Trevor
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27.8

south &east belfast trust

Bringing Care To People

Stephen Popplesone
Disability and Mental Health Unit
Room 118 Dundonald House

27th August 1999

Dear Stephen

Please find enclosed the report as requested regarding the Family Trauma Centre. It is probably more detailed than you requested but I am sending it to you in confidence. As you know I am on leave and at home and I hope to hear from you this afternoon. If this is not possible I will speak to you on Tuesday. Thank you for your help in this matter.

Yours Sincerely

P.P. A. Healey

Eddis Nichol
Head of Children's Services

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Progress Report on the Family Trauma Centre

The Family Trauma Centre opened on the 23rd February 1999. In its first six months almost all the staff have been appointed, and five family therapy clinics have been established, from September 1999 these will increase to eight clinics. To date we have had more than 400 family therapy sessions with families and have seen 250 people in individual therapy sessions. We have had meetings with many agencies to insure that people are well informed about the work of the Family Trauma Centre and these meetings and consultations are an important aspect of our work. Details of these are listed below. The training morning we recently provided for GPs in the EHSSB area, for example proved to be very useful. They reported how useful it was to receive training in this area and clear information about the work of the unit, the referral process, treatment modalities etc. It also helped us to meet with them, to improve relationships etc. Previous research has highlighted the importance of the role of GPs, as often it is their help that is sought first by families (Fay, Morrissey, Smith & Wong 1999).

During the past six months we have seen many families affected by trauma, Troubles related trauma in particular. For some families the trauma happened many years ago but left a long chain of consequences behind. Other families have been affected more recently, indeed we have seen families who have requested help within two weeks of a traumatic event. Our understanding of how the Troubles have really affected families is still in its infancy. We have much to learn, but we are learning from the families we see. By listening to their stories and finding ways to help them bring about the change they wish to see we learn a great deal. We also continue to see families who are experiencing difficulties but at referral it does not seem to be related to the Troubles. We continue to find that many of these families have been profoundly affected by the Troubles, indeed it is only because we ask about this during our assessment that the matter comes to light. For example one family was referred whose thirteen-year old daughter was having serious behaviour problems. She was seen in both family therapy and individual therapy. Following several assessment sessions it transpired in answer to our questions that the family, in particular both the parents families, had been seriously affected by the Troubles. The parents had never been able to make sense of their daughter's difficulties or understood how this situation had come to be. Many agencies had been involved with the

family, indeed the situation had deteriorated so severely that she had spent a period of time in care. In therapy the family commented that they had never really thought about things that way before and it helped to make sense of things and to take account of their reality. Many of the stories that arise in the course of therapy are harrowing and explain how serious difficulties arise, particularly with regard to parent/child attachment. This understanding in itself seems to make a difference to many families.

The following case examples illustrate the kind of difficulties experienced by some of families referred to the Centre.

Family A

Reason for referral:
Mrs A and her daughter were referred by their GP. Her daughter aged twelve was suffering from acute anxiety following a paramilitary punishment shooting of her stepfather. This had happened four weeks previously. Both Mrs A and her daughter were present, along with the maternal grandmother when the assault took place. Their GP requested that we make an assessment of the young girl and he was particularly concerned that she could develop PTSD (post-traumatic stress disorder).

Treatment:
Individual work with both mother and daughter was initiated to assess for PTSD. Play therapy was initiated with the daughter and exposure therapy was initiated with Mrs A. Family work will take place following full assessment.

Family B
Reason for referral:
The B family, were referred by Social Services following the murder and suicide of two members of the family. This was witnessed by both Mr and Mrs B. The family were initially referred to bereavement counselling, however it was felt that the family required specialist services.

Treatment:
1. Family therapy with all family members.
2. Individual therapy was arranged for both parents. This initially involved extensive assessment, followed by exposure therapy.

3. Coping strategies were developed with the family eg. Relaxation, cognitive behaviour therapy, specific techniques to deal with images such as intrusive memories and flashbacks.

Family C
Reason for referral:
The C family, were referred by their GP and Health Centre social worker. Mrs C has five children ranging from 10 to 26 years of age she has been a lone parent since her husband was murdered six years ago in a sectarian assault. Mrs C had been with her husband at the time and witnessed his murder. Her GP was particularly concerned about her daughter now aged 16 who had been particularly close to her father. His death had occurred at a very difficult time, the summer between primary and secondary school. A pattern of poor school attendance and social isolation developed over the years and the relationship between Mrs C and her daughter deteriorated to the extent that they argued most of the time. She had initially attended Child Psychiatry after her father's death but was unable to engage in therapy at that time.

Treatment:
1. Initially both Mrs C and her daughter were seen in family therapy. They were reluctant to involve other family members at that time and felt that they needed to concentrate on their relationship. They both hoped that the rest of the family could join the sessions in the future.
2. Individual sessions with both Mrs C and her daughter to help them express themselves individually as both experienced great difficulty talking together. Mrs C had also experienced other traumatic events, some of which were unknown to her daughter.
3. Continued family therapy following the individual sessions.

Family D
Referral:
The D family, were referred to the Centre by Social Services, who had received a referral from their GP. Mr and Mrs D have six children ranging in age from 5 to 16 years. Mr D and his children had recently been held hostage by five armed and masked gunmen, who were attempting to murder the next door neighbour. The family had recently moved to their new home and knew nothing about the area etc. This attack was the seventh attempt on the neighbour's life. Mr D was in a very poor mental state and suffering

from an acute stress reaction and was at risk of developing PTSD. The children were also in a state of shock.

Treatment:

1. The family initially required critical incident stress debriefing to allow them all an opportunity to discuss the incident and how they felt about it. In particular they needed to discuss the consequences of the event.
2. We saw the whole family in family therapy for several sessions and we also saw the sibling group and the parents in different sessions.
3. The family was desperate to move home, and needed practical help with regard to housing, benefits etc. In desperation they had spent some nights sleeping in their car. The Victim Liaison Unit has also been of help, in accessing resources.
4. Individual therapy was required for Mr D to help him as he felt he had failed as a father to keep his family safe.
5. The family moved home but in desperation to get away moved to a very remote rural part of Northern Ireland. It is not a place that they could expect natural support systems indeed they moved away from those. The children have to all change schools and it is proving to be a very difficult time for them. They all continue to be seen in family therapy.

Family E

Reason for referral

E comes from the WHSSB area but is currently a student in Belfast. She was referred to the centre by a Consultant psychiatrist, who saw her to prepare a Medical Legal report, as she had been injured in the Omagh bomb. E suffers from severe PTSD and was experiencing difficulty in coping with her studies. She had previously been seen for counselling by another agency, unfortunately she found the approach retraumatising. Psychiatric assessment encouraged her to reconsider counselling/psychotherapy.

Treatment

1. On going therapeutic work including specific exposure therapy, particular attention is being paid to pacing so it is more manageable for her.
2. Therapy also addresses concomitant and mental health issues pertinent to late adolescence and young adulthood, leaving home etc.

Family F

Reason for referral

F is a 17 year-old girl and was referred by her GP. When she was aged 11 she had witnessed the shooting of her father (injured) and his friend (fatal). She was treated at the time in Child Psychiatry for PTSD, and school attendance difficulties. Her phobic symptoms diminished but following a further traumatic event in 1998 when she was chased by a man exposing himself she retreated to her room and has really been unable to go out since. The severe flashbacks returned again. Complex PTSD developed and she also developed further problems due to peer isolation etc. Her difficulties have been further exacerbated by her parent's marital difficulties.

Treatment

1. Family work is on hold as F wishes this and wants to concentrate on her individual difficulties.
2. As F is housebound at present individual therapy is conducted at her home, helping her to eventually, be able to attend the centre.

Staffing

The following staff are currently in post:
Project Manager/Senior Family Therapist
Clinical Referral Co-ordinator/Senior Family Therapist
Clinical Psychologist (4 sessions a week)
Family Therapists (2 WTE)
Trainee Child Psychotherapist
Trainee Family Therapists (1 in post at present, 1 due to start on 1.9.99)
Administration and Development Co-ordinator (grade 4 admin)
Admin staff (grade 2)
Research Assistant (advertised at present should be in post 1.11.99)

Several members of our staff have been seconded from other Health and Social Services Trusts and a Voluntary agency.

Talks, Conference Presentations, Consultation and Training Provided

- Barnardos: Team consultation: Family Centre: Moy. Co. Armagh. January 1999, March 1999. Ongoing.

- Cost of The Troubles Study: Part of the advisory group: Belfast: January 1999 to present: Ongoing.

- EHSSB Implementation of The Bloomfield Report: Part of the working party to ensure implementation: Belfast: January 1999 to present. Ongoing.

- Association of Family Therapy: Working party to implement a full training program in Systemic Family Therapy in Northern Ireland: Attended meetings and consultation sessions with: DHSS: Queens University Belfast: AFT NI: January 1999 to present: Ongoing.

- Barnardos/Cruse: Consultation: Child Bereavement Service: Belfast: February 1999 to present. Ongoing.

- Victim Liaison Unit: Stormont House Annexe: Consultation and advice: January 1999 to present. Ongoing.

- The Department of Psychotherapy: Presentation about the work of the Centre: Rosebank House, Belfast: February 1999.

- Castlereagh Partnership Board for Peace and Reconciliation: Castlereagh Victims of Violence Project: Consultation and advice: February 1999.

- Queens University Belfast: Department for Childcare Research: Presentation at Conference on Research and Adolescents: Presentation on The Family Trauma Centre's use of research in service development. Belfast: February 1999.

- West Belfast Health & Advocacy Project: Consultation: Belfast: March 1999.

- Parents Advice Centre: Participated in Question and Answer Panel: BBC: Belfast: March 1999.

- Touchstone Group: Hosted a meeting with the group and made a presentation about the work of the Family Trauma Centre: Belfast: April

1999. At this meeting we meet with representatives from the following groups.

An Crann/The Tree
FAIR
Survivors of Trauma
Victim Support
WAVE
Shankill Stress and Trauma Centre
Relatives for Justice
Sperrin and Lakeland Health and Social Care Trust
Victim Liaison Unit
DHSS Social Work Inspectorate

- Department of Child and Adolescent Psychiatry RVH: Presentation about the work of the Centre, referral process, education regarding trauma, impact of the Troubles etc. Belfast: May 1999.

- Memorial Trust Fund for Victims of the Troubles. Visit to the Centre by the Committee: Consultation regarding the distribution of funds: May 1999.

- KAIROS: Adult Victim group for those affected by the Troubles: Consultation and information sharing: Belfast: June 1999.

- Cruse Northern Ireland. Presentation at Conference on Child Bereavement: The Impact of Trauma on Children Young People and their Families: Belfast: May 1999.

- Barnardos: NOVA Project: For children and families affected by the Troubles: Portadown: Consultation Session: Meeting regarding future work: Belfast:May, 1999.

- Ardoyne Youth and Parent Resouce Centre: Consultation and discussion regarding future service role of to the Family Trauma Centre: Belfast: June 1999.

- Ulster University Dermott Feenan: ESRC Violence Research Project: Research consultation: June 1999.

- G.P.s EHSSB Area: Half day training seminar in The Family Trauma Centre: The work of the Centre, the impact of trauma on children, young people and families, treatment issues, service provision, referral process etc. (Post-Graduate Accreditation): Family Trauma Centre Belfast: June 1999.

- Meeting with Gillian Neil who was undertaking research on behalf of the Omagh Partnership Board: Belfast July 1999.

- Training morning for Educational Psychologists from the Belfast Education and Library Board: Family Trauma Centre August 1999.

- Meeting with Helen Bamber Director of the Medical Foundation Caring for Victims of Torture: Family Trauma Centre August 1999.

Staff Training undertaken by the Team

- The project manager has recently completed the Advanced Diploma in the Management of Psychological Trauma. The course was held in Northern Ireland during the past academic year and is run by Nottingham Trent University. The clinical co-ordinator is currently undertaking the course in this academic year. Some members of staff from the Family Trauma Centre have been asked to contribute to the teaching input to this course in the future.

- In order to extend the range of therapies that the centre can offer both to families and individuals, there is a need to increase the availability of EMDR treatment (eye movement desensitisation and reprocessing). This form of therapy is particularly helpful in dealing with intrusive images, reoccurring memories, nightmares etc and enables them to be reprocessed. With this in mind the clinical psychologist will undertake a level II training programme which completes her training, and the centre manager and one family therapist will complete level I training. These three-day training programmes are not currently available in Northern Ireland and it is hoped that the Centre will also be able to contribute to this type of training in the future.

- In June 1999, two members of staff were invited to share their work with a group of family therapists from many different countries, many of whom are internationally renowned in their field. The workshop was held in Dartington and was extremely well received and we made many useful contacts for the future and received excellent consultation about the development of the Centre. Some of those attending have offered continued help and support.

- The Centre manager attended a half-day trauma seminar in the Tavistock Clinic in London. The seminar was with Jeremy Woodcock from the Medical Foundation for the Care of Victims of Torture and focused on working with families and groups. It was a very useful workshop with many good suggestions for best practice. It also enabled me to meet briefly with others in the field in the UK to discuss practice.

- In June 1999 we organised a three-day training programme for all staff, from the clinical team. The trainers kindly gave us their time free of charge to help support the work of the centre. Dr. Arlene Vetere from the Tavistock a leading family therapist in the UK provided a workshop to look at the effects of violence on families and discussed treatment implications. Her second day was spent on case consultation and consultation with regard to future research and development. She will be the main consultant to the centre regarding this. Steve Regal, who organises the Advanced Diploma in the Management of Psychological Trauma, at the Nottingham Trent University, provided the second part of the training course. His input focused on the treatment of trauma. The course was very well received by the team. It also served other additional functions, that of team building and team consultation, which were invaluable for us at our stage of development. Future training of this nature will be organised by the Family Trauma Centre and made available to others in Northern Ireland both in the voluntary, statutory and community sectors. Discussions are currently underway with several people regarding this.

Future plans and developments

Development of the regional aspect of the service

Initially the service needed to consolidate its clinical practice and bring together a staff team. During the next six months the Centre needs to continue to develop its links and build on its practice within the EHSSB.

With regard to the other three Area Boards, further development is required. We have arranged to visit all the child and adolescent psychiatry throughout the region and have completed several visits to date. We provide a consultation service to some voluntary agencies outside the EHSSB and have received referrals from them. The management staff in the Centre has regular meetings with representatives from all the area boards, through the Inter Board Commissioning Group. At present discussions are underway to form a service level agreement. It is envisaged that we will provide a training and consultation service to the other Boards and dates have been provided to their training departments. We have seen families who wish to be seen by someone outside of their area, often for very good reason and again we can provide this service. Other families have been referred by other agencies and it would be very difficult for some of those families to travel to Belfast. In those instances we have agreed to see families in the referring agencies premises and work in partnership with that agency. The Inter Board Commissioning Group will meet again next month to continue to discuss the development of the regional aspect of the Centre.

Information and marketing of the Centre

A leaflet for referrers to the Centre has been completed and is currently being quality assured. A leaflet specifically for families has also been designed. We are currently working on several other information sheets providing basic health information regarding trauma.

Development of training provision

The centre offers the following training courses:

- The effects of trauma on children young people and families: Implications for treatment.

- The importance of culturally sensitive practice in Northern Ireland: Taking account of the Troubles.

- Working systemically with families and individuals.

- Working with the trauma of extreme child sexual abuse.

- Suicide: Responding to suicidal adolescents.

The Association for Family Therapy and Systemic Practice, in Partnership with Queens University Belfast is currently in negotiation to develop a Family Therapy Training Programme. This is a two-year post-graduate/professional diploma course leading to qualifying level. This is first course at this level in Northern Ireland. The centre will provide an opportunity for supervised practice placements, which is an essential component of this type of training.

Evaluation

The ongoing evaluation of the service is important for many reasons but particularly to ensure that we build on best practice and maintain high standards. It is also important that the information we learn, about working with families and individuals traumatised by the Troubles, is widely disseminated. It is with these points in mind that Dr. Arlene Vetere, from the Tavistock Clinic in London has designed a retrospective audit to review the first year of the centres operation. This will also provide the basis for the first step in a much larger research project.

Contacts to insure international best practice

We remain in contact with several key people internationally who provide supervision, consultation and training. Much of this contact is via E-mail and correspondence we also send videotapes of some team discussions to Dr. Vetere who supervises our research in this way.

Steve Regel will continue to provide supervision to the project and spends time with us when he is in the province to teach the Trauma Management course.

Dr. Nollaig Byrne and Dr Imelda McCarthy from Dublin will be spending some time with the team in the Autumn and they will help us to focus, particularly on our family therapy skills and this aspect of our practice.

Helen Bamber OBE Director of the Medical Foundation Caring for Victims of Torture, has also offered the help and support of her agency to the centre.

This is an agency that has been established in this field for many years with a wealth of experience. We are currently discussing how we might make best use of this offer of help and support. The centre also remains in contact with the Trauma Centre in Cape Town.

The centre manager and clinical co-ordinator have received and invitation from the International Family Therapy Association to present at their seventh World Congress. The theme of the congress is reconciliation. They have also invited speakers from South Africa and Guatemala. It is an honour to receive this invitation and it will provide us with a unique learning opportunity.