

Area Covered: Diabetes, high family conflict and negative peers

Case Study: Emily

What were the issues?

Emily's mother was reporting she was not able to manage Emily's behaviour at home and had similar concerns for Emily's younger sister. Mother reported she felt she was at the point that she could no longer cope with the girls. Children's Social Care (CSC) were concerned as to how mum was managing behaviour and more broadly about relationships at home, with daily conflict at home, sometimes becoming physical. CSC also had significant previous concerns regarding the management of Emily's diabetes, including recent hospital admissions. This was a factor in the children being placed on Child Protection Plans.

Emily's school attendance prior to MST was 40% and she was regularly excluded and frequently sent home for diabetes related issues. Community concerns included Emily's contact with an older group, involvement in fights and threats over social media in the local community, leading to regular police involvement. With this group, Emily had been engaging in anti-social behaviour and had been reported missing on several occasions. Mum had very limited knowledge of what Emily was doing when out the house and was fearful of challenging this.

What did MST do with the family and systems around the young person?

Interventions primarily focused on mum setting clear expectations, both at home and in the community. This was achieved by completing behaviour management plans but also working on clear and assertive communication to implement these plans, which took some practice, scripting and role play initially to increase mum's confidence. The MST Therapist sought to develop family conflict resolution skills, initially focussing on mum and her responses to 'button pushing' behaviour. Using approaches from Cognitive Behaviour Therapy (CBT) to enable mum to manage her responses more positively before extending this work out to Emily and her sister in family sessions to develop shared expectations and positive communication.

The MST Therapist supported mum to extend her communication work to engagement with professionals, particularly school and with Emily's GP and diabetes specialists. This allowed a clearer plan to respond to any ongoing health concerns, to build confidence for professionals that mum was able to monitor Emily's diabetes more consistently and to ensure school would be able to manage without sending Emily home, when possible. At the heart of this was an effort to ensure mum was empowered to be in the 'driver's seat' and that she had the skills to contribute to meetings and decisions and was also accountable for her actions.

Further work focussed on increasing mum's supervision of Emily in the community, with practical steps, including bringing in support from Emily's friends and adult children. Alongside this the MST Therapist focussed on mum promoting and encouraging some of Emily's positive friends and be more present in her life. The foundation for all the work on boundaries was developing relationships warmth and positive time at home, which remained a focus throughout treatment.

What was the impact?

Emily's school attendance increased to 72% and she maintained her place in her mainstream school, with the risk of exclusion significantly reduced, despite some ongoing challenging behaviour in school. Emily was engaging in schoolwork and school remained committed to her. Emily's younger

sister also made progress at school, with improved attendance and a re-integration back into mainstream lessons. Mum's relationship with school improved, as did the relationship with the school nurse and Emily was not sent home once due to her diabetes during MST. The family reported more positive relationships at home and reduced conflict with no police call outs for this during MST.

As a result of this and the increased boundaries at home and in the community Emily's contact with 'negative' peers reduced significantly and there were no missing episodes or reports of anti-social behaviour from Emily during MST. Emily was going out and gaining more independence though mum felt clearer on who Emily was with and where she was going and was able to discuss and impact Emily's choices without fear. Mum presented as more confident and consistent both with the children and professionals. Emily's diabetes was well managed with no new hospital admissions and, as a result of this, CSC 'stepped down' the case from Child Protection Plans, with a view to close the case altogether in the weeks following MST's case closure.