WORKING WITH CHILDREN

How does work with children differ from work with adults? What are the distinctly humanistic approaches? What is it like to work with children? What would help people with a humanistic background who find themselves working with children without a specific training? How useful is it to work individually with children, when they may be 'carrying' the difficulties of the family, and perhaps our society as a whole? Because much of our suffering has its roots in childhood, does it not make sense to focus our attention on ways of helping early in life, before positions become fixed and solidified by later experience? How do we as a culture respond to behaviour we call 'difficult', 'evil' or 'abnormal' in children, and are our ways effective? What are the fruits of our responses and reactions to these children?

I have never worked with children, but I have read about others' work. I have had close and challenging relationships as a parent with my own two. Last month the Mental Health Foundation issued a report: their research has shown that one in five children in this country have 'mental health problems'. In this issue several practitioners write about their own work with children and young people. The articles which follow are by practitioners who work in a variety of settings, who have different 'titles' and different theoretical bases. Responses from others will be very welcome.

Maxine Linnell

Aren't Children Worth It?

Joanna North

There are currently no child psychotherapy trainings in the United Kingdom under the humanistic umbrella. The only recognised and widely accepted training in this field has been run (since the inception of child psychotherapy) by the Tavistock Institute. This lack of formal training means that there are many mental health workers in the field who have a rich variety of experience and various levels of competence, but no organisational base to refer to for professional support or advanced training.

I am one of these. I came to child psychotherapy after UKCP accreditation through HIPS. The main focus of my work was with adults and I was employed by Social Services in Exeter at a group

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psychotherapy centre. At the same time I was apprenticed to a family therapy clinic in a clinical psychology department and here I stayed for three years, working with children through the lens of family systems theory. This was shop floor experience which I greatly valued, particularly the opportunity to experience and practise another model of psychotherapy, one which had turned its gaze away from the intrapsychic and was more focused on the social, political and familial problems which impact on young children.

Following this I moved on to a post in a unit for emotionally and behaviourally disturbed boys between the ages of six and twelve years. This was a diversion which provided another steep learning curve. Most of the children in this unit had been removed from the parental home due to the impossible nature of their behaviour. There was obviously less chance here to look at the context of the problem. The main therapeutic focus was behavioural. In fact this unit had set up one of the first token economy schools in England in the early 1970s. Now here was an integrative challenge: how to make some sense out of the psychodynamic work that I could provide for the children in terms of weekly or twice-weekly sessions within the context of a behavioural focus.

I met this task with the fear and trepidation that most of us might feel if we were to put out to sea in a storm with only a pair of oars. However, I do feel that I made a meaningful contribution to the lives of these children and had good feedback on the service I was providing.

After two years in this role I have now moved into the post of Head of Therapy for a fostering and adoption agency in Devon where we are providing therapeutic support and services to over 20 children in foster homes throughout the county. As you will see from this career progression there are some fascinating roles being created for therapists who are willing and able to work with younger people.

Most of this article is devoted to showing how my own work has developed, without formal training but with huge commitment to professionalism and the 'coal-face'. Since there are no formal trainings in the field there must be many other people working on this cutting edge who, like me, search for a solid and coherent supportive base, and I will be talking about my moves towards making this happen. But I will first explain some of the critical aspects of the work, those to which I have learned I must pay attention if I am to provide the best possible service for the child.

This is different

I have had to face up to the fact that working with children is crucially different to working with adults and one cannot simply transfer the values of adult psychotherapy on to child psychotherapy. Depending on the ages of the children concerned I have to take into consideration, as part of the assessment process, their developmental stage, their ability and the level of autonomy they have reached. Containment of the work and communication skills have to be tailored accordingly. For example, do we provide an arena for play therapy, or do we have here a client with sophisticated interpersonal skills who wants to talk? I recently had a 15-year-old male client complaining about a therapist who got him to play with bricks (language

not repeatable). This was an affront to his development.

An issue which I did have to think carefully about was the fact that I found myself responsible not only to the child in each case, but also to the adults in that child's frame of reference. The first responsibility (after the child) is always to the primary caretakers, parents, foster-parents. But there may also be involvement with a statutory body, usually Social Services, for children who have been removed from their families and taken into care under child protection orders. In fact Social Services are more demanding of therapeutic input for children in care than they have ever been, recognising the benefits of the work. But this puts the whole experience on a different map from that of adult psychotherapy where the boundaries are relatively straightforward. I have found that the map of this territory can best be negotiated through making three-way contracts (or even four- or five-way ones) with my client and appropriate others and constantly monitoring the state of these contracts. In this way the therapist can maintain confidentiality for the child but at the same time fulfil obligations to include interested parties.

I got quite lost before I got this map clear and found myself in panic situations where I was being expected to report on my work at statutory reviews whilst at the same time protecting my client's confidentiality. However, over a period of several years I have found that this really is a possible scenario if one can only overcome the initial resistance to the idea of secular psychotherapy sessions. Some advanced supervision training with Michael Carroll and Elizabeth Holloway, authors of *Counselling within the Organisational Setting*, was very helpful and provided me with further permission to help my client through contracts; contracting to work with other parties, to comply with codes of ethics, and to maintain a contained and confidential space for the client work.

Furthermore, this type of contracting with others brought me face to face with many interested parties. Very often statutory reviews or child protection reviews are open to 'all parties concerned with the child'. This is within the spirit of the Children Act 1989, which advocates communication between agencies in order to avoid discrepancies in care which may lead to 'not noticing' problems with the child. It is deemed in the child's interest that all parties concerned should be talking to one another.

I keep copious notes of all conversations that I have with agencies about my clients. If anything should go wrong in the child's life, everyone will become accountable for every action. It is not unusual in such a situation for a social worker to expect to see notes in connection with the work undertaken. I have also had to produce notes as a result of a court case in which I was called as a witness for the child. Under these circumstances I have been only too glad of accurate record-keeping skills.

Whilst all this may seem alarming at first, there are ways of making it work for the client. For example, I will always talk with children about what they may want me to say at a review. Often the response is positive, since they feel supported and helped, and like being given permission to express needs and perhaps even tell people how well they are doing. However there are some situations where speaking out is

frightening for the client and may cause problems. We then have a chance to discuss the difficulties and decide what is communicable and what remains under wraps in the therapy room, and this does have to be under client control. Generally, care agencies and caretakers are very respectful of the therapeutic ethos and give their support to these boundaries.

However, in situations where children divulge material which may affect their own safety, I am under an obligation to refer to a child protection officer. I will have explained this to my client as an initial part of our contracting together. Practitioners can find themselves in some terrible dilemmas as a result of hearing child protection sensitive material, and it is an uncomfortable experience to feel torn between one's statutory duty to protect children and a personal and ethical duty to maintain confidentiality. I do believe the territory is shaded more grey than child protection officers would have us believe, but anyway the key to this dilemma is the contract that you make at the start of the work with your client. It is surprising how clearly an eight-year-old with problems can understand what you mean when you say: 'It is very important that children are safe from harm. If you tell me you are not safe from harm, I will have to tell someone who can make sure that you are. I won't do that without talking to you about it first.' These kinds of conversations in themselves provide safety for the small client.

Further to this issue of sharing information, it is surprising how helpful it can be to the client to assist them in making sense of the world. If I myself find it a minefield having to liaise and contract with a social worker, teacher, child protection officer, team manager, foster-parent, educational psychologist and psychiatrist (not an unusual line-up for a child in care) then how on earth is my smallish client going to integrate all of these 'helpful' people into her or his world and make meaning? In my experience children are usually relieved to have someone else supporting the burden of communication with all concerned and making a clear map of the territory. This is one of the key services that can be offered in psychotherapy. Children in care are not necessarily freed from their problems; in fact they are often saddled with a more complex and confusing arrangement than their original one.

Theoretical base

In addition to being trained in adult psychotherapy and through experience trained to work with children, I have supported myself with some of the solid theoretical material to which we have access today. Within the analytical schools of child psychotherapy training, theory leans on the apparatus, originally provided by Freud, on which both Melanie Klein and Anna Freud built their own theories of work with children. However these two women disagreed on their theoretical base, Klein concerning herself with the development of the relational aspects of the personality and introducing the idea of the importance of mothering and the infant, Anna Freud remaining loyal to her father's attention to ego development — many systems of play therapy that are practised today are built on her observations and her development of the theory of play. This inability to agree a common base caused a split in the Analytical Society, but to any therapist working from an

integrative viewpoint both theories hold value and can be informative. We can think about a well-integrated ego, whilst holding awareness of the relational field of the child. I would recommend the *Selected Writings of Anna Freud*, and Julia Segal has gathered together the clinical theories of Klein. Reading these gave me a good historical sense of the development of theory.

Melanie Klein supervised the work of a psychiatrist working with children who was to make a contribution to British psychiatry and psychoanalysis as significant as her own. This was John Bowlby, who developed attachment theory. He took the disagreement between Anna Freud and Melanie Klein even further, since his theory adamantly steered away from the intrapsychic towards the external circumstances which develop the personality. His primary focus was on the bonding of the child with the mother and the secure base which this provides for the development of the child. It was his view that all disturbance in the personality is based on trauma brought about by separation from the primary relationship. He was however criticised for the emphasis that he placed on the female role in parenting. His theories are deeply appealing to the humanistic temperament and have greatly informed and improved the quality and depth of understanding of my work. They have also supported family systems theories which are the mainframe of much clinical psychology work with children today. Jeremy Holmes has written an account of his life and works.

Any account of theoretical values when working with children would not be complete without an understanding of the works of Donald Winnicott, a contemporary of John Bowlby. Both these men were greatly influenced by the psychoanalytical schools of thought, but they were willing to go the extra mile in their thinking and develop the basic analytical principles into richer and more child/client-centred practices. Winnicott concerned himself with 'the facilitating environment'. He was interested in how the child was able to express himself or herself and how to exploit reparative experience to the full benefit of the client. This meant looking at issues such as symbolism and the deeply somatic nature of infancy. His contribution to social policy, like Bowlby's, has been enormous and has formed a turning-point in Britain towards a more child-centred approach to care. He brought many concepts to the realm of therapy on which we will dwell for generations to come, for example that of the 'good-enough' mother.

This is only a cursory glance at some of the bedrock theories, but I felt it was important to have a sense of the historical development of some of the thinking that influences our practice today, now that we can probably take its foundation for granted. In addition I have taken a look at some of the many views on child development. Theories abound here, from Mary Sheridan's developmental milestones to Piaget's research into child perception. Petruska Clarkson has tabulated the various models of childhood development in *TA: An integrated approach*, in which she reserves a chapter to describe the application of transactional analysis to therapy with children. It seems to me that Eric Berne's desire to develop psychological theory which could be understood by the person in the street also extends to the

childhood arena.

On the issue of integrative approaches, I feel that working with children offers an essential opportunity to merge the humanistic with the analytic, since most of the existing thinking is based on psychoanalytic principles. In the final analysis, I have found that health and social service departments require some theoretical back-up in sound and meaningful language that can be translated into layman's terms to be understood by the non-expert and the expert alike. The bench-mark for me is 'Can my ten-year-old client understand my drift?'

My final addition to theoretical back-up for work with children would be a read of the 1989 Children Act; Mary Ryan has produced a book on putting this into practice. Child psychotherapists are in an unusual position — not many consulting rooms feel the weight of statute knocking on the door and disturbing the therapeutic relationship. However, the Act is there for the protection of children, and anyone working in this field will need to be at least aware of the basics, as much to protect themselves as to protect their clients. Without wanting to be obsessive about precautionary measures, you might want to bear in mind that by virtue of this Act anyone working with children is obliged to undergo a police check for convictions (particularly against children). When I undertake new work I always expect police checks to be made, and offer appropriate information.

I am aware that there has been nothing in this discussion about the content of the work with child clients. I would love to elaborate on the richness of this work, but my point in this article is to bring attention to the dilemmas which occur in work with minors, and the potential vulnerability of the therapist. There are currently no child psychotherapy trainings in the United Kingdom which lead to UKCP accreditation, which means that those of us who are daring to meet the enormous need in this area do not have the solid base that we deserve in order to provide for our clients. It has been my intention to describe how I have built solidity for myself through meaningful theory and association with others in the field.

Supervision has been fertile ground for my continuing education and professional awareness. I have been fortunate in this area and have felt deeply acknowledged and supported by my three supervisors (one for child work with Social Services, one for non-child work and one for Health Authority work). Again, I have been guided by people from different traditions, but have come to respect the differences in approach, and this has opened up pathways of thought that would never have been possible had I been strictly monotheistic in my view. Mary Boston, a child psychoanalyst and former Tavistock trainer, has patiently taught me the insight that her trade tools can offer, and Scilla White, a child and adolescent psychiatrist for 25 years, has shown me just how humanistic the medical profession can be; the value of her support has been immeasurable.

My search for connection with others in this field and determination to win recognition for the work that I do led me finally to talk with Petruska Clarkson of Physis. Petruska is the only child psychotherapist accredited by the AHP and this is by virtue of the fact that she set up child psychotherapy trainings when she was director of

Metanoia. These did not take off, due to lack of funding. However, Petruska still has a love for the work and is interested in the dilemmas of people like myself. We will be embarking on a training course in September 1999 which will be a humanistic/integrative training with a research component. This will mean that I can qualify myself with a PhD as well as gain a route to the hallowed ground of accreditation as a child psychotherapist (humanistic and integrative). Julie Hewson of the Iron Mill in Devon who trains psychotherapists for accreditation is also deeply committed and sensitive to the needs of working with children and she has suggested that I may be able to offer further child psychotherapy trainings from the Iron Mill in due course, after the necessary planning and procedure. She currently has a course running on counselling children and adolescents, staffed by a specialist in this field and carrying a certificate in Advanced Professional Studies from Bath Spa University College.

I believe I may have found a relatively comfortable resting-place at the end of an arduous journey of heart and mind. I hope that just some of the relief that I feel can be shared with my younger clients.

Further reading

Richard Ekins and Ruth Freeman, *Selected Writings of Anna Freud*, Penguin

Julia Segal, *Melanie Klein*, Sage

Jeremy Holmes, *John Bowlby and Attachment Theory*, Routledge

Petruska Clarkson, *TA Psychotherapy: An integrated approach*, Routledge

Michael Carroll, *Counselling Supervision*, Cassell

Mary Ryan, *The Children's Act: Putting it into practice*, Ashgate