

Area covered: Education and suspected ASD

Case Study 2: Devon

What were the issues at referral?

Referral behaviours included smoking weed and selling weed (under duress by an older teen), carrying knives to school, associating with negative peers and drug dealers, breaking curfew, as well as verbal aggression and property damage in the home. Devon had an EHCP plan, due to having moderate learning needs and ADHD. He was also being assessed for Autism. Mum had diagnosed mental ill health and the family were known to children social care and the police since 2002.

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

The MST therapist very quickly engaged with mum and the family by spending the time to get to know the family dynamics and understanding how they managed Devon's behaviour through use of the MST strengths and needs assessment. This served three vital points; firstly, the MST therapist focused on the bond/great relationship mum had with Devon and levered this strength. Secondly, mum knew Devon very well and his movements, so the therapist was able to leverage mum's knowledge of Devon in reviewing and updating safety plans very quickly. Thirdly, instead of allowing mum to rely on just multiple sessions a week and on-call in times of crisis, the therapist levered off the strength that mum had a big family and quickly brought them into the MST treatment process. Devon had several older siblings; therefore, the therapist ensured, in regular family meetings how they could 1) support mum with monitoring Devon/ spending time with him 2) looking for him and retrieving him if he went missing 3) supporting mum in between sessions to problem solve regarding Devon's behaviour. In addition to this, the therapist adapted all plans in a way that Devon could understand; colourful, clear and to the point. This supported him to understand boundaries in a way that his mind could process them.

Multiagency working: The MST therapist worked well in engaging and aligning with the multitude of agencies (education, police, social worker, antisocial behaviour team, Educational Psychologist, CAMHS and YOT worker) involved with Devon to understand Devon's behaviour from a systemic approach instead of focusing solely on problems and/or mum's mental health. The MST therapist had weekly evidence that mum and social support were able to safeguard Devon and support him to minimize his association with negative peers in the community, engage in his education and follow rules at home. The plans were developmentally appropriate, strength based and fully developed in collaboration with mum and the family.

What is the impact?

At time of discharge, Devon was in full time education (post 16) and doing well, he had new aspirations to start a clothing line or to become a brick layer; both skills he was supported with in his current education provisions.