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# Introducing Redbank ...

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In 2001 I was fortunate to be contracted to provide family therapy supervision for the Adolescent and Family Unit at Redbank House. This has involved meeting weekly to explore approaches to including family in the treatment of adolescents through case discussions, theory sessions and regular conduct of family sessions with the use of a one-way screen. Many people have commented over the years how unusual it is for a team of mental health professionals in a public health service to make the financial and time resources available to thinking about family systems. Just as families develop particular sets of responses and principles that transmit down the generations, so it can be in a workplace. Redbank House has a long history of thinking 'family' when addressing children's mental health symptoms. Family Therapy became an integral part of the program under the directorship of Dr Peter Churven in the late 1970s and into the eighties. Dr Churven, who had trained in the strategic therapies of Haley and Madanes, took the initiative to equip the unit with one-way screens for viewing family therapy, and began admitting whole families into the unit, which continues to this day. He wrote about some of his family therapy initiatives at Redbank House in this journal and the ANZ Journal of Psychiatry in 1983. (Churven & Durrant, 1983; Churven & Cinto, 1983) In the preceding decades Redbank House's adolescent team has managed to maintain continuous systemic supervisory input.

It has indeed been a privilege to participate in such a legacy of applying family therapy to the work of one organisation. The articles submitted to this journal edition bear testimony to the breadth of rigorous thinking about working with children and their families, as well as how family systems thinking informs the self of the therapist and their functioning in the work place. What I have found most striking over the 8 years of involvement at Redbank House is the willingness of a number of team members to step back from the intensity of their work to gain a more reflective position in the midst of all the pressures of adolescent safety risks and often severe and provocative symptom presentations. It has not always been a comfortable process, as team members have acknowledged the many obstacles to holding a systems view within a medical, child-focused context. The pressure from both parents and other professionals to focus on 'fixing' the problem in the adolescent is often raised in supervision as a tension in the worker's efforts to keep the whole family and other broader systems in view. The capacity of the leadership and

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various team members' ability to tolerate this discomfort, and to push on with their efforts to think systems, is impressive. This is particularly so in the current anxious societal climate, where the quick fix and shortest possible route to relieving discomfort seems to be the norm. Hooray to the journal editors for recognising this effort in dedicating this edition to the application of family therapy by the professionals at Redbank House!

### References

- Churven, P., & Durrant, M. (1983). The admission of the whole family in a child psychiatry setting: A follow-up study. *Australian and New Zealand Journal of family Therapy*, 4(3), 153–158.
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