

# Widening the lens: Lessons from piloting a family therapy clinic in an adult neurodevelopmental service

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## BACKGROUND Setting the context

Kingston and Richmond Neurodevelopmental Service (NDS) is a multidisciplinary team (MDT), supporting adults with intellectual disability (ID), and a mainly diagnostic service for autism and ADHD. While diagnostic assessment and individual interventions can provide valuable understanding and support, clinicians frequently encounter situations where difficulties have become entrenched, despite prolonged involvement from multiple professionals.

Many of the challenges brought to mental health ID teams are not located solely in the identified individual, as is also the case in generic mental health teams<sup>1,2</sup>. Rather, difficulties emerge within wider networks of relationships, family histories, professional systems and societal understandings of neuro-divergence/disability. In order to address this, we piloted a systemic family therapy clinic within our adult NDS, creating a space where difficulties could be explored within their broader relational and social context.

Drawing upon the social model of disability<sup>3</sup> and influenced by systemic and narrative thinkers such as Michael White<sup>4</sup>, the Milan team<sup>5</sup> and broader social constructionist approaches, the clinic aimed to complement individual approaches by widening the lens through which difficulties were understood.

## Why family therapy in adult NDS?

Neurodivergence does not occur in isolation. Families often navigate:

- Diagnostic journeys spanning many years;
- Differences in understanding and acceptance of neurodivergence;
- Transitions in roles and relationships across the lifespan;
- Increased caring responsibilities;
- Experiences of stigma, exclusion or marginalisation;
- Complex interactions with health, social care and education systems

While individual interventions can be valuable, some families remain "stuck" within longstanding patterns of distress, conflict, misunderstanding or dependency. Family therapy offers an opportunity to explore these difficulties collaboratively and generate alternative understandings and possibilities for change.

## Aims of our pilot:

- Introduce systemic thinking within an adult neurodevelopmental service.
- Create opportunities for families to explore difficulties collectively.
- Broaden perspectives beyond diagnostic explanations alone.
- Improve communication, understanding and acceptance within families.
- Build capacity for systemic practice across the multidisciplinary team.

We hypothesised that working with families as relational systems would facilitate new understandings of difficulties, support shifts in interactional patterns, and create opportunities for meaningful change where previous interventions had reached an impasse.

## METHOD: Developing the Clinic

Following management approval:

- Clinicians with an interest and training (1-2 years of introductory systemic training) were identified;
- A referral pathway and clinic leaflet were developed;
- External supervision was established with SR, through the Prudence Skynner Family & Couple Therapy Clinic;
- Initial supervision focused on service development, systemic ways of working and adjustments in neurodiverse conditions.
- The clinic consisted of one lead clinician (JD), and two additional members of staff, as a 'reflecting team'.<sup>6</sup> Reflecting teams gave feedback in the session, focussing on strengths within the family.

## RESULTS

12 families took part over the year.

## Key Systemic Ideas Informing Our Practice Narrative approach<sup>4</sup>

- Externalising conversations: separating people from problems. 'If anger were here now, how would you know?'
- Identifying unique outcomes or "sparkling moments" when the problem exerted less influence: 'Are there some times/situations when this isn't an issue?'
- Supporting 're-authoring conversations', focussing on strengths, resilience and other possible identities.
- Exploring dominant cultural and family narratives surrounding autism, disability and caregiving.

## Post Milan approach

- Hypothesising about patterns and meanings. 'If thing didn't change, how do you imagine this difficulty would be in five years?'
- Using circular questions to explore different perspectives. 'And what do you think grandma would say about this?'
- Maintaining a stance of curiosity toward competing explanations. 'Who in the family do you think is most/least affected by this difficulty?'

## Family life cycle perspective:

- Transitioning into adulthood;
- Changes in living arrangements;
- Increased independence;
- Ageing parents and changing caring roles;
- Shifts in family expectations and responsibilities.

## GRRRAACCEESSS and Intersectionality



## Feedback from families:

'We certainly have a better family quality of life due to our sessions.'

'I was comfortable enough during the sessions to be myself and express my struggles and not mask everything. This had led to me being understood more and supported more.'

'They really listened to us and that is very important to us. There were definite improvements and they are still here after Therapy ended.'

'The sessions helped improve communication a great deal at home.'

'It was very interesting hearing feedback and thoughts from the team after we had finished talking. We felt heard and understood.'

## What we learned:

Families reported:

- Increased acceptance of neuro-divergence.
- Improved communication and family harmony.
- Greater understanding of relational influences on difficulties.
- Several families achieved sufficient progress to move on from services after years of contact.

For clinicians:

- Broader perspectives on neuro-developmental presentations.
- Increased confidence in systemic thinking.
- Greater curiosity about context and relationships.
- Positive impacts on work beyond the family therapy clinic itself.

For the service:

- Referral suitability is crucial: significant unmet practical or risk-related needs should likely be addressed before/alongside therapy.
- Engagement of key family members enhances effectiveness.
- Systemic supervision is essential in embedding practice within traditionally individual-focused services.

## CONCLUSIONS

This pilot demonstrated that developing a systemic multidisciplinary family therapy clinic in an adult neurodevelopmental service is both feasible and valuable.

Moving beyond solely diagnostic or individual formulations enabled families and professionals to develop richer understandings of neuro-divergence, relationships and change. By widening the lens from the individual to the whole system, new possibilities emerged for acceptance, connection and growth.

## REFERENCES

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