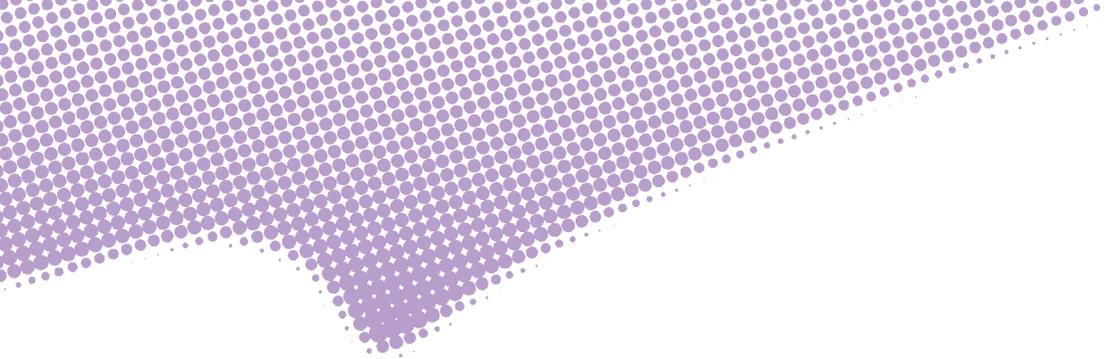


BC SIT (Brandon Centre Systemic Integrative Treatment)

INFORMATION FOR PROFESSIONALS

*Overcoming behavioural difficulties,
achieving lasting change*





About BC SIT

The Brandon Centre (BC) has developed SIT (Systemic Integrative Treatment) following 14 years' experience of successfully delivering Multisystemic Therapy (MST), working with the families of young people displaying a range of problem behaviours. BC SIT has been devised for families with complex problems who require a longer intervention than MST provides. It better meets the service requirements of commissioners and referral requirements of professionals in social services, Child and Adolescent Mental Health Services (CAMHS) and youth offending services keen to find intensive, effective, evidence-based treatments for complex families where children have persistent, moderate to severe behaviour problems. Like MST, BC SIT aims to prevent these young people entering costly out-of-home care. BC SIT may also be applied to young people already in the care system, helping them return home.

About the model

BC SIT has been developed in accordance with NICE guidelines for treating conduct disorders and harmful sexual behaviours. It is an intensive, community-based family treatment service, developed by the Brandon Centre to affect lasting change in eight- to 16-year-olds with moderate to severe behavioural difficulties.

The BC SIT team works collaboratively with parents in a non-judgemental way to empower them to regain control of their children's difficult behaviour. This is achieved by building on the family's strengths and equipping the family with the tools and confidence to deal with current and future problems to reduce the risk of harmful, antisocial and offending behaviours. The service also works across multiple systems where the behaviour occurs including schools, peer groups and the community.

About the treatment

BC SIT is a two-phase treatment service that lasts for up to 12 months.

During the first treatment phase, typically lasting four to six months (seven to eight months for harmful sexual behaviour), an intensive home-based treatment programme is provided. The BC SIT team becomes the clinical lead for treating the young person's behavioural problems and works collaboratively with other agencies that may be addressing different issues, for example CAMHS providing individual therapy for anxiety. During the first phase, sessions take place two to three times a week, with the team working flexibly around the family's availability. There is an on-call telephone service available for parents 24-hours-per-day, seven-days-per-week. The second phase, which can extend total treatment time for up to 12 months, includes booster sessions with the family where necessary, checking-in with the family by telephone or Skype, attendance at professional meetings, and ongoing consultation with the referrer and key professionals.

BC SIT uses a range of evidence-based therapeutic approaches including structural and strategic family therapy, behavioural therapy, cognitive behavioural therapy (CBT), solution-focused therapy and psycho-education.

In addition, the treatment for harmful sexual behaviour includes:

- safety planning to reduce the risk the young person poses to others and themselves;
- addressing the young person's denial of the behaviour;
- sex and relationship education including consent, boundaries, social and moral considerations;
- empathy development;
- how to make good choices to keep themselves and others safe sexually;
- emotional and self-regulation;
- understanding of the harmful sexual behaviour, victimisation, peer and social relationships;
- community reintegration for young people who have spent time in residential or secure units and support to make future plans.



BC SIT treatment principles

1. Keeping families together

Empowering parents and other family members to affect lasting behavioural change in children and young people by building on strengths, supporting the development of new skills, encouraging healthy family relationships, and defining roles and responsibilities.

2. Parent-led and child-focused

Working with parents to meet the physical, emotional and developmental needs of children and young people.

2. Systemic formulation and evidence-based treatment approach

Problem behaviours are assessed and formulated using the Systemic Integrative Treatment Assessment and Intervention Model (SIT AIM). SIT treatment draws on a range of evidence-based therapeutic models including pragmatic family therapies, behavioural therapy and CBT.

3. Home- and community-based treatment

Providing intensive treatment in home, school and other community settings, with the family and natural ecology, as well as relevant professional networks.

4. Managing risk and increasing safety

Collaborative risk-identification and safety-planning is prioritised. Comprehensive plans are devised, implemented, and continually evaluated and reviewed to support families to manage and decrease risk throughout treatment.

5. Overcoming barriers to success and maintaining the therapeutic alliance

Utilising a determined, yet non-coercive, creative approach to overcoming obstacles to treatment progress and addressing impasses in therapy to achieve treatment goals.

6. Responsive and flexible treatment approach

Drawing on a range of therapeutic models and doing whatever is needed to overcome treatment obstacles, addressing prioritised causal and maintaining factors. Providing treatment where and when the family need it with additional 24/7 on-call support.

7. Supportive and collaborative

Working with families to formulate and understand difficulties, drawing on family strengths and professional expertise to collaboratively devise interventions, and continuously support implementation.

8. Achieving measurable and sustainable change

Setting clear measurable treatment goals, detailing specific behaviours or problems and continually tracking progress. Sustainability planning is central to treatment to support families to sustain change, plan for the future and continue to progress.

Referral criteria

Essential inclusion criteria:

- The young person is aged between eight to 16 years old.
- The young person is living at home or is in a long term foster care placement or a short term placement with an imminent plan to return the child home.
- The parent or carer has agreed to an initial assessment.
- The young person's intellectual functioning is above 65.
- Behaviours to be addressed include at least one of the following; school refusal, regular absconding, violence, substance misuse, offending, defiant or severe oppositional behaviour or harmful sexual behaviour.

Also accepted:

- Children whose behaviour is putting them at risk of placement out of the family home (such as into care, custody or hospital) or breakdown in foster placement.
- Children with ADHD and high functioning ASD displaying the above behaviours.

If harmful sexual behaviour is present, then the following essential criteria must also be met:

- Offence is no longer in the police or court system.
 - Offence committed no longer than two years ago.
 - There must be a victim (for example, watching child pornography would not meet this criterion).
 - Parental or carer acceptance that a sexual offence has taken place (that is, no absolute denial, although minimisation of the offence can be worked with).
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The Brandon Centre and MST

The Centre undertook the first clinical trial of Multisystemic Therapy (MST) in the UK in 2003, and participated in the first clinical trial of MST for problem sexual behaviour (MST PSB) in 2011. It has also been licensed to provide MST substance abuse (MST SA). The Centre's MST service has been commissioned by many local authorities including Camden, Ealing, Enfield, Haringey, Islington, Lambeth and Waltham Forest.

In developing BC SIT, the framework of MST has been kept:

- BC SIT uses a social, ecological model that is applied intensively in the community enabling parents and carers to make lasting change in their child's difficult and unsafe behaviour.
- BC SIT works across 'systems', for example, school as well as family, using evidence-based treatments.
- Similar to MST, BC SIT offers parents or carers an on-call service 24-hours-per-day and seven-days-per-week, but unlike MST, BC SIT's referral criteria is more flexible and there is a focus on preventing relapse in families and in sharing treatment with other agencies.

BC SIT is part of the Brandon Centre's family service, which also includes parent management training groups for 12- to 16-year-olds with challenging behaviour and parent management training groups for Camden parents of five- to 12-year-olds with a clinical diagnosis of Attention Deficit Hyperactivity Disorder (ADHD).

How to refer:

To discuss referrals, contact Stacey Miller, BC SIT coordinator and referrals manager, or Moira Lamond, BC SIT team clinical supervisor at:

**Brandon Centre for Counselling and
Psychotherapy for Young People**

26 Prince of Wales Road

London

NW5 3LG

Tel: 020 7424 9935

Email: familyservice@brandoncentre.org.uk



Contact details:

The Brandon Centre
26 Prince of Wales Road
London, NW5 3LG
Telephone: 020 7267 4792
Fax: 020 7267 5212
Email: familyservice@brandoncentre.org.uk
www.brandoncentre.org.uk



Travel Directions:

Train – Kentish Town West or Kentish Town.

Underground – Nearest tube is Kentish Town. Chalk Farm and Camden tube stations are a 15-minute walk.

Buses – C2, 24, 46, 134 and 393. C2,134, 214 to Kentish Town Road. 46, 393 to Prince of Wales Road. 24 to Malden Road.



Brandon Centre for Counselling and Psychotherapy for Young People

26 Prince of Wales Road, London, NW5 3LG
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