 + C_3 ⇒ attend same school
⇒ Conflict with teacher re work in class
⇒ Poor relationship with boys in class

Chapter 5 The Bower Place Handbook

NOTES

The History and Purpose of Notes

Taking notes by mental health practitioners; psychiatrists, psychologists, social workers and counsellors has always been a part of sessions. However, there is little agreement about how this should be done. Some people record throughout the session while others make brief notes after the client has left. Some restrict notes to the client's input while others include their observation of the person, their own thoughts about their client's state and situation and may include formal diagnosis. Traditionally, notes have been a way for the practitioner to recall the client's story and the work done in therapy and to provide an accurate and detailed record should a report be required, or the practitioner's conduct be questioned. They also provide a base for another practitioner to take over a case should this be necessary.

Traditionally notes have been treated as confidential from the client as well as others. Usually practitioners take notes in a way that the client cannot see what is being written and are kept from the client.

In fact, the notes belong to the practitioner, they are their property. However, the client has

the right to access their own notes, but in a way that is believed to protect their safety. This means that if a client asks to see their notes this is not automatically granted. The practitioner may offer to sit with the client and go through their notes, make a summary or provide a copy. If the practitioner has reasonable grounds to believe a person may be harmed by giving them the notes, they may choose to arrange to send them to their GP or new treating practitioner.

The Purpose of Notes at Bower Place

At Bower Place the notes achieve many of the same outcomes they have always done. They provide a summary of the client's history, difficulties and requests for change. They also record the process of therapy and are a resource for writing reports and summaries if these are required. If practitioner's conduct is questioned, the notes are a way of explaining or defending a complaint.

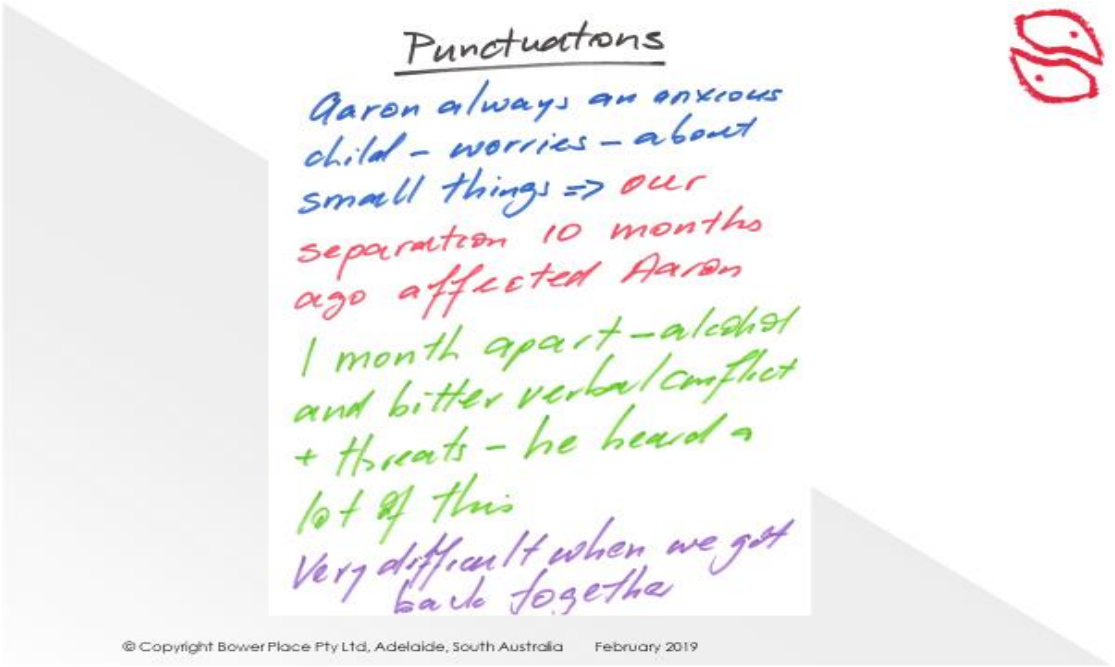
However, there are some very important differences. At Bower Place the notes are a central part of the therapeutic process. They are not made secretly or hidden from the client. They are written in full view of all those in the room. They are written in large print and different colours so everyone can easily see them.

This is done for several reasons. Firstly, it changes the nature of the relationship between practitioner and client by making the recording process open. The client knows exactly what is being recorded and is free to correct misunderstandings. This is reassuring and more clearly defines each person's responsibilities and obligations. Instead of the practitioner having secrets from the client it makes them more equal and reduces the difference in power.

It produces greater equality for other reasons too. Many clients have significant difficulties with reading, literacy, memory or cognition. They may also be at a significant institutional disadvantage compared to the practitioner. For example, they may have a learning difficulty

or intellectual handicap or have been forced to come to therapy by a third party like the courts. This puts them at a significant disadvantage, and it is important to find ways to redress the balance. Open note taking is one of these.

People are often very anxious when they come to therapy and find it hard to remember what happened in the session and especially any advice or opinion that was given. Finally, if notes are openly recorded and everyone has a copy issues, around confidentiality and client's access to material is resolved.



Taking the Notes

All students and practitioners follow the same process when recording notes. At the beginning of the first meeting the therapist explains that the assistant will record the notes for the meeting. The client is encouraged to watch this and if they believe they are being misrepresented, to ask that notes be corrected. This can be done during the session or at a later date. At times the client may be asked to take the notes.

The first set of notes for all sessions is the Agenda (SEE Px). As clients become more comfortable with the process they may spontaneously take charge of recording the Agenda, sometimes before the practitioner has arrived. The practitioner may ask the client to take responsibility for 'ticking off' items as they are completed during the session.

All notes are hand printed and must be both neat, legible and also large enough so everyone in the room can read them and will be in a form that the client can understand after they

leave. It is important to remember that notes are written for the client and NOT the practitioner. The act of note writing supports the client to remain engaged in the process and follow the session.

Notes are recorded in colour with each new point written in a new colour. Clients may be asked to choose the colour around issues, which is another way of handing control back to them. This can be particularly helpful when the client is either unwilling or unable to use the pen.

What Happens to the Notes?

At the conclusion of the session the notes are photocopied or photographed by the client on their phone, so they have a copy. Where the client chooses a hard copy, they are given the original and the practitioner enters the copy in the client file. This is then scanned electronically so a copy is kept on a database. If the client would prefer their notes to be emailed to them, this is carried out by the Administration Staff.

It is made clear that these are the clients' notes, for their information and to share as they choose. A discussion about deciding with whom to share notes may be helpful for some

clients, especially those with an intellectual disability.

Many clients treasure their notes, make up files to keep them in and refer to them on a regular basis.

When notes are recorded with children, adolescents or vulnerable people the practitioner must sometimes make a decision to retain the notes to protect the client from others who may wish to access them and in doing so put the client at risk. Where possible this should be openly discussed with the client. It is also very important that notes taken privately with adults are not copied and given to children who may have been part of a family session.

Chapter 6 The Bower Place Handbook

CONTRACT, REQUEST & PROBLEM

What is a Contract?

A contract is an agreement to keep a promise to another person or persons which creates obligations. It may be a formal, legally binding contract, signed on the buying or selling of property or accepting a job or an informal agreement where we undertake to behave in a way which is concluded with words and perhaps a handshake. An example of this would be agreeing to sell something, give up smoking or complete homework. Sometimes these more informal contracts may also be signed to make them more serious and binding.

Formal, legal agreements may be many pages long as they include details about how the contract is formed, the people involved and terms of the contract, when it will be concluded and the consequences of failing to meet it. They are designed to protect everyone involved from being exploited and are particularly important when the parties to the agreement are unequal, for example where one person has more money, influence or ability than the other.

Informal contracts rely on people's sense of honour and a shared belief that once your word is 'given' it is right to keep that promise. The consequence for failing to meet this contract may be loss of relationships and reputation.

In counselling some models recommend the practitioner enter into a formal contract with the client following the assessment phase. Such contracts usually state the model of therapy, length of treatment and specific goals.

Contract, Request & Problem at Bower Place

The Formal Contract

All clients who come to the Bower Place Complex Needs Clinic are given a form to complete before the session begins. This document is a formal contract which outlines both the practitioner and clients' responsibilities and the consequences if these are not properly met.

Page 1 asks for information about each person, their name, date of birth and contact details.

The next page is called *Terms and Conditions* and explains that the clinic conducts research, is a training centre where all consultations include a student assistant, are observed and that sessions are recorded. It tells the client all work is bound by the Federal Privacy Act and that appointments are confirmed by text and require a response by the client by 2.00pm the day before. If this is not received by Bower Place the appointment time may be offered to another client. It outlines fees and states that legal, insurance and psychological assessments are not conducted in the clinic. At the bottom of the page clients are asked to sign and date the document agreeing to participate in the clinic on the basis that privacy and confidentiality are protected and accepting responsibility for payment of the account.

The third page outlines the purposes of collecting and holding information, confidentiality and management of client complaints. This too is signed by the client at the bottom of the page.

Contract, Request & Problem at Bower Place

The Informal Contract

Bower(note) places understanding and responding to request as a central task of therapy as the practical activity which formulates the contract between the practitioner and those seeking their assistance. It is the negotiated and contractual basis of all work which aims to redress the power imbalance between practitioner and client.

To request is to 'politely or formally ask for something' and from the very beginning the practitioner will ask the client, their family, referring person and any other interested parties, 'What do you want from us today?". This is an item on the Agenda for all sessions. The practitioner carefully notes what each person asks, and this becomes the basis to guide the conduct of the session.

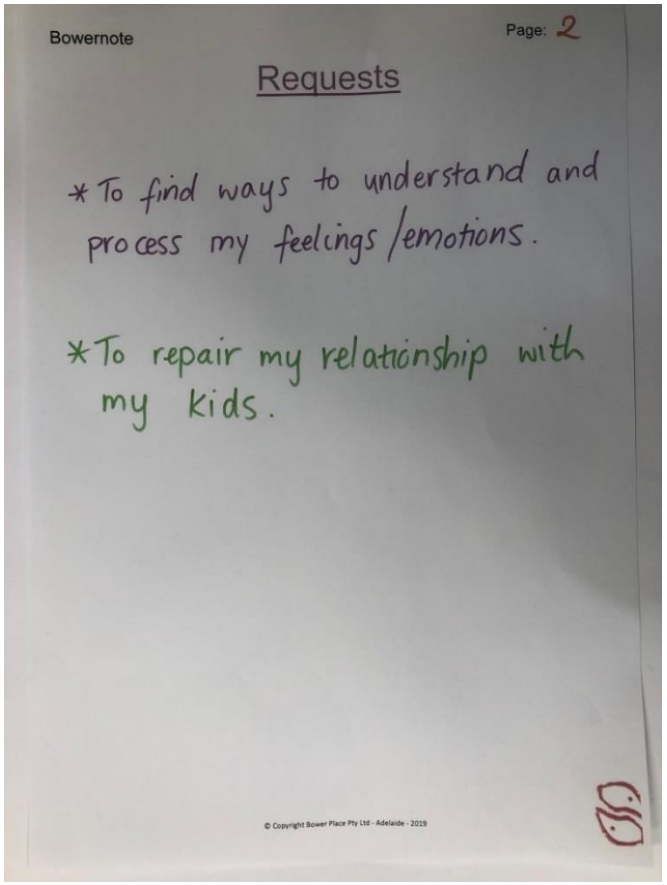
The request is connected to the problem which is the legitimate reason for the client to come to therapy. However, it is NOT the problem. A problem may be drinking to excess, bad temper, trouble in a relationship, depression or family conflict while a request could include, having a place to safely talk, strategies to address the problem, how to understand the situation or a different perspective. These are all requests a practitioner can meet.

Contract, Request & Problem at Bower Place

The Informal Contract

The request also limits the conversation the practitioner has with the client. By being clear about request an area of enquiry is clearly defined which means other matters are not transacted. For example, a couple may present wanting to discuss their relationship and are clear that they do not seek parenting advice.

However, the practitioner has a key role in shaping the request and therefore the contract for therapy. Ethical guidelines dictate that there are some requests we should not agree to fulfil. For example, if a parent asked us for strategies to frighten their child so they would obey we would refuse this request but enter a process of negotiation so an alternative that satisfied both client and practitioner was developed. Equally, in the course of the conversation it may become clear that an area that was judged “off-limits” by the original request may be central to understanding and turning a problem. Clients sometimes declare that information about family of origin or past relationships is irrelevant but on enquiry it may become clear that from the practitioner’s view this is central and must be discussed. An open process of discussion and renegotiation of the request would then follow.


Bowernote

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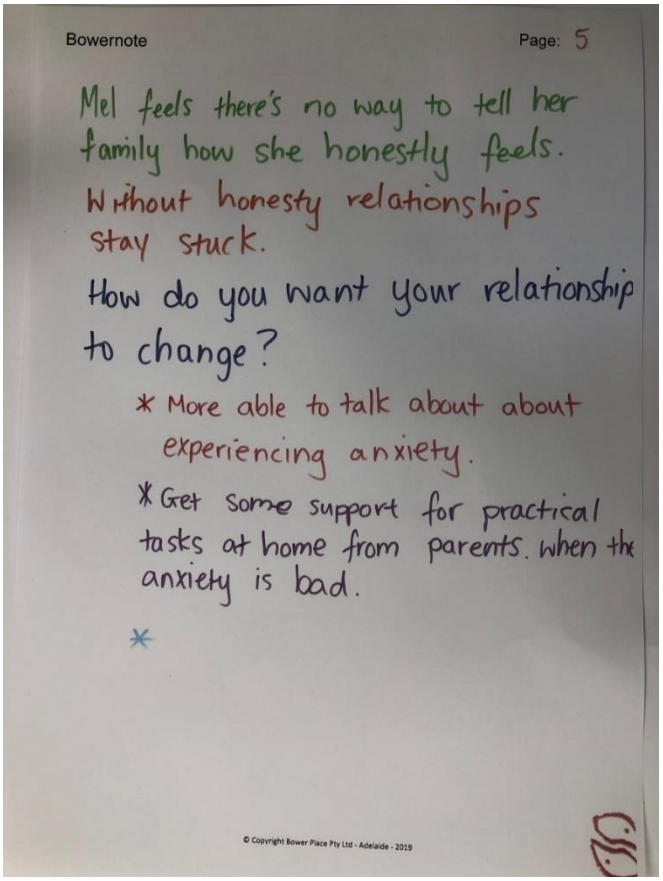
Requests

* To find ways to understand and process my feelings/emotions.

* To repair my relationship with my kids.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Mel feels there's no way to tell her family how she honestly feels. Without honesty relationships stay stuck.

How do you want your relationship to change?

* More able to talk about about experiencing anxiety.
* Get some support for practical tasks at home from parents. when the anxiety is bad.
*

How Request Shapes Therapy

Enquiring about, negotiating and working to the client's request is the central activity for each session. At the first session the client is asked directly what it is they are seeking from the therapist, and this is repeated at every session as a standing item on the agenda. Practitioners ask the client to specify what they want from today so 'as you leave that door you will say to yourself, "That was worth my time and trouble" and to define what they are requesting long term. This is explained as providing all parties with a clear end point for therapy "so we all know when the contract has been fulfilled". The client is told that the request may well change over time and new contracts can always be negotiated as old ones are met or become irrelevant.

The seeking and working to the request also constrains the activity of the therapist. In the room attention has been directed to an aspect of the client's world and it becomes the task of the practitioner to join with the client, explore, understand and question in order to meet the request. This also shapes the practitioners' thinking in the mid-session break where the central question to be addressed is "What is the client's request and how can I meet it today?" As the practitioner explores this it may become clear that it is impossible or unwise to attempt to do so. If that is so, the practitioner must explain this to the client in a clear way and undertake to address the issue later or in some other way. If the request can be met or partially met this forms the basis for the provision of in the session.

When a Third Party Makes a Request

People often come to therapy because someone else wants them to change and has arranged for them to attend. A common example is parents bringing children or teenagers whose behaviour is causing concern, and they want them to change. Another is a person who has been required to attend by a statutory authority, like the courts or a child protection body. The person may be indifferent or actively against this idea and see the practitioner as an extension of the angry, controlling or concerned parent or authority. In this case they may have decided not to talk or co-operate in any way. This situation calls on the practitioner's skill to join in order to understand the situation from each person's perspective and provide input to improve it. Explaining and exploring requests, which may be very different from the person who has insisted they attend is an effective way of demonstrating that their view is important and will be considered. This may need to be done individually and away from parents or the referring person. The therapist must then find a way to bring together requests of all family members and other interested parties into a coherent whole.

Another common third-party request is where an organization is asking for help with a client, they are finding difficult. This may be a school asking a family to attend for a child, a worker in the disability sector bringing their client or an employer wanting a worker to change. In each case, just as with a reluctant child client, there is a significant difference in power.

While the referring person may be clear that there is a problem with the identified person, they may not agree. Therapy will not proceed successfully unless a fair and reasonable contract that can be agreed to by all parties is negotiated. This is done through the request.

Chapter 7 The Bower Place Handbook

VILLAGE (ECOGRAM) & TIMELINE

Why do we use the word Village and what does it mean?

We use the term ‘village’ with clients and their families to refer to their socio-relational world. The village or ecogram is drawn collaboratively with the client on A3 paper as an integral part of the first session.

'Village' is a commonly used word and a useful metaphor for the family and its relationship with the world outside its immediate boundary. It must include at least three generations. This includes friends, workmates, teachers and people involved in their own or their children’s education, medical and health professionals, and representatives of the legal, justice and helper systems. It can also include pets and non-humans who are important to the family. Some ‘villages may include well-loved toys and imaginary friends. It is also important that people who have died or fractured from the family are included. A death is represented by drawing a cross through the symbol of that person.

Whilst we use the convenient and familiar word 'village' with clients and families, there are other words commonly used in professional practice including 'extended genogram' or 'ecogram'. However, these are less flexible and more professional terms and therefor more constraining in clinical practice.

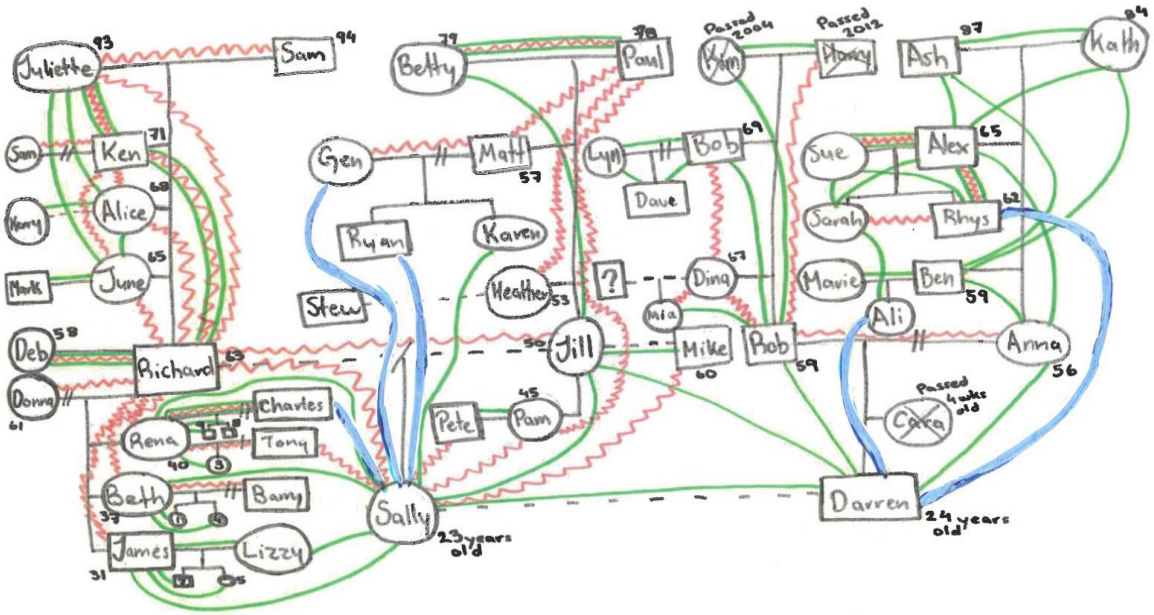
Family therapy has a long tradition of drawing a genogram as part of the assessment process when working with families. However, this has traditionally been limited to the three generations of a family and omits important people who may not be biologically related but still have a very active and influential role in the family.

Introducing the idea of ‘Village’

Understanding and drawing the client’s village is one of the most important items on the agenda for the first visit. In explaining this process, we use language that equalizes or does not amplify pre-existing inequalities already present in the client-practitioner relationship. This is particularly important when working with people with an intellectual disability or who have had limited education or ability to speak English.

We introduce the activity by saying "We are going to draw a picture of your family using symbols to represent people rather than trying to draw each one. We will use squares for men and circles for women. Unborn children are represented by a triangle. We will include three generations of your family and then add other people; friends, enemies, neighbours, work, people who have worked with you. We want you to tell us who to include because we want everyone on this picture, good and bad.”

Where a person identifies as non-binary we invite them to choose how to represent themselves on the ecogram.



How Do we Draw the Village?

Three colours (red, green and black) are used to draw the village, which makes this visual representation as clear as possible. All basic information is entered in black with females shown as circles and males as squares and all committed and attached relationships with a solid black line and all other relationships with a dotted black line.

The pattern of close relationships and alliances is represented by green connecting lines while the pattern of distant relationships and fractured relationships are connected using red. For relationships which are both close and conflictual we use both red and green in a way that makes sense to the client. One useful convention is to draw green parallel lines with a red jagged line in the middle. Where a client is indifferent to another, a blue line is used. Some clients may want to add a new colour to represent a relationship quality that is particularly important to them, for example using purple to denote worried about another person.

We are not interested in the village diagram looking conventional, beautiful or tidy as we want all those in the session to actively participate in the creation of this visual representation or analogue of their world. We want the pen to be put in the hands of the client and when this happens the village diagram begins to look messy and untidy. That is not a problem because the village diagram is intended to belong to the client who knows it, understands it and has lived it.

What are the reasons for drawing the village in this way?

The pen is a metaphor for power in this culture and we aim to get the pen out of the hand of the practitioner and to the client where-ever possible. This is one practical way of addressing the power differential implicit in the unequal client-practitioner relationship.

We are interested in the nature of the client-practitioner relationship and the way exchanges between the client and practitioner are structured. The conventional exchange in therapy is with the client and practitioner sitting opposite, eye to eye and facing each other at a 'business distance' with the pen in the hand of the practitioner taking notes that are not visible to the client. It appears that the practitioner is engaged in a secret activity which reinforces the inequality between them.

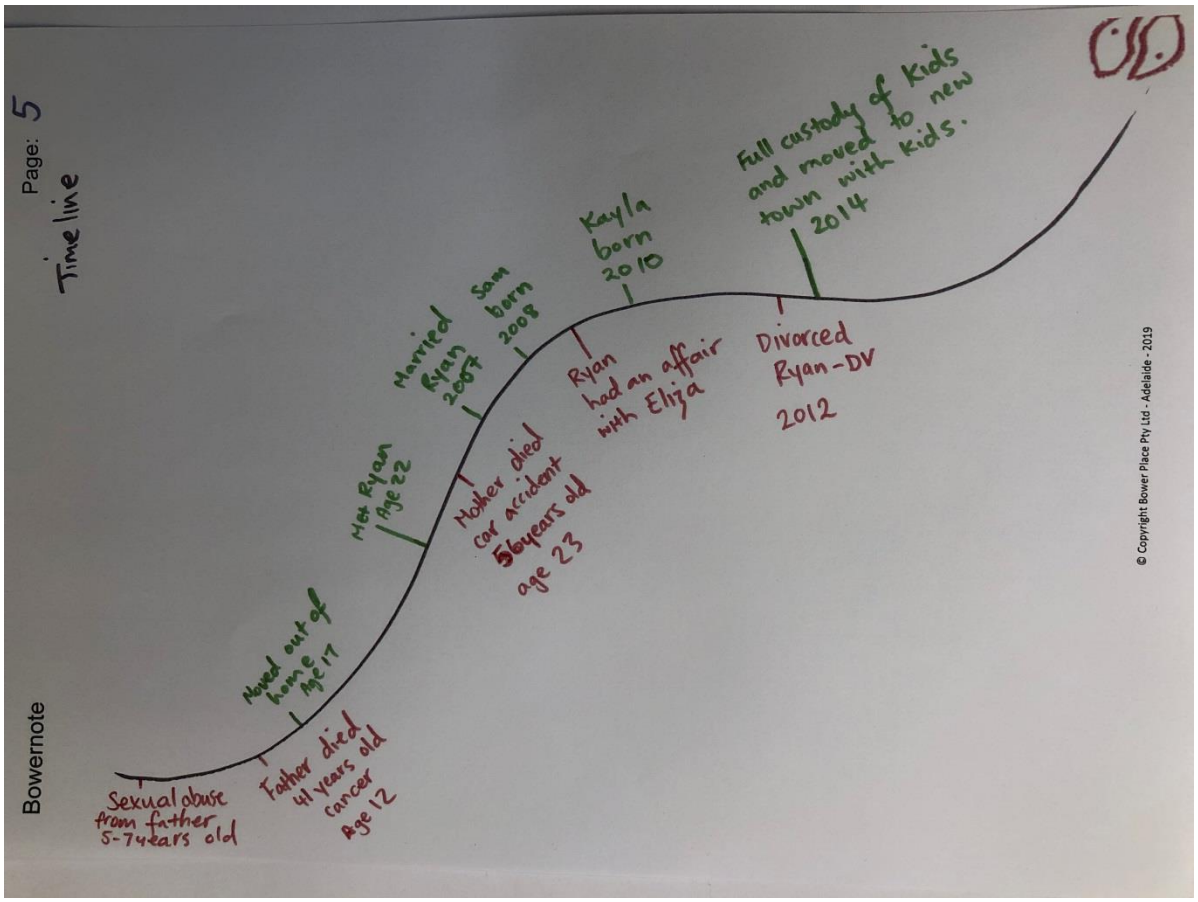
The aim is for the village to be drawn by the practitioner and the client together, openly, and alongside each other, often sitting relatively close. This takes the inflexible symmetrical, face to face encounter out of the exchange and introduces a more flexible complementary exchange. Such flexibility enhances the collective cognitive richness of the encounter.

As the village takes shape so does the dialogue that moves seamlessly between the client and practitioner in a completely circular way, located in both the verbal and the visual representations of the life of the client. As the dialogue and action moves between the word and the image, which are analogues of the clients experience a spontaneous, open, non-linear, complex and rich exchange occurs which keeps both analogues alive and guards against the false consciousness associated with either analogue becoming 'true'. It is the un-namable recursion between people and the analogues that is more likely to be true.

With this unfolding problem information and description appears almost randomly and in an unrehearsed way through this rich dialogue.

How Do we Draw the Timeline?

As the ecogram is constructed the practitioner or their assistant may also be drawing a timeline to identify key events in the life of the client and family. Positive events are recorded in green above the line and negative experiences in red below. This is another visual analogue for the client's life and may reveal clustering of events and turning points in time that have not been apparent through the verbal account.



Chapter 8 The Bower Place Handbook

PROBLEM

What is a Problem & How Do We Explore it?

'Problem' refers to the array of human dilemma also referred to as symptoms, troubles and difficulties that people present to practitioners and agencies for advice & assistance.

Following the construction of the ecogram and timeline and informed by the request, the practitioner enquires directly about the problem. In some sessions this may be a relatively brief enquiry as all the key information may have been covered. Each person is asked to contribute to the telling of the story from their perspective. This is sometimes best done by requesting the story of the problem be told backwards from today. This prevents the telling a rehearsed version which has been told many times before and has been shaped in the telling and gives a richer, more spontaneous account which may provide more information. In exploring the problem, it is important to understand who 'shows' it and whether the client believes it is an individual problem, for example autism, or a relationship problem like conflict between people. Attention is paid to when and how the problem occurs, who is involved and whether this is a problem that has occurred in previous generations. In order to understand what hasn't solved the problem attention is paid to previous advice and explanations which have been offered and treatment and management strategies. It is important to understand who in the system has been involved in delivery of any treatment as sometimes the same approach may be very effective if applied by different people.

All problems include both 'inside' aspects which can be identified in the people who 'show'

it and are subjected to it and 'outside' features in the pattern of relationships around the problem. We are interested to understand how each has fueled the other over time.

Exploring the Inside Aspects of a Problem

All problems have elements of the inside of those experiencing it. This includes each person's developmental age and stage; how old they are and how this limits or enhances their capacities. It also includes the life cycle stage of the family within which each individual belongs. In exploring the problem, we consider whether the person or family is functioning in a way that is unusual for their own and family life stage. We notice patterns of attachment between key family members and the expected degree of separation or differentiation between them and how these have become embedded in a person's expectations of themselves and others and how they contribute to the problem.

Another developmental aspect is identity, as the problem may reflect a failure to develop part of the person's individual sense of themselves in the world. Identity can be understood across four categories; productive, (the work we do, including school attendance), peer, (our friends), attachment (the past and present connectedness we have with family members) and sexual (our development of a clear and coherent sense of ourselves as a sexual being and our capacity to seek intimacy and solace from another).

We also identify events or physical or psychological aspects of the person which may have disrupted or constrained the ordinary processes of development. For example, a serious head injury or Down Syndrome may prevent a child reaching expected developmental milestones, change patterns of attachment and differentiation and alter the family's life cycle by having a child who remains dependent and requires extra care and support.

All problems also have a biological dimension with each person having their own unique mix of genes, temperament, brain, nervous system and physical body which shapes our relationships with the world and each other.

Our neurobiology, the interaction of our physical brain, its neural loops and our nervous system will dictate how we understand, express and feel about the problem. These processes impact on our capacity to think about and effectively apply solutions to the

problem and to manage our strong feelings about difficulties.

Exploring the Outside Aspects of a Problem

Understanding the problem also requires exploration of each person's outside world, including the people in it, the social, cultural and economic conditions in which they grew up and currently live, key events which have shaped their lives and how they have attempted to solve the problem.

Attachment to and differentiation from our primary care givers and intimates may be central to how problems appear and are continued. Learning that the world is a safe and trustworthy place as a child will strongly influence both the intimate couple relationship and parenting, as will learning that those who you are most reliant upon cannot be trusted. The capacity to attach to a primary caregiver ensures our survival as an infant and is at the heart of all key relationships throughout the life cycle. Many problems between people are fueled by difficult attachment relationships.

In order to grow up and leave the family of origin a young person must differentiate from them and becomes their own person. When attachment has been difficult, the process of differentiation which involves becoming independent while remaining emotionally attached, can also be a source of difficulties and create problems.

Factors on the outside of a person which make their lives more unequal or unfair also contribute to problems. This is the socio-economic and justice dimension which creates disadvantage. It includes issues like poverty, violence, age, crime, culture, migration, gender, sexuality, religion, disability and drugs and alcohol misuse. Involvement with state agencies may also contribute to inequality.

A key 'outside' component in many problems is trauma and exposure to abuse and violence both in the past and present. This impacts negatively on both the individual's neurobiological functioning and capacity to manage the world and their key attachment and social relationships. Trauma can halt time leaving a person pre-occupied and unable to manage the demands of their current world and viewing all interaction through this lens.

In exploring the problem, we enquire about 'turning points', key events that have fundamentally changed the shape and direction of a person's life & family. Such events change interactions between people reshaping what people do and don't do, who is included and who excluded and what is started and what concluded. They alter not only people's actions but also how they feel about events and each other and the meanings they attribute to these. Powerful turning points can fundamentally alter a person's view of themselves and their world. Turning points may be negative; an untimely death, loss or experience of betrayal or violence or positive; falling in love, birth or an act of courage, loyalty or forgiveness.

The final element in understanding the problem is how the individual and family have attempted to solve it. Each of us has a characteristic, predictable way of approaching difficulties, often learned from our family of origin. This includes whether we move away from or approach a problem, include or exclude others as we attempt to solve it, act or talk, seek explanation, conciliate or attack. Where the problem continues it is safe to assume that repeating the same pattern of problem solving with the same group of people is unlikely to be successful.

Chapter 9 The Bower Place Handbook

ADVICE

What do we mean by advice?

Advice is the fifth item on the first interview Agenda and is included in every subsequent interview agenda. In the Bower Place Complex Needs Clinic, it refers to all the activities other therapeutic approaches call 'intervention'. This includes giving Information, explanation, suggestions, recommendations, strategies and interventions.

The giving of advice follows a break in the session when the practitioner and student assistants leave the room in order to develop their response to the request. Clients are told about this process at the beginning of the session and may be asked to think about what they would suggest based on the discussion that has occurred with the practitioner. They are also invited to check and correct the notes. The practitioner and assistants consider the information as provided by the client(s), their understanding of matters 'like this', including professional literature and their own previous experience and the request of each person.

Advice is based on a description of the problem, its history, circumstances and previous attempts that have been made to resolve it, which has been elicited in the course of the interview. It is directly informed by each person's request which is specifically sought as an item on the agenda that occurs at every session.

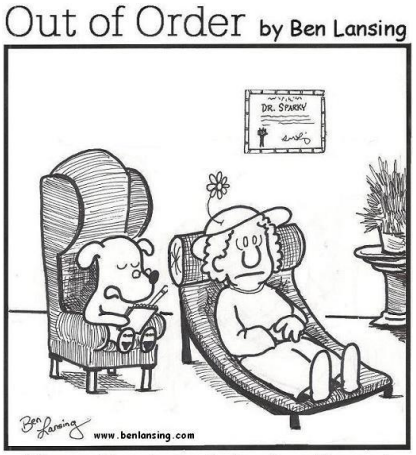
On returning to the room advice is addressed directly to the client, family and relevant others, about the problem they have described, and the request made to the practitioner by all parties about that problem. Good advice aims to address all requests in a way that is coherent, relevant, fair and easily understood by everyone involved.

When the Solution becomes the Problem

Problems presented to the Bower Place Complex Needs Clinic are often those which have defeated the client, family and wider world's efforts at problem solving. Families tend to have repeated and characteristic patterns of problem solving which are applied to all difficulties they encounter. For example, some families 'push things under the carpet' hoping that if they pretend everything is well it will be so. Because this works for some issues, this may encourage repeated attempts to use this solution even when the problem does not resolve. In some cases, the characteristic pattern of problem solving plays a part in creating the problem, ensuring its continuation and even amplifying it. This alone may make the situation more serious, less open to change and is itself a significant part of the 'problem'.
Agencies and organizations also have favoured characteristic approaches to problem solving. For example, an agency working with children may believe that it is always helpful to work with the parent and child together in order to foster open communication and transparency. In a case where a child has excessive exposure to and responsibility for adult matters this approach may exacerbate rather than ameliorate the problem. These arrangements can be particularly unhelpful when the helping agency and the client use the same approach and reinforce each other in their conviction that it is 'the right one'.

It is equally unhelpful when the client or family are caught in a symmetrical struggle with an agency about the problem-solving approach. For example, a parent who believes 'tough love' is the way to help a child may find themselves in conflict with a practitioner who is equally sure that open conversation, understanding and gentleness is best. Each side's conviction can fuel the other to do more of the same and the person caught between the two will be hurt by the conflict and the problem unresolved or exacerbated.

Hence the characteristic pattern of problem solving becomes a central consideration. In some matters describing and explaining this pattern is key to addressing, explaining, resolving and managing the problem.



"You need to get out and relax. I would suggest rolling in something dead and smelly."

What are the Perspectives Used to Construct Advice?

The four primary meta-frames, lenses, analogues or perspectives of inequality, space, time, and biology are used to describe, explain and understand complex human difficulties.

1. Inequality draws attention to the management and practice of justice, power and ownership in the world of the client and family and specifically in relation to the problem. Inequality, from the macro in society, to the micro in family relationships, fuels experiences of injustice and unfairness. Advice identifies inequality and its management in relation to the client and problem. The proper alignment of 'responsibility' to take charge of and successfully resolve the problem and 'authority' or power to do this is directly addressed. This may be done in conversation or through strategy but is seen as primary to successful problem resolution. De-escalation of the power struggle over ‘ownership’ is usually required to progress other temporal, developmental & spatial aspects of the matter.

2. 'Space' moves the problem from 'inside' to 'outside' and vice versa to a location different from that defined by the client and family. 'Inside' refers to the nervous system, brain, neural loops, body, biochemistry, hormonal structure, consciousness, cognition, emotions which we experience inside our bodies. 'Outside' is the space outside the body where relationships, interaction, conflict, fractures and cooperation arise.

3. Time locates human problems in terms of the 'past - present - future' analogue. An emphasis is given to the history of the difficulty and often refers to an event that punctuates time and creates the difficulties. Advice locates the explanation for and resolution of the difficulty in a time frame different to that presented by the client and family.

4. Biology includes ideas about individual and family development, identity formation and transformation, trauma, disability and neurobiology & the way these function in the life of the client and family.

Advice is based on the contract.

The contract is the basis for a straightforward, negotiated, advice or intervention strategy between practitioner and client and relevant others. It requires the practitioner to have addressed the questions;

What is the problem?

Who referred?

What is the request?

Who is the client?

Who are the interested parties?

Who is making this request?

Can you or your agency deliver on this request and on what basis?

Are there funding limits and constraints to service delivery in this matter?

Are you and your agency briefed to treat, counsel, support or case manage and how does this shape service delivery in relation to the request about this problem?

The Process of Giving Advice

In order to be effective, advice must be understood and remembered outside the session and if the client can't remember or process the advice given, it 'won't make a difference.' Many clients who present with complex matters have difficulty with memory, cognition and processing. Intellectual difficulties, learning and language difficulties and educational disadvantage, brain injury, mental health issues and dementia all undermine a person's ability to understand and remember. High anxiety about the session and practitioner and fear about the consequences of attending also contribute. Substance misuse, sleep deprivation or stressful, frightening relationships or circumstances all impact on ability to understand or remember the advice given, however valuable.

A minimum of two of four possible communication methods are employed when working with a client and their village. These methods are verbal, written, visual-diagrammatic and physical. For most clients the two principal methods are verbal and written with the practitioner speaking directly to the client and writing down the advice in clear coloured pen, which is subsequently copied, and the original given to them. However, a practitioner may give advice by 'showing' a client using pictures or diagrams, toys or objects to explain their situation. Where appropriate and with permission the practitioner may physically demonstrate the advice. For example, a person who is torn between two others may be pulled on each arm to physically represent their dilemma.

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FOLLOW-UP & FEEDBACK

What is Follow-up?

Following the giving of Advice, the practitioner talks with the client about the work that must now be done and clearly delineates who is responsible for what, how and when. This may include sourcing professional knowledge or resources by the practitioner or the client gathering relevant data about their situation. It may also entail the practitioner speaking to other professionals who have been or are currently engaged with the client. In this case the client may need to sign a consent form to speak to others.

Follow up sets a frame around the relationship and the therapeutic contract. It makes clear who is responsible for each activity to ensure the problem is addressed and request successfully met. It aligns responsibility for each task and the authority to ensure the action is successfully taken. Follow- up may only involve those in the room but more often it includes others who are not physically present but are important to the future success of therapy. This may include the referring person, other family members or people who are currently involved with the situation like teachers, lawyers or friends. It may also include those who are not currently aware of the situation but whose assistance is central. This may include child protection authorities, support services or other government or non-government agencies with expertise in the presenting problem. Planning the agenda for the next session may also be included as part of follow-up. This addresses the inequality in the relationship between practitioner and client as it allows both parties to think about the

topics in advance rather than this being a secret process by the practitioner. It also helps allay anxiety in the client who will attend knowing what to expect of the next meeting.

How do we Follow-up?

Follow-up is a practical activity which assigns specific tasks to clients, practitioners and students where each owns both the responsibility and has the power to succeed. The client may agree to carry out specific tasks to address the problem, keep a journal or other records, maintain regular contact with the practitioner by e-mail, text or phone or invite others to a session. The practitioner and assistant take responsibility to copy notes and deliver them into the client's hands, ensure consent forms are signed, arrange future appointments, organise contact between sessions by text, e-mail or phone, make referrals to other practitioners or agencies and seek information about specific issues. Where the practitioner requests others attend they negotiate the process of invitation with the client and may draft a letter or e-mail in the session. Where a client has been referred by a school or agency the practitioner and client may draft a summary specifically for the information of this person. This includes a request for acknowledgement that the notes have been received and the date of the next session. The practitioner also works with the client to draft an agenda for the next session which includes items from each person.

Why we Seek Feedback

At the end of the session the practitioner asks the client to provide them with feedback about their experience of the meeting. This has two main purposes. The first is the addressing of the inequality between practitioner and client. By genuinely requesting honest reflection the practitioner briefly places themselves in the position of 'being told' rather than telling and opens themselves to the possibility of correction and the need to take seriously and adapt to the client's experience of the process. This is also an equalizing process between the student and the practitioner where both are placed on an equal footing, and both are open to the client's positive or negative assessment. If the practitioner genuinely invites the client's feedback, they are inviting the possibility of the student being appraised as more helpful than them.

The second is that the client's experience can inform future meetings and in doing so hopefully provide a more effective service. It provides an opportunity to correct misunderstandings or dissatisfaction with any aspect of the process. This effectively moves to locate the responsibility to provide the most effective approach to therapy, with the practitioner and in cooperation with the client.

How Do We Seek Feedback?

Feedback is sought very directly by the student or practitioner who asks each person in the session to reflect on their experience of the session. They are asked if the matters they came seeking help with were addressed, what they found most and least useful and how the practitioner and students were most and least helpful. They are also asked for feedback about administrative and practical matters.

Each person's feedback is carefully and respectfully considered, and notes made in order to ensure the practitioner remembers and makes relevant changes if required. Time is taken to respond to each person in a thoughtful way, thanking them if feedback is positive or undertaking to make changes if these are appropriate. When feedback involves processes that are deemed central to the effective management of the matter or the application of the methodology this is explained to the client. If the practitioner or client do not believe their feedback was appropriately addressed the matter will be referred to the Director of the Complex Needs Clinic.