

Brandon Centre Systemic Integrative Treatment (SIT)

Marketing Pack for Professionals



About SIT

Brandon Centre has developed Systemic Integrative Treatment (SIT) following 14 years' experience of successfully delivering Multisystemic Therapy (MST), working with the families of young people displaying a range of problem behaviours. 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, SIT aims to prevent these young people entering costly out-of-home care. SIT may also be applied to young people already in the care system, helping them return home.

About the model

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 8 to 16 year olds with moderate to severe behavioural difficulties. The 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

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 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. 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. 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.

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.

3. 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.

4. 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.

5. 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.

6. 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.

7. 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.

8. 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.

9. 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 8 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).

Brandon Centre and MST

The Centre undertook the first clinical trial of 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 SIT, the framework of MST has been kept:

- 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;
- SIT works across 'systems', for example, school as well as family, using evidence-based treatments;
- Similar to MST, SIT offers parents or carers an on-call service 24 hours per day and seven days per week, but unlike MST, SIT's referral criteria is more flexible and there is a focus on preventing relapse in families and in sharing treatment with other agencies.

SIT is part of 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 5 to 12 year olds with a clinical diagnosis of Attention Deficit Hyperactivity Disorder (ADHD).

Systemic Integrative Treatment

SIT treatment

SIT offers intensive outreach intervention to the families of young people whose antisocial or harmful behaviour places them at risk of going into care / custody. Typical referral behaviours would include; school refusal, violence at home / in the community, substance use, criminal / sexual exploitation and offending.



How SIT works

An allocated SIT therapist will work primarily with the primary care givers and key adults (systems) involved in the young person's life. Using a range of therapeutic modalities, the undesirable behaviour is modified by shifting the responses to, and the environment around, the young person.

Key aims of SIT

Each referred child will have agreed treatment goals which will then be addressed collaboratively throughout treatment. This usually includes; increase school attendance, reduce aggression and increase positive peer interactions. Ultimately SIT treatment strives to ensure a better trajectory for young people by ensuring that they are living at home, engaging in mainstream education and are no longer at risk of out of home placement by the end of treatment and beyond.



Systemic Integrative Treatment

Outcome Data 2019 - 2020



Young People Reached

SIT saw a total of 61 young people from 2019 - 21. For each child referred the therapist also works with the family, school and professional network.

In Education

89% of these young people were in education by the end of treatment. Most young people referred to SIT are not in education at the point of referral..

89%

82%

Living at Home

82% of young people who had been placed in an out of home placement as a result of their behaviours had returned home by the end of treatment.

No Further Offences

95% of young people seen had no further offences during the course of SIT treatment.

95%

Sustainability of treatment 6 months post closure follow up Data

100%

Sustained Change

All of the families available for follow up data collection (7 families) reported their child remains; living at home, in education and attending school.

SIT case pricing breakdown.

Cases		Cost Per Case	Cost		
From	To		Max cases	Min cases	Marginal
1	2	18762	37524	18762	-
3	4	17172	68688	51516	13992
5	6	15900	95400	79500	10812
7	8	15158	121264	106106	10706
9	9	14310	128790	128790	7526
10	10	13250	132500	132500	3710

What our clients think

“BC SIT gave us the knowledge, with the emotional support to put that knowledge into action.”

“You gave us what we needed (strength, wisdom, hope and good advice), I’ll be forever grateful to you.”

“Thanks for giving us the chance to turn our lives around in such an incredibly transformational way.”

Feedback from referrers

“Excellent partnership working with positive network meetings and treatment coordination.”

“The behavioural concerns have significantly improved, the young person is now able to manage without medication and I am closing the case.”

“I have found BC SIT workers to be helpful, knowledgeable and committed practitioners, I just wish we could refer more families to them!”

How to refer:

To discuss referrals, contact:

Dean Charlery

BC SIT Coordinator and Referrals Manager

07939 833069

familyservice@brandoncentre.org.uk

Address:

**Brandon Centre for Counselling and Psychotherapy for Young People
26 Prince of Wales Road, London NW5 3LG**

Contact details:

Brandon Centre

26 Prince of Wales Road

London

NW5 3LG

Tel: 020 7267 4792 (opt 3)

Email: familyservice@brandoncentre.org.uk

Web: 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, 134, 214 to Kentish Town Road.

46, 393 to Prince of Wales Road.

24 to Malden Road.