

Educational Therapy & Therapeutic Teaching

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editor: Lee Marsden

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Editorial

Our opening paper demonstrates the damaging effect of early loss on a child's learning. Through sensitive responses to initially understated distress, Gloria Condon enables a child to own and express his sadness, and begin to function better when in school. Close attention to the child's pre-occupations and interests leads to carefully considered learning activities, which connect with the boy's emotional world.

The next paper tells the story of a family where emotional difficulties were so complex and worrying that help was sought from the specialist service at the Cassel. Therapeutic opportunities in the classroom supported both the learning and the children's emotional lives. This paper, and the opening one, give moving examples of the child's unspoken understanding of the power of the metaphor: in each case, it is a child who introduces the therapist/teacher to a book that tells part of his own 'story'.

The third paper considers the many ways that children's vulnerability can manifest itself in the classroom. Jenny Dover gives useful pointers to class teachers wishing to think about and understand behaviours that draw attention to children's feelings of vulnerability. She also suggests particular kinds of learning activities to help children – and teachers – cope with particular kinds of vulnerability.

The less protected life of the secondary school classroom is the constant backdrop to Ruth Seglow's paper. As a child and adolescent psychotherapist, she works throughout a secondary school, sometimes with individual pupils or their parent(s), sometimes thinking and consulting with staff. Always, she uses psychoanalytic thinking to question, hypothesise or explain her view of the problems that come her way, needing to be 'sorted out'. There is a sense that in the role she has developed, she contributes to and supports a school culture where thinking with others is valued and important.

This thinking together is regarded by Clare Williams as the 'secure base' for both pupils and staff in schools. In describing her experiences as a consultant supporting the development of a joint problem-solving approach in a London primary school, she shares with us the changing web of emotions both within and around her. An advocate

of reflection *on* and *in* action, she is determined to hold to a steadily collaborative course. This eventually makes a convincing difference for staff and children alike, with aspects of the school changing over time to reflect a psychodynamic approach to interactions and to learning.

It is this ‘way of thinking’ that educational psychotherapists, and others similarly trained, are equipped to bring to schools, as well as to clinical work. Applying our thinking in consistent and meaningful ways is best done with the support of like-minded colleagues. Hopefully, the reading of these papers can also offer support to teachers, and other professionals, struggling to help schools address the needs of their most vulnerable pupils.

Lee Marsden

Loss, Attunement And Second Chance Learning

A Case Study

Gloria Condon

INTRODUCTION

Nine year-old Tom was referred to the Child and Adolescent Mental Health Service because of concerns about his emotional vulnerability, social isolation and immaturity. In school, Tom was considered academically below average, had little motivation and was in need of support in all subjects. The presentation of his work and handwriting was poor, he demanded adult attention and had difficulties in concentration. He constantly stroked, touched and licked pupils and adults and indiscriminately hugged adults, mostly women.

FAMILY BACKGROUND

Tom's mother had died suddenly and unexpectedly from a brain aneurysm the day before Tom's fifth birthday. His father had been his main carer since then. He had three half siblings from his parents' previous relationships: Caroline and Donna, both 18 years old, and Phil, who was 16. Caroline was the daughter of Tom's mother. After her mother's death, she had moved into the flat below Tom and his father, to live with the maternal grandmother. They both had a good relationship with Tom and saw him on a daily basis.

Mr C, Tom's father, had lost both his parents as a teenager. In his early teens, he had found his own mother dead then, in his late teens, he had nursed his father and had been with him when he died. Mr C's way of dealing with death was not to look back, so he did not speak much about his parents.

Mr C was in a relationship with an 18 year old, Sal, who had a background of self-harm. A consultant psychiatrist was seeing her at the time of my involvement with Tom. Mr C worked as a bus driver and Sal and her friends did most of the caring for Tom. One of her friends was the live-in nanny for the first term of Tom's therapy.

EDUCATIONAL PSYCHOTHERAPY ASSESSMENT

Following an initial meeting with Tom, his father, a co-worker and myself, three sessions were held to determine Tom's suitability for educational psychotherapy.

From the first meeting, and throughout the assessment sessions, Tom came willingly and eagerly. His eagerness to become involved in play, and to form a relationship with me straight away, indicated a desperate need to communicate. During this first meeting, with father and son, Tom also came with me to another room, where he engaged readily in a paper conversation with me.

In the paper conversation, rather than allowing me to develop the conversation of my own chosen character, Tom showed a wish to control both characters. He seemed to be using them to represent two parts of himself, 'Monkey Boy' and 'Tomesses'. His immediate need to control both sides of the conversation indicated a high level of anxiety and a need to communicate this. Both characters' voices and words were used to express how he wanted me to perceive him – polite, good mannered, well spoken and wanting to make friends. He did not want to be seen as someone who would speak inappropriately to adults but someone who could be liked. His strong need to ensure that I had a positive image of him suggested that, in fact, he had a fear of not being liked. It seemed as if he was projecting 'Monkey Boy' and his more negative characteristics into me and later, in the assessment sessions, it seemed that he wanted me to experience what 'Monkey Boy' was feeling.

However, at the start of the three assessment sessions, my perception of Tom differed from my first meeting with him and his father. Then, Tom had conducted himself as a controlled, articulate, polite and good-humoured mini-adult. Now, in the three assessment sessions, he appeared younger than this pseudo-adult self. It seemed that, when engaging with adults, Tom acted and behaved like a mini-adult but he dropped this behaviour when offered a play environment, appearing as a child even younger than his chronological age. He became fully engrossed in floor play, talked to himself and to character figures and related to me as if I too were a child – instructing me in the rules and regulations of his games. In play, he used rules to manipulate what I could do and to ensure predictable outcomes. The regularity of rules served to hold him together and lessened his anxieties, while more open discussions about his life were too difficult. At this point, he was even unable to read or say the word 'mum.'

In his projective drawing of a house, tree, person (Fig.1), Tom drew two people. I wondered if the two people in his drawing were representative of two aspects of his personality as in the paper conversation task of our first meeting. Were they 'Tomesses' and 'Monkey Boy'? On telling me about his picture, he pointed out that one of the people had long, nasty toenails and the other did not. This suggested that he was splitting off the bad parts of himself into Monkey Boy, while the other character represented the



Fig.1

‘polite and good mannered’ Tom. He placed many airdales on the roof of the house. They were arranged in a frenzied way, indicating a sense of chaos and confusion. He also included many windows, disordered and at different levels but with two closed doors in the centre of the house, amongst the disorderly windows. This suggested to me a secretiveness or a sense of exclusion at the centre of his experience.

In the first session, Tom’s anxiety was apparent. He was uneasy about leaving Caroline, the live-in nanny, whilst in the session and was unable to settle until he could see for himself that she was all right. I wondered about the number of carers Tom might have experienced as he appeared anxiously attached and immediately projected his feelings of insecurity into Caroline.

However, Tom quickly started to use imaginary play and toys to express his feelings of aggression and anger in relation to attachment issues. He initiated ‘armies’ play, using electric fences and animals to project feelings of vulnerability, rage and fear. He allowed ‘my’ animals more fences than his but gave himself more ‘powerful’ animals, thereby exposing me as his ‘Monkey Boy’ self.

In Winnicottian (1971) terms, I wondered if this was how Tom’s true self felt: unprotected, vulnerable and under attack. Was the ‘powerful’ Tom, or Tomesses, the pseudo-adult self, building fences to shut out his pain or was it his father’s emotional fences that shut

Tom out? In counter-transference, I felt exposed and powerless as Tom's behaviour became increasingly unpredictable, as, defensively, he changed the rules to keep himself in the more powerful position. This unpredictability possibly indicated his experience of others as not constant and inconsistent. In response to my voicing the animals' feelings of being powerless and in danger, Tom suggested that I forfeit my animal babies and 'put them in the grave yard' in order to retrieve the dead adults that he had killed. I wondered whether this was an expression of his anxiety at being alive. 'Baby' Tom had been left behind after his mother's death. Perhaps he was expressing fears of having been responsible and guilty for her death. There appeared to be confusion about the loss of his mother. Certainly, this play represented the world as a bleak and futile place where babies were insignificant and worthless. In his paper *On Mourning and Melancholia*, Freud (1917) described how 'in mourning it is the world which has become poor and empty, in melancholia it is the ego itself.'

During these early sessions, Tom's involvement in free choice play led to equipment being strewn around the room. He was unable to tidy away the chaos that he had created. However, once he had engaged in imaginary play with 'armies' and had had the battle, he was capable of organising the play equipment. It seemed that he was able to become calm and orderly once some internal chaos and anger had been released through play.

In one session, Tom unexpectedly brought items from his 'private' collection at home. He used the items to share aspects of himself: his interest in playing 'armies'; his love of chess, football cards and cars with opening parts; his enjoyment of competitive board games and his fascination with shiny/transparent objects, sometimes used as protectors or shields in his play. I wondered whether his interest in these shiny objects was linked with his reference to his mother as 'the North Star', a point where his father had told Tom he could locate his mother in the night sky. Perhaps his fascination with reflective and transparent objects was an indication that he wished his emotional need to be mirrored by other significant people in his life. The use of transparent objects as protectors seemed an expression of feelings of vulnerability, and deep fears about exposing issues or, possibly, secrets. Tom's fixation with shiny things could also have been symbolic of an instinctual need to feel lit up by his mother (Kohut, 1984). In a picture of his family, family members were drawn without arms or hands, an apparent expression of not being comforted or "lit up" (Fig. 2). Perhaps the shiny objects helped him to view the external world as a source of wonder and to feel alive.

Although he was a friendly child, Tom displayed a lack of social and personal boundaries. He constantly asked to have my rings, referring to them in play as powerful weapons. He begged and pleaded for them and promised that he would bring them back the following week. He also brought money, offering to pay me '25p this week and 26p next week'. His persistence and the tension were great as he moved on to requesting that I buy him football cards. In wanting me to buy him things, Tom did not seem to

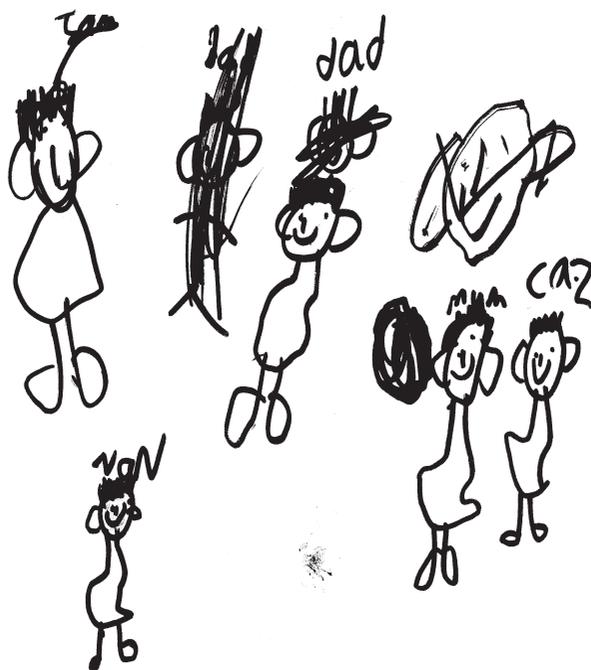


Fig.2

trust that what was provided was sufficient. He was needy. His behaviour indicated both a lack of boundaries and a reliance on concrete things as an alternative to emotional satisfaction. Wanting to encroach on my personal space by demanding my rings implied a wish to merge with me, as in the earlier paper conversation. I wondered what my rings represented – a quality in me, or a quality he associated with his mother as the North Star? His sense of emotional deprivation in not being able to have these desired objects was acute and wanting to pay me suggested insecure feelings about me and a disbelief that I could be available to him. Eventually, however, Tom became more able to accept that we had everything that we would need in the room and that my rings and I would be back the following week, without his needing to pay me. Nevertheless, Tom's imaginary play sometimes expressed a desire to be fed and to feed me. Adopting the role of a restaurant chef, he prepared me a substantial meal and enormous courses for himself, suggesting an overwhelming need to have his emotional needs satisfied.

During board game playing, Tom presented as a much younger child who could not bear losing. He wanted to control the play and constantly changed the rules to his own advantage. He displayed a high level of tension and anxiety. If there was any indication that I would get the upper hand, he soon lost interest and wanted to end the game.

During the early sessions, Tom often left a personal belonging behind which suggested to me a need to be remembered. He used a variety of techniques from seductive

mannerisms, as when inviting me to enter the room with, ‘Ladies before gentlemen,’ to controlling and manipulating play in order to achieve an advantageous outcome. He projected an overwhelming need to have his demands satisfied, which in counter-transference aroused in me a feeling of wanting to give in to him. It seemed as if he had acquired this way of behaving in order to control people and situations.

Tom seemed to form attachments to adults easily. He did not appear to go through a process of developing trust. The way in which he latched on to me so quickly may have related to his neediness for a secure attachment.

Tom found it hard to make choices and preferred me to make decisions. His need to pull out written paper choices from a hat indicated a lack of confidence, an inability to make decisions for fear of upsetting others, and communicated to me a sense of the importance of secrets in his life. In the early sessions, Tom expressed his disbelief in magical thinking. It was ‘unreal’. Yet, in his exploration of magic through playing with playdough, he phantasised that I had made him a magical ball. His phantasy indicated that he carried a sense of hope about what the therapeutic relationship might offer him.

I concluded from my assessments that Tom could benefit from Educational Psychotherapy in three key areas:

- It could help him explore and reflect on his feelings about the loss of his mother and other separations.
- It could enable exploration of difficult areas of learning (particularly literacy) in a safe environment.
- It could support him in establishing clear boundaries and age appropriate behaviour.

CONTINUATION OF FIRST TERM (AUTUMN)

The structure of the sessions continued as set up in the assessment. I gave space at the start of the sessions for Tom to bring and express his immediate concerns by choosing and using different play materials. This was followed by a task provided by me, unless Tom was interested in doing the task first.

When we started back, on meeting me in the reception area, Tom ran to hug me. I understood this as an expression of his need to cling like an infant in the early stages of attachment bonding (Bowlby, 1958). I later acknowledged with him his need to have someone to hold him, someone warm and cuddly, like mum, and in later sessions, I was to provide for this need, a soft monkey puppet called Cheeky Monkey.

Prominent themes for the rest of the term became manipulation, lack of control/powerlessness and anger.

Tom showed a fascination for zig-zag shapes. He used zig-zag shaped scissors and was interested in Roald Dahl's book, *The Enormous Crocodile* (1980), with its many illustrations of a crocodile's open mouth and sharp teeth. These objects and pictures were used by Tom to explore attacking and angry feelings. His attraction to this shape was my inspiration for a task involving a 3D puzzle comprising a group of birds with zig-zag shaped wings.

Walking into the room, Tom went straight to the puzzle. As soon as he touched it, he lifted his hands as if he had burnt them and asked in dismay, 'Oh can I touch these?' He was anxious and unsure about how I would respond. I reminded him that everything in the room was there for him to play with in the time we spent together. Tom smiled and said, 'You're kind.' The first piece fitted together correctly, but it left an unfilled space. Tom was a little disturbed by this. I wondered about the empty internal space left with the loss of his mother. He took the piece in and out, as if his efforts would help to fill the empty space, and insisted that, because there was a space, the piece was incorrect. He tried other pieces but the first piece was the best fit. Tom looked dejected until I suggested that he try and fit the other pieces, then maybe he would discover how the puzzle went together. He was happy to try this strategy. He took another piece but instead of dropping the pieces to fit them together as he had done the first time, he tried pushing them. Immediately, he wanted to give up, saying that he could not do the puzzle. I suggested that pushing might not be the only way. At that point, he lifted two pieces and slotted them together. He then managed to fit nearly all the pieces. The last piece proved very difficult as he held it back to front. Again, he wanted to give up but soon realised from looking at the shape that there was another way and completed the jigsaw puzzle. But Tom was a little annoyed, saying that he had not done the puzzle because I had helped him. I commented that I had helped him to think about how to complete the puzzle but did that mean that he had not done it? He looked at me and said, 'We both did it.' I commented that he had shown me that he could complete the puzzle with my help. He attempted to stand the puzzle up, realising that it could stay intact. The puzzle standing firm and intact seemed to represent his ability to bear the task and remain undamaged by the experience. He started to take greater risks with the puzzle, holding it sideways on to see if it would break. His actions became more confident as he poked his finger into it. It still held tight. He gave another tap and the puzzle fell apart onto the table.

Completing this task demonstrated how Tom was able to make use of me in his learning. In this episode, Tom showed signs of taking risks, a sense of curiosity and an ability to explore something unfamiliar with support. He was capable of not rejecting the task when supported through his difficulties.

In another session, on reading the story of Aladdin, Tom expressed his wish to have control. Having had no control over his mother's death, it seemed he needed to have things his own way. He commented that Aladdin was 'lucky to have two things that he

could control.’ These were the Genie of the magic lamp and the Genie of the magic ring. He went on to talk about his own three most important wishes: ‘One, to bring my mother back from the dead; two, to have another trillion wishes; three, to marry my girlfriend.’ He said that he wished that they would come true but he knew they never would: ‘There’s no such thing as magical wishes,’ and, ‘Some things come true but not those important wishes.’ I acknowledged that he was letting me know that he was feeling let down, because what he wanted the most, he could not have.

Aladdin also brought up internal concerns regarding deceptions, as did Rapunzel. Tom remarked that the Genie of the lamp looked scary yet he was kind to Aladdin. He was confused as to how someone could look horrible on the outside and yet be kind. The same confusion occurred with the beautiful garden in the Rapunzel story. He wondered how such a beautiful garden could belong to such a horrible witch. He was anxious about things not being what they appeared to be on the outside. I wondered how this impacted on the way he was thinking about me and his relationships with others. Could he trust me or other people to be kind? Could he believe that I could be available to him?

Breaks and endings provided opportunities for Tom to work through his early traumatic experiences of separation and loss. Refusal to leave the sessions and displays of anger, for example, by destroying play settings that he had enjoyed in the session, or tipping or throwing objects onto the floor, indicated his anxiety and anger on having to say goodbye at the end of sessions. Preparing Tom for endings and breaks with calendar work was difficult as he would refuse to take part in thinking about there being a break or sessions coming to an end. It was painful for him to think about ending as he had to relive past feelings connected with loss: rejection, frustration, sadness and anger. Later in the year, I missed a session owing to illness. On my return, Tom denigrated my efforts in ball play as ‘rubbish’ and excluded me from his expressive play. He projected on to me his feelings of anger and rejection about the lost session.

Dolls’ house play featured throughout the sessions. Tom spent a great deal of time ‘buying’ furniture, setting out the rooms to his specifications and manipulating the doll family. The play seemed to represent his exploration of mother, what Klein terms the ‘epistemophilic instinct’ (Klein, 1931). In order to ensure that the internal parts of the dolls’ house, i.e. the inside of the mother and the therapeutic space, reflected a well space, he created a scenario whereby he set up a robbery, took the role of a policeman and got a monetary reward for capturing the villains. He was then able to use the money to buy furniture for the house. It seemed that by claiming what had been stolen – his lost mother – he was able to reinstate her.

In one session, Tom arranged the mother and father doll figures in the double bed. Then, disliking his arrangement, he cut the plasticine pillow in half with serrated edged scissors. He layed the father figure on the sofa and the mother figure in the double bed. This

indication of Oedipal worries seemed linked with his difficulties in separating from his father during family and social outings. During the feedback session with Tom's father, Mr C informed us of his relationship with Sal, an 18-year-old girl. This relationship was to cause Tom difficulties in the second term.

Tom had reacted to me in this first term as a depriving parent. His reaction to my withholding my rings showed his wish to control me and to alter rules in order to manipulate situations. This was also seen in his everyday relationships at home and at school. One example at home was given by his father who described Tom as 'playing him off' against his grandmother in his attempt to have chocolate for his breakfast. Tom usually obtained the desired result by making his father appear as the withholding 'baddy'.

In the last session of the term, Tom brought me a jewellery box as a Christmas present. He said he had picked it up especially and what he liked about it was the magnetic clasp that held the box together. He told me that I could keep my rings in the box. This suggested to me his preoccupation with controlling me and his fixation with my 'powerful' rings. By offering the box, he was able to control what I did with the rings from a distance and thereby maintain some sense of proximity to me.

SECOND TERM (SPRING)

Throughout the second term, Tom was preoccupied with wanting to control both me and what occurred in the sessions. However, the focus of his expressive activity displayed a wish for new beginnings. He moved on from exploring the dolls' house to deciding that the doll family should take a journey and set themselves up in a new place where they would build themselves a theme park. The creation of a theme park was apt, as the external playing out in the transitional space (Winnicott,1971) allowed for Tom's expression of internal themes.

The importance of boundaries for containment also featured in the repetitive theme park play with animals allocated to pens. Tom was setting up a world that he could control. He began to pair mother and baby animals together in pens. He positioned soldiers to protect them and kept wild animals separately enclosed. Crocodiles were given copious amounts of blood red plasticine meat, keeping at bay their/his ferocity, whilst mothers, babies and other people began to feature in the theme park as workers. Tom was letting people into his world.

Although he appeared more contained in the sessions, themes of powerlessness and helplessness resurfaced with the news of Tom's maternal grandmother going into hospital. His anxiety about not being in control affected his calendar work. He was unable to sequence months and became very angry and frustrated. He expressed his frustration with women. 'Why do you women have to be so precise?' I acknowledged that maybe

he was feeling let down by women in his life and maybe he thought that I had let him down and would let him down in future.

Tom's concerns about his grandmother were expressed in a key session of this term. While using zig-zag scissors to cut into orange and purple plasticine, he spoke about purple being his grandmother's favourite colour, because she loved lavender. But orange, he said, was a colour he himself disliked, particularly orange food, which he would not eat. He said that the pattern on the scissors 'can tell whether you're dead or alive'. On my repeating his statement, he explained how his grandfather (who had died) had been in hospital with a bad heart. Tom said he could tell on the 'machine' (the heart monitor) if his grandfather's heart was 'weak or strong or if he was dead or alive'. I commented that he was remembering his granddad because something was making him think about people being dead or alive or strong or weak. Tom said that his Nan was a funny colour and that she had tripped over the carpet when making his Sunday roast. I remarked that he was worried about her. He said that he was 'very, very worried about her'.

During this second term, the school reported that Tom was still saying inappropriate things, particularly to visitors and strangers. He was not hugging as much but was touching anyone who sat next to him and was not responding to children's requests to stop. The teacher was also concerned that he was constantly picking at eczema sores on his skin. However, he was making forays into playing with other children in the playground, was not going to the toilet as frequently as before and was asking to do so instead of walking out whenever he wished.

At this time, the relationship between Tom's father and his girlfriend Sal was causing Tom concerns. Sal was planning a surprise wedding for Tom's father and was sharing her plans with Tom. Tom was against it and told her that he feared his dad would forget about his mum. Sal recalled an episode at home when Tom had threatened to drink an alcoholic solution because he 'wanted to die anyway', he felt so strongly about his mother being forgotten.

This intense feeling about the importance of being remembered was also brought to the sessions. Every week, Tom requested that we set up the theme park as the week before. This made me consider his need to remember, to make links with what had gone on before and with this, his need not to forget his mother. He asked if I would help him by setting up the theme park before he came in to the session. This request at first seemed like trying to get me to collude with his manipulative behaviour but, in the context of what he had expressed, his request also indicated a need to know that I held him in mind.

In one of our tasks, Tom took an imaginary journey. He chose to go on the journey by himself but said that he would wear my rings to make himself 'powerful'. He drew

pictures of his journey, saying that eighty ghosts were following him down the corridor and that he was frightened. At the end of the corridor he drew a huge door. I commented on its size. He explained that the door had a security lock on it with secret numbers to unlock it and it took him half an hour to open the door. I commented on how hard it would be to be frightened by ghosts and to get to a huge door which was difficult to open.

Once he was through the huge door, Tom found himself outside, where he saw a tall building with six chimneys. His drawing of the building resembled a huge birthday cake with six candles on top. He said that the building was guarded because it held a magic potion that would 'make you good looking'. He managed to get into the building because he had a special badge. The king of the building then called the police to go back into the corridor to get rid of the ghosts.

Tom said that the journey reminded him of a bad dream. Before his sister had bought him dream catchers, he used to dream of ghosts. The story was a narrative of Tom's inner reality, his need for support, but it carried a sense of hope that he could seek and obtain help in getting rid of the ghosts. Tom was recognising that in the external world there might be others who could help him. The therapeutic experience could have influenced these thoughts.

THIRD TERM (SUMMER)

The first two sessions of the third term began with Tom bouncing his ball wildly in different directions. The holiday break had made him angry with me for not being available and his father was finding it difficult to find someone to bring Tom at his usual time. After considering other possibilities, I arrived at a decision to change the time and, therefore, the room. The change of rooms was to occur three weeks into the term, to give enough time for us to say goodbye to the old room. Change became a main theme for this term.

Preparation for moving to a new therapy room meant looking back at all the things we had shared in the old room. Tom looked through his folder and was confused by the paper conversation. I commented how he had told me what to make my character say. He laughed. He talked about the theme park play and the money he made to play 'Deal or No Deal'. He did not look back at calendar work or pictures of dreams. He pondered on paper games such as noughts and crosses and hangman. A shared history allowed for these moments of reminiscing and served to model how memories and past events are conjured up by sharing current and past experiences.

Changes in Tom's behaviour were evident at the start of the term in the way he challenged himself in his football play and in his ability to voice his concerns. He came back with

increased ego strength. He appeared to be performing for me. He began to show me football skills, using technical terms like 'back flips' and 'nutmegs'. He expressed difficulty in trying to beat one of the boys in school at football. I said that he wanted me to know that he had become more skilful at playing football and making friends. Tom began to notice racial differences, for example, whilst playing 'Guess Who?' and he spoke of unfairness, making reference to Rosa Parkes and the American Civil Rights Movement. It seemed that Tom was beginning to experience me, a black woman, as different and separate from himself, a white boy.

This was a difficult term for Tom. His anxieties were heightened by the anniversary of his mother's death, the day before his tenth birthday. Then, the day after his tenth birthday, Tom's grandmother also died. Bowlby (1973) said that we could only mourn in the presence of another. The difficult events of this term served as a positive turning point in Tom's relationship with me. He was able to confront personal dilemmas and unresolved losses. He was able to experiment with aspects of a developing new self.

Tom had the anniversary of his mother's death on his mind two weeks before the actual day. In writing the date on his paper, he first mentioned that it would be his birthday soon and that the day before his birthday was a 'bad' day. I acknowledged that he was feeling anxious about the anniversary of his mother's death. In that session, he became very controlling. He wanted to change the written task into a mathematically based task. It was too painful for him to think. The following week, the week before the anniversary, Tom's behaviour was hurried. He did not kiss his carer as usual. As soon as he entered the room he spoke about not having time. He gave me no eye contact and wanted to play with the ball straight away. He emptied two plastic containers and used them as goals. Forcefully, he kicked the ball into the containers. I acknowledged the anger behind the ball. He said that next week he would be too upset to play. I acknowledged that he was finding it difficult to think about his mum dying and he wanted me to know about it. It seemed as if Tom wanted to see if I could bear the awfulness and sadness stirred up in him with the encroaching anniversary.

Our next meeting was on the anniversary of his mother's death. Tom initiated the squiggles game. He turned a squiggle into an octopus. Whilst drawing the octopus, his legs began to shake. I commented that he might be shaking because he was cold, frightened or worried. He said, 'Yes my mum's haunting me.' He continued to say that she was doing this in a good way, she was always with him and she was in heaven looking down on him. I commented that maybe she was always in his mind. He drew a special picture of her to mark the special day (Fig. 3). He drew her face and hair first, then her body, legs, feet, arms and hands. This was the first time I had seen Tom draw hands on a member of his family. He drew her with wings and said she was an angel. He signed his name underneath. He left his mark – his identity – an indication, I felt, of not wanting to be forgotten.

MUM

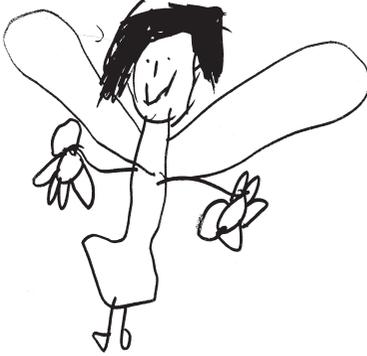


Fig.3



Fig.4

The following week, we marked the loss of his grandmother, again with the creation of a special picture (Fig 4) He drew his grandmother's favourite flowers, lavender. He was solemn. He said that he was trying to stop himself from crying. Intensely, he drew spiky fronds that looked sharp and angry. I acknowledged that when someone dies, it is a sad time and that it can be painful inside and this makes people want to cry. Tom began to weep. Through his tears, he wanted to tell me how she had died. He said that he wanted to go to the funeral with his sister but his dad would not let him because it would make him too upset. He then went on to express his fear of losing his father. He said, 'I tell my dad to stop smoking and he says, 'Tough!'.

A review meeting was held between Tom's father (Mr C), the co-worker and myself. The meeting focused on the grandmother's death and its impact on Tom. Mr C said that he had explained the death to Tom as her heart being like an engine that had eventually worn out. He said that Tom cried for about ten minutes, then was 'up, happy and laughing'. He did not want Tom to attend his grandmother's funeral because it would be too upsetting to see other people crying and he could not put him through that. In the light of Mr C's past losses as an adolescent, it was put to him that the fear of upsetting moments was about himself not wanting to experience the upset. Mr C thought that this could be the case and agreed to think about letting Tom go to the funeral.

Mr C had noticed some developments since our previous meeting. Tom was mixing more with his peers. He was taking more risks. He was now able to leave his father's side on family outings. This signified the beginning of a more separate and independent Tom.

A visit to his school also revealed improvements in Tom's relationship with his peers. The SENCO said that she did not recognise the same boy attempting to play football in the playground with the toughest football players at play time. This contrasted with

his previous behaviour, when he would flinch from the ball should it come anywhere near him.

FOURTH TERM (AUTUMN)

After the death of his grandmother, Tom's anxiety affected his ability to think about educational tasks and made his behaviour more controlling and manipulating. He took an omnipotent stance: 'I've already made the decision that we're going to play and we're not going to do the task, and if you want to do the task you'll have to do it yourself.' He found it difficult to leave the sessions, displaying clinging behaviour in his anxiety at separating from me. He would also fling his arms around my waist on meeting at the reception area. In the previous term, we had discussed how the room was a talking place and that he could talk about his feelings about wanting to hug me. Now, he had a stronger urge to cling because of his grandmother dying, which must have stirred up past feelings of vulnerability associated with his mother's death. I decided to introduce a soft and furry monkey puppet. Initially, the puppet served to provide physical holding, warmth and comfort; the physical attributes of a mother. I felt that he might also identify with the puppet's cheekiness, which could help us explore the difference between being cheeky and being rude – one of his more recent difficulties at school.

Tom was still very clingy. He connected with the Cheeky Monkey puppet at the beginning of every session, as soon as he entered the room, grabbing, kissing and hugging it. He would tell the puppet how much he had missed it and would ask me at times to put it on my hands so that he could talk to it. He would engage in a game with me and then use the monkey to create a rivalrous situation where they would side together against me. He seemed to be putting me in a position of ridicule and loneliness. Acknowledging the feeling to him made him become more mocking and denigrating towards me for losing in game play. Tom was very nurturing towards the puppet and would reassure it by saying, 'I'm here now,' and, 'You'll always be my baby.' However, he also identified with the aggressor and at times would throw the puppet or rub his knuckles hard across its head and then laugh. I wondered whether the puppet represented Tom's needy self. Was he protecting the baby Tom? On one occasion, when Tom entered the room, the puppet was not in the usual place. It had fallen off the back of the sofa. Tom immediately panicked and began to search frantically for it. This change and the potential loss seemed unbearable for him.

Towards the end of term, Tom was beginning to talk about the final goodbye to the puppet. He hugged and kissed it, saying that he would miss seeing it when he stopped attending the clinic. I acknowledged that he was feeling anxious about ending the time we spent together. I said that I would tell him when our sessions would end and that we would have time to prepare for our last goodbye. Nevertheless, Tom experienced great anxiety and fear as he anticipated the loss of the therapeutic relationship.

At the start of this term, I had met with Tom's new Year 6 teacher, to share my understanding of Tom's past and present difficulties. This was the first time Tom had experienced a male class teacher. At the end of term, feedback from Tom's father was that he was pleased with Tom's new teacher. He praised the strict method of teaching, especially the way in which he did not allow Tom to get away with anything. Tom's listening skills had improved. Mr C talked about him being more self-motivated in his learning in class.

But Tom himself spoke about difficulties in school to the puppet. He said that his teacher was 'strict' and 'mean' and told the puppet that if he were in the class, the teacher would blow his ears off, even if he were to move a finger. He talked about getting into trouble for talking at the table.

FIFTH TERM (SPRING)

A meeting with the school SENCO confirmed Tom's improvement as described by Mr C. The school spoke about improved listening, more connected talking, reduced hugging and more ordinary playing with his peers, although Tom still had low status in the class because of his past reputation for acting strangely. The SENCO spoke about Tom's difficulty in attending school after clinical sessions and was concerned about his transition to secondary school. Her concern was based on Tom's inability to take part on the school journey. Tom's father felt that Tom would not be able to tolerate the different foods offered to him and that he would be upset for the week that they were away.

A pattern was emerging concerning Mr C's inability to be upset or to confront upset. My co-worker was finding it hard to engage Mr C, who did not want his way of living to be questioned, as Mr C perceived it, or to confront his own past losses. Mr C was able to tolerate the feedback sessions because the spotlight was more on his son than himself.

During the school visit, it was important that I reiterated the importance of Tom's clinging and hugging in the context of his loss. Tom's compulsive hugging was his way of adapting to the sudden and traumatic loss of his mother. In each new clinging and hugging episode, he repeatedly prepared himself for a new separation and loss. His attraction to anyone to cling to, seemed to be his way of revisiting and re-enacting the loss in his attempt to understand and take some control of his traumatic past. This understanding led the school to identify a significant adult with whom Tom could connect while in school.

Tom's holiday was marred by the break down of his father's relationship with Sal. She was absent in his life for two weeks but soon returned to continue to bring him to the clinic. She said that she would continue to ensure that he kept coming. Tom's football play increased. I commented on the way he was controlling the ball and how the ball was

going where he wanted it to go. I spoke about how some things can be controlled and how other things cannot. He acknowledged that his mum and Nan could not be controlled but that he wanted to control Sal and me. He wanted to control us so that we would be his 'slaves' and do whatever he wanted us to do. I commented that maybe he felt he needed to control us because he was afraid that we would not be there for him.

Tom's imaginary play at this time focused on building a farm. Here, he segregated all the black animals in a pen and referred to them as 'the most valuable.' He took the baby kangaroo out of its mother's pouch and placed it in the black animal pen. In that moment, he seemed to be offering me the baby part of himself.

Tom increased his level of performance in football skills and took on the role of football coach to teach me some of his newly acquired skills at the start of each session. The change in his ego strength brought about a more integrated way of learning. Instead of writing separate stories to go with individual squiggle drawings, Tom initiated the writing of a chapter story, from two pictures created from squiggles. Originally, he sniggered that it was called 'The Fucks and the Waves.' He looked to me to disapprove of that title but when I acknowledged that it could be an angry story, Tom entitled it 'The Ducks and the Waves'. He said he wanted to make it into a story with chapters. Each week, he added a new chapter and left each one with a 'cliff hanger'.

The story is about two ducks swimming happily on the sea when all of a sudden giant waves come along and disturb their peace. A wave sweeps them onto a volcanic island where there is the threat of eruption. The ducks find a magic wand which they use on a huge whale who spurts water onto the volcano and prevents it from erupting. This story suggests a parallel with Tom's experience of having painful things unexpectedly happening to him and disturbing his peace. Tom was beginning to think and learn through symbolic representation and was beginning to access learning through literacy.

I told Tom that we had to practise saying goodbye this term and the end of term holiday was an obvious break to do that. Unlike our other endings, Tom was reasonably agreeable to doing the calendar work. He worked out the number of hours we had left before our final good bye. He began to regress to insecure behaviours displayed in the beginning of the therapy, wanting to go to the toilet or unable to find the correct therapy room door. I felt that this indicated his anxiety in thinking about the ending.

Tom began to trust and internalise me and changes occurred in his interactions with others in school. Football play in the sessions signified his ability to have control. He seemed to be mastering control of the ball at a physical level but in so doing he was able to explore his concerns related to lack of power and control in his relationships. He was no longer excluded from peer games and began to motivate himself in his learning as he became less preoccupied with trying to control me.

SIXTH TERM SUMMER (THE ENDING)

Secondary transfer featured prominently in the last term. Tom voiced his concern about going to secondary school. He hoped that he would meet with the last year's Year 6 class. He mentioned how some children 'looked out' for him at primary school. I commented that maybe he was hoping that he was going to have others in his secondary school who would do the same for him there.

To explore his inner concerns about transitions, I invited Tom to go on another imaginary journey. The three things he would take on his journey were a suitcase, a picture of his mum and Nan, and either his dad or Sal. He said he would take his dad 'if he was up to it'. If his dad was unwell he would take Sal. This response indicated to me that he still perceived his Father as unreliable. His father, however, took Tom to the graveside to intern his grandmother's ashes and his dad believed that in this way, Tom could come to terms with his grandmother's death.

The main work of the term was about accepting the approaching ending of our work. Tom began to have more understanding and insight into his way of behaving and was able to refer to the deaths of his mum and his Nan as sad events in his life. The anniversaries of these deaths occurred during this term and he was able to confront the pain of both. Mum and death were no longer taboo words. He was able to find and write words to describe his feelings associated with both. Instead of drawing a picture to describe his feelings, he produced individual mind maps with word associations emanating from the central words, 'mummy' and 'nanny'. He associated the words sun, yellow, goodbye, hello, upset and sad with his mum. He linked the words purple, lavender, paper, happy, bewildered and strange with his Nan's name. He talked about his bewilderment, because he had not been ready to hear that she had died.

Tom brought in a book called *Lily Quench and the Dragon of Ashby* (Prior 2004). He said that it was a special book. He told me that he was on Chapter 5 and that he would finish it soon so that he could give it to me when we said our final goodbye. Tom wanted to produce a goodbye book to remind him of the time we had spent together. He suggested we draw pictures and we should make them pop up. He seemed to request an almost three dimensional representation. He expressed his wanting to take just me and the cheeky monkey puppet with him. I acknowledged that he was letting me know how he was going to miss me and how important it was for him to remember me as well as for me to remember him.

The endings of sessions were filled with repetitious football play. Tom would thud the ball into the containers. On one occasion, the ball thudded against my leg. I commented how angry he must be with me for ending the sessions. Tom said that he wanted not two years but just two more months. I said that when things come to an end the time is never right.

Tom was insightfully aware that with endings and losses there were new beginnings. This was evident in a word association task where he made linked words and in so doing gave a historical narrative of the time we had spent together in therapeutic alliance.

Ending affected Tom in different ways. Once, he spent nearly a whole session sleeping in my presence. In another session, he attacked the goals with the ball and then lay on his back on the floor, staring at the ceiling with tears in his eyes. He looked sad and depressed. I interpreted his pain as a normal way to feel, considering the circumstances of ending.

In the last few sessions, we talked about the difficulties of saying goodbye. I commented that the final goodbye would not be like the goodbye he said to his mum and Nan. I told him that I was not dying. His response was, 'I know you will keep on helping children get their feelings out.' It was necessary to offer Tom a follow up appointment to help him to understand that although the end of a therapeutic relationship might be experienced as a death, it is different in the sense that I would continue living and holding him in mind.

In the last session, Tom gave me the *Lily Quench* book and took his goodbye book and the ball. He wanted me to sign the ball. Using his own texting abbreviations, I signed, LOLWH (meaning laugh out loud when happy). Tom insightfully turned the ball over and put the abbreviations CWS (meaning cry when sad). He put the ball in his bag and we said our final goodbye.

I have since read the book and found a poignant quote in the final chapter:

Lily was a Cornstalker, she was also a Quench... 'Your Majesty,' she said slowly, 'I've been thinking a lot about this. I've come to realise that being a Quench has nothing to do with wanting to kill dragons. It's to do with wanting to quench anything that's bad, or ugly, or that spoils people's lives. But the funny thing is, being a Cornstalk is the same. Cornstalks love peace and quiet and beautiful things: they too love to make things grow. They're after the same things as a Quench, only they go about getting them in a different way. And to do that, they need time and space to themselves.' (p.150)

When Tom handed me the book, he handed me his understanding – that there is another way of being, given the time and space for himself, in a reciprocal relationship with someone attuned to his needs.

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Family Matters For Every Child

Education For Children In The Cassel Therapeutic Community

Lee Marsden

THE CASSEL COMMUNITY

The Cassel Service, run by the NHS, is a therapeutic community treating adolescents, adults and families. The Families' Unit works with parents and children whose functioning as a family has caused extreme concern, with the safety and protection of the children being a key issue. Families come to live as members of the Cassel Community where, after a period of assessment, they may be offered further treatment. They arrive with the hope that they can change the ways in which they relate and, in time, return to live in their own communities, either as a more healthily functioning family or, at least, with some understanding of why this is not possible for them and why alternative opportunities need to be created to meet the children's emotional and developmental needs.

Within the Cassel community, everyone – patients and staff – is encouraged to observe their own and each other's feelings and behaviour. Discussion, questioning and debate are constantly fostered. While each patient – child or adult – has their own psychotherapist, with whom there is space to work in a more private and confidential manner, therapeutic work of a more public kind takes place through the very ordinary, practical tasks that need to be performed to keep the community running. Nursing staff, who think and practise psychosocially, work together with patients in cleaning, cooking, caring for children and undertaking all that is entailed in the everyday business of living together. In performing this ordinary “work of the day” (Kennedy 1986), patients may draw attention to aspects of themselves and their lives. Nurses can respond to information or feelings as they arise, and may encourage patients to discuss issues around each other's words or behaviour in both informal and more formally structured contexts.

For children at the Cassel, as for all children, hopefully, the ordinary “work of the day” involves playing and learning. Just as their parents may demonstrate their unhappiness and difficulties in a struggle to prepare a meal on time, or in obsessive care for their rooms, so some children may choose nursery activities or school work as an arena in which to communicate some of their feelings. While the needs of children are carefully observed and considered in the everyday context of the community, they can be more specifically addressed within the Children's Centre, a part of the Families' Unit that offers nursery sessions for pre-school children and, for those of school age, therapeutic education and activities from Monday to Friday.

THE CHILDREN'S CENTRE

The weekly timetable of the Children's Centre provides the structure within which children are offered direct teaching and learning, together with opportunities to reflect on, and make changes to, the ways they experience themselves within an educational setting. Those who are able to, are supported to attend local mainstream schools, for part of the week at least.

The thinking developed through my own training as an educational psychotherapist is fundamental to my approach to this work (Salmon & Dover, 2007). Therefore, the provision of a reliable, predictable setting; awareness of attachment behaviour (Barrett & Trevitt, 1991); of the interplay between emotions and thoughts, relationships and cognitive capacities, all inform our approach to children's learning (Greenhalgh, 1994). The atmosphere and practice are similar to those of nurture groups, with an emphasis on noticing and responding to even small details of a child's concerns. Behaviour of any kind is understood as a form of communication (Holmes, 2000).

In the following account, I hope to show how one family made positive changes in their understanding of the ways they related and how, for the children, the process of change was reflected in the classroom and in their learning.

FAMILY BACKGROUND

Anna, aged almost eleven and about to start secondary school, and her two brothers, Billy, aged nine, and David, aged seven, had been in foster care for about a year when their mother, Ms. B., in her early thirties, was referred to the Cassel. The family were all white and from the UK.

Ms B.'s own childhood had involved physical and emotional abuse with alcoholic parents, followed by abusive, violent relationships with male partners, who, like Ms B. herself, were also alcoholic. However, during this year of living apart from her children, Ms B. had worked with support from the organisation Alcoholics Anonymous and was 'in recovery'. Admission to the Cassel was to assess the potential for the children to return to her care as a single parent who would not expose her children to all the risks that can accompany violent, abusive ways of relating. There was clearly a long way to go if this was to be achieved. The outpatient assessment had concluded that Ms. B. was currently "too preoccupied with herself and unable to concentrate on her children's interests." This view was born out by the nurse who made the pre-admission visit. He reported that Ms. B. had said she would find it impossible to be admitted to the Cassel a week before the children and she did not think she needed to do any preparatory work to ease their admission into a new environment. She was very worried about a descent into her chaotic, alcoholic past at the prospect of resuming full care of her children.

However, Ms B. reluctantly agreed to the admission plan and slowly began to develop some trust in Cassel staff and other patients. The children were gradually introduced to life at the Cassel, maintaining contact with their foster parents, to whom they returned each weekend. The children's introduction occurred during a school holiday and by the time the school term began, they and other new children were well established in the Cassel Community. It felt as if I was the newcomer, arriving to impose classroom routines and schoolwork.

FIRST IMPRESSIONS

Anna

The sibling dynamic quickly showed itself in the classroom. Anna had long been the substitute mother to her two younger brothers, whose fierce rivalry had often reached such violent proportions that they had needed to be separated and given different foster placements. Within the classroom, the two boys frequently looked to Anna as the holder of authority and she was constantly preoccupied with their relationship and behaviour. She was further burdened by a powerful wish to protect their mother from the emotional impact of the boys' extremely disturbed behaviour. Any strong upset raised the fear that mum might start drinking again and the idealised, non-alcoholic mother would be lost to her. But Anna's own emotional life was kept quietly under wraps at this early stage.

Anna's view of the family's problems was that the violence and drinking of the boys' father (who was not her own father) had damaged the boys, Billy in particular. She, on the other hand, was the compliant, "good prefect", a little distant but ready to please adults and demonstrate that she was both bright and socially popular. She was justly proud of her SATs results – levels 4/5 – but as is often the case with the "parental" child (Winnicott, 1990), she generally played safe with her school work, trying to stick with learning tasks within familiar limits, showing little true curiosity and emphasising presentation and neat handwriting. As well as lacking real engagement with learning, Anna kept her relationship with me at a largely superficial level. I felt that she feared that I might not consider her to be quite as bright as her reputation.

Billy

It was not only Anna, but the whole family who considered Billy, the middle child, to be the main cause of the family's problems. At one point in the family's history, he had lived with his father and older half siblings in another part of the country. Here, he had received presents and treats that to his brother David seemed in some ways enviable, but Billy's sense that his mother had been unable to tolerate living with him, that he was a bad and unbearable boy, probably outweighed any sense of privilege. Having since been excluded from more than one school, as well as the foster home he had shared with his brother, Billy arrived in the Cassel classroom with a sense that, unlike his brother

and sister, he was failing in relation to school and was rather a monster. However, as the most obviously disturbed and distressed family member, he was the one I came to see as the family spokesperson, relentlessly acting out, on behalf of them all, past trauma together with fresh fears – and hopes.

In his early weeks in the Children’s Centre, Billy had enormous difficulty sitting in the group or settling to any task. He had no capacity for independent work and was hostile to my instructions, requests or suggestions. Sometimes, perhaps fuelled by some confrontation with his mother, he arrived in the classroom in an angry, destructive mood, throwing school equipment and furniture round the room, swearing profusely, often directly at me or other staff. Some of this behaviour could be understood as masking Billy’s fear that he might very likely be asked to leave *this* school, repeating his past experiences. However, alongside this fear there seemed to be a strong wish to prove to himself – and others – that he could be successful with school tasks. This was particularly keenly felt in relation to his younger brother, whose academic skills were notably greater.

David

Initially, it seemed that David had the advantage of both success at school and a less turbulent relationship with his mother, who tended to treat him, as the youngest, as her “baby”, often on her lap, where he would sit showering her with kisses at times of leaving or greeting. At this stage, he was also, perhaps, a more obviously attractive looking child than Billy, with a repertoire of jokes and amusing tricks, designed to charm and distract.

David brought to the Cassel classroom a sense of past enjoyment of school, an expectation of classroom routines and a wish to achieve. He worked with appropriate degrees of independence and adult support and when Billy was behaving in a hostile or dangerous way, David might put his head down, applying himself resolutely to a task, as if to protect himself from involvement with Billy’s difficulties. At this stage, he was also consistently polite and compliant with adults, if a little distant and not easy to know.

A FULLER BUT CHANGING PICTURE

As the first days and weeks passed, shifts began to take place in the family dynamic. Ms. B. was beginning to share with staff her sense of guilt for what she had put the children through in the past and, as someone who had lacked good enough mothering herself, she was learning about things she had never really experienced. The realisation that each of the children needed her attention, that Billy’s aggression was sometimes an expression of an acute need with which she was now able to identify, was painful for her.

So, as Billy found himself sometimes able to have a little bit more from mum, it also seemed that, in school with us, when given one-to-one support, he reluctantly became

more able to accept the need to listen – if briefly – to explanations about school work. Acknowledging the dependency this entailed was extremely difficult as Billy wanted to believe he already had the skills or knowledge on offer. He wanted to be seen to be doing and achieving with minimal dependence on adults. At the same time, he needed and enjoyed close adult attention, wanting to experience someone sympathetic watching and admiring his achievements. Emotionally, he was like a much younger child.

The closed, clearly prescribed tasks in his Maths workbooks had a strong appeal for Billy as he could feel reasonably certain of producing a “correct” piece of work. He was then ready to move quickly to the next task. However, as his confidence grew, occasionally, he had more patience for listening to the adult working with him. He was sometimes able to engage in discussion and some exchange about his work with a degree of creativity.

INCREASED RIVALRY

Meanwhile, the intense rivalry between the boys, especially in relation to mother, began to be more openly displayed and went far beyond more usual sibling rivalry. It became clearer that in school, while it was often Billy who was more overtly angry and destructive – standing on cupboards, hurling books, kicking staff, spitting – it could sometimes be a passing word or action from David that triggered this behaviour. When this was pointed out to them both, David could become angry and aggrieved with adults, as well as angry and rivalrous towards Billy. As Billy was becoming more responsive – at times – to adult reasoning and acknowledgement of the dynamic between the two boys, David became more outraged, sometimes hitting and kicking not only Billy but another child, or me. Alternatively, he might join with Billy in increasingly frantic challenges to staff authority.

When such incidents occurred, there could be a resentful, calculated quality in David’s anger. He would hit out both physically and verbally in a cool, studied manner that was disturbing in such a young child and at odds with the smiling, charming boy we had first met. However, it was also clear that there were times when Billy’s behaviour was so out of control that David seemed genuinely frightened and at such moments, he quietly allowed adults to try and take charge. David was having to come to terms with the realisation that adults – including his mother – no longer assumed that Billy was the root of every difficulty and this meant too that David was losing his place as mum’s special boy. At the same time, amidst confusing, supervised contact arrangements with their father, Billy was still considered the special boy for dad. David seemed caught in a jumbled turmoil of fears about justice, guilt, punishment, revenge and so on. He chose to write several “Horror Stories”, none very coherent but intended he said, grinning, to shock and frighten me. When we read, as a group, Roald Dahl’s *The Enormous Crocodile*, at the point when the crocodile is spun off into space, David ran from the room, perhaps, at that moment, more identified with the attacking, tricking crocodile and unable to tolerate fears of just revenge (Dahl, 1976).

As we approached half term, David's challenges towards me became increasingly persistent. He appeared to be showing similar hostility towards his mother. It was clear to both children and staff that Ms B. was feeling worn down by the constant emotional demands of her very needy children. During the half term holiday, a whole constellation of events culminated in even more severe physical and verbal attacks on staff and physical misuse of the building. It became untenable for the boys to continue residential treatment without further pause for thought. I therefore returned from the half-term holiday to find that, pending the formal Assessment Report due in the following week, Sheila and her mother remained at the Cassel while the boys had returned to their foster carers.

ANNA

Meanwhile, what had been happening with Anna? With justification, she was growing increasingly angry with the attention being given to the boys in school and, more importantly, by her mother. The changes taking place in her mother were a challenge to Anna's pseudo-adult role in the family. She was having to adapt to a mother who was starting to make some appropriate boundaries in their relationship and she had to share this more thoughtful mother with her brothers. At the same time, she was losing her unquestioned position as the protector and sometime controller of the boys. Some of the feelings that this situation gave rise to were transferred to the classroom, where attacks on me seemed a practice run for later attacks on her mother.

Anna's attacks in school were at first rather oblique – throwing blue tack behind my back or smiling as I struggled with other children's difficulties. The work I offered was too easy or too boring or I was considered unable to support her with the more demanding work provided by the mainstream school she was supposed to be attending for part of the school week. Her fears about mainstream school were multiple but probably included leaving mum more time with the boys and having less opportunity to monitor them all. The changing and precarious family dynamic was understandably holding her back from her own learning. I felt the most I could do for her at this stage was to keep alive the expectation of eventual return to mainstream school with the likelihood of some academic success.

At this stage, Anna adopted a stubborn, argumentative stance in relation to me but generally held back from giving full vent to real anger. If I acknowledged a sense of how hard some issues might feel for her, she often responded with the accusation that any difficulties were created by me. But she clearly did reflect on some of the points raised, following things through in later discussions, often with other staff members. This was particularly noticeable in the period following the half term holiday, when the absence of her brothers from the Children's Centre allowed for more focus on Anna herself as well as on how their absence affected her. When a Children's Centre nurse asked how Anna felt about having an unusually high level of staff attention one day, she thought

for a few seconds then answered with a broad smile, “Special.” This was quite moving as I had been half expecting a dismissive, adolescent shrug. It brought to mind a story that Anna had written earlier in the term, about an abandoned child who turns out to be a lost princess, who is eventually reunited with the father she did not know she had. Her pride in the rather obvious plot, and the child like quality of her written style pointed to her need to express a rather younger self who is allowed to wish for the “happy ever after” life of fairy stories.

At around the same time as writing this story, Anna’s need to feel “special” in her mother’s eyes was something that Ms.B. was beginning to be aware of. Following a poignant conversation between Anna and the Children’s Centre nurse, we asked Ms B. to join us. Anna was helped to explain her worries over feeling some divided loyalty towards – and criticism of – both her mother and her foster carer. Ms. B. responded well to this, reassuring Anna that she accepted that her daughter could have these mixed feelings. With a growing sense of genuine support from her mother, prior to the half term holiday, it was arranged that Anna would start part-time attendance at a mainstream secondary school local to the Cassel.

A faltering start to this planned school attendance meant that Anna had only attended for two days when the Family Assessment Meeting took place. The Cassel recommendation was to continue work with the whole family, with a carefully staged return for the boys. Social Services – who were funding the treatment – felt they could not support this and instead wished to place the children in long term fostering. Ms B. decided to appeal against this, with support from the Cassel. For the next four weeks, pending a court hearing, all three children remained with their familiar foster carers and Anna and David returned to mainstream schools in these localities. This particular period of uncertainty was an ordeal for all the family members, and a forced opportunity for each of them to face ambivalent feelings about pursuing the idea of family rehabilitation.

CONTINUING UNCERTAINTY AND HOPE

Anna in particular was faced with a choice. She knew that her carers wished to take her into their family on a long term basis so when her mother won the court appeal, and the family were allowed to resume work at the Cassel, it was an angry, resentful Anna who returned to the Children’s Centre. She complained of having her hopes for her family raised, dashed and raised again. We resumed our quasi battles over the value of mainstream attendance and curriculum tasks, with Anna defending herself from the position of not knowing or not grasping new ideas instantly with now more gentle verbal attacks on my “fussiness”, lack of technological know-how, age and so on. She might then hide behind rather complex computer games, valuable in their own right, but not helpful in terms of the English or Maths required. Similarly, keeping an eye on what

was happening with her brothers as they returned to the Cassel was another way of avoiding difficulties with her own work.

As well as being encouraged to grapple with some age appropriate academic work, conversely, it was also valuable for Anna to have opportunities to be like a much younger child when in the Children's Centre. A few months after her birthday, while making Christmas decorations, she spoke about feeling she was only just getting used to being eleven, not ten. Because she could often seem at least fourteen, this was a useful reminder to me that Anna could also benefit from the kinds of activities and stories that she might have missed out on when she was six or seven. Early in the next term, she constructed a brick house for a small toy family, identifying with both the baby and the older sister in the stories she invented. This also seemed to express a more hopeful feeling that maybe her family would come back together.

Billy and David's re-introduction to the Cassel began with some day attendances in the Children's Centre, gradually rebuilding to the full residential programme. Billy arrived expressing hope and excitement at the renewed possibility of being able to live with his mother. He seemed to believe that the decision hung on the children's behaviour – particularly his own. Although it was repeatedly explained to him that this was not exactly the case, when things went wrong, he still reacted as if he was considered a main culprit. .

When he experienced these feelings of being blamed or in the wrong, Billy was not always able to gauge the severity of a misdemeanour. A reprimand for running in the corridor could reduce him to sobs of despair. Previously, however, this kind of despair had led to destructive behaviour which both staff and Ms B were now more able to help him resist.

Although Billy's extreme rivalry with his brother continued, Ms B showed greater awareness of this dynamic and of Billy's chronic sense that she loved him less. In school, he still looked to Anna for reassurance or guidance but Ms B. showed greater sensitivity and concern about this relationship too, increasing their hopes that she would develop more lasting capacities to be a mother to all three children.

There were, of course, many blips and set backs, when feelings of defeat, both in the family and the staff, were only just outweighed by a desire to learn from these and build on them. Following one aggressive outburst in school, Billy's sense of guilt brought about a real wish to make things better. This made it possible to discuss with him and his mother ways in which he could become more responsible for his actions. His mother's recognition of her own guilt in relation to her children, together with Billy's over-riding wish for his mother's love and attention, gradually enabled him to become more co-operative and self regulating so that he began to enjoy some sense of approval and success, although his many fears about the future still left him with little capacity for learning.

David's gradual return to the Cassel included part time attendance at a local mainstream school, supported at first by a member of staff from the Children's Centre. The main purpose was to give David opportunities to mix with a larger peer group and reinforce the view that he had no real difficulties with school and learning. He was positive and excited by this development which also provided some respite from the intense periods of rivalry with Billy when they were together in the Cassel school. In fact, a supportive aspect of their relationship became more apparent, with each showing greater tolerance and even generosity in collaborating over use of a computer or sharing a game.

Nonetheless, David freely expressed anger and dissatisfaction when events did not go his way. Of all the children, he was the most preoccupied with material things – computer games, shoes, toys and so on that he felt were high status, although, as with so many emotionally deprived children, this was true of all of them. On the day of the Christmas lunch, David was enraged by his feeling that a present he was given was inferior to one given to Billy. He hurled the toy, destroying it in the process. However, Ms. B. was able to contain her own distress at his behaviour and helped David to calm down. By the time he left the building, he seemed on a more even keel.

While David did have a capacity for listening to adults and processing information, there were also times when he seemed not to use this properly. For example, if he was anxious or uncertain, he sometimes chattered incessantly, making jokes, refusing to listen to adults and looking to Anna or Billy for cues about his own behaviour. If Anna was in a “disaffected” frame of mind, his non-co-operation could escalate. He rarely admitted to owning uncomfortable feelings and instead, tried to make other people, including me, feel mocked, inadequate, shocked and so on. But his stories and pictures continued to suggest concerns and strong fears. At a time when the disappearance of a young child was prominent in national news items, he drew a picture of a baby being abducted. He was quiet when I asked him about this, as if taking care to conceal any real feelings of vulnerability. At other times, David's superficially polite and charming requests, although preferable, did not always ring true. It felt difficult to predict or sense his responses or to build a relationship with him.

FEELING STUCK BUT JUST KEEPING GOING

Throughout the next few months, the family continued to struggle. My wish for Anna to attend a mainstream school still met with tremendous resistance. She felt there were insurmountable obstacles barring her. I acknowledged that her fears had some basis in reality. They were largely around her sense of a stigma attached to being “in care” and worries about being teased or bullied. But Anna's refusal to look more closely at these concerns probably masked many other more ordinary anxieties about life at a secondary school, not least whether she would be able to cope with the academic demands as well as the very different routines, numbers of staff and students and so on.

Anna seemed rather stuck, or perhaps frozen, as she insisted on “The Ice Age” as a topic in school. Her plans for this were grand and she resented being pinned down to something more manageable. However, she had phases of being able to apply herself more freely to the tasks involved. She appeared to be at least maintaining her skills and responded well to visits by an education worker from her home area’s ‘Looked After Child’ team.

During this phase of the work, Billy eagerly introduced me to Clarice Bean, a character in a series of books he had discovered with his foster carer. His favourite was *Don’t Look Now* (Child, L. 2006) in which the child heroine, Clarice Bean, lists her worst worries. This was one of the passages he loved having read and re-read to him :

One thing I do know is, the more you worry the more worries there are and just when you get used to things, they change. WORRY no.3: change. Things have a habit of not being the same quite a lot. Change can be a good thing for some people, but sometimes it comes along when you don’t want it to. Like when my teacher Mrs. Nesbit changed into Mrs. Wilberton. Or when my mum and dad decided to stop having three children and have four instead, and we got Minal. And I stopped being the youngest and became the second from youngest – and being the second from youngest isn’t really anything, is it? ...

But the thing I am trying to say is, change can mess up how you fit into things. And you never know when change is going to happen. Which means you never know when disaster is going to strike...

‘REMEMBER – it’s the worry you haven’t even thought to worry about – that is the worry that should worry you the most.’...

And I think, how can you stop your worst worry coming your way if you don’t know what your worst worry could be?

Apart from expressing such fears for Billy, the book’s humorous take on family life was enjoyed by other children and adults alike. It helped even Anna to consider that day to day family relationships can be fraught for everyone and some of the difficult things that happened in their own family were just “ordinary”. It also helped Billy and David begin to accept that adults will sometimes struggle and not always succeed in making things fair and sometimes, this lack of perceived fairness may just have to be tolerated. Clarice Bean also helped Billy to develop his reading skills dramatically.

However, the see-saw of hope and despair for the family’s future was being keenly felt by Ms. B. and as had so often happened in the past, this was enacted in the turbulent relationship between mum and Billy. For her, he seemed more than David to represent aspects of her relationship with their father. Despite the combined attempts of Cassel staff and Social Services to engage the father in some work as the parent of these children, this never materialised properly and it often seemed that all the children felt the absence of a father figure who could help them all to keep appropriate boundaries and help their

mother too. The wish for a strong, supportive father, who can help to stop angry feelings from becoming overwhelming and destructive, comes through rather poignantly in the following piece of writing that Billy dictated to Ed, his favourite – male – member of staff. Billy himself chose to dictate this following an angry outburst that had occurred one morning, just before school was due to start.

Billy starts by introducing each family member and after some preamble continues:

David can have his bad moments. He can also have good moments. But, that is the same with Billy, Mum and Anna and I guess everyone in the world. It is very hard to be good all your life. It is even impossible!

Mum is my mum. Me and Mum have our bad moments together, but still I love her a lot. It is the same with David and Anna. Everyone loves their mum, but some people do not love their mum but it is kind of obvious that me, David and Anna love Mum, because we are in the Cassel Hospital.

Back to Billy. I have bad times but still at least I can stop when I need to. I have a friend called Dan (patient) who helps me most of the time. Dan is very nice. He is very tall. He is 34 years old. Dan and Ed are my best friends. Ed is very nice. As you can see, he is writing this story for me. He is helping me with my story. Billy finds it difficult to understand when someone is telling him to stop fighting. For example, Mrs. Marsden is trying to help, but I do not understand it yet.

Billy and Ed are very good friends. We get along a lot but we can have our moments. By the end of the day we make up. What matters is that Ed is my friend, best friend.

I get really angry and I just cannot control myself. But really, by the end of the day, I regret it. If I hurt my family, I feel really bad and I am sorry.

I was upset one day because the staff did not let me in the building because I was angry, but when I think back to that time, now I understand why they did not let me in. I was really, really, really angry. This morning, the same day I write this story, as you already read, the staff did not let me in the building. I was swearing and kicking but I cannot repeat the words I used because I was swearing. I ran down to the bottom of the garden. Dan followed me and cheered me up a little. We went to Reception. I got a glass of water and came to school and here I am, writing the story.

You guys might think it is easy to stop fighting but if you were me you would understand it is not. You guys might think I am finishing my story, but I am not. So sit down and let me write some more. I will be back in a flash.

In my next story, I will tell you about my feelings, on the next page.

I feel really sad about what I did this morning but as I said, I cannot really control it. Michael (a nurse) came down to Reception and told me to go to school. I cheered up and the bad feelings are over now and I do

not have to worry about it now. I do have a little worry inside that my mum will forgive me. One thing you have to understand. Everyone has one mum in the world and I feel lucky to have her near me 24/7. Even if she is not near me or even if she dies, she will still be in my heart – and David and Anna.

The self reflective style of this piece suggests some influence from ‘Clarice Bean’ . Billy has realised that writing words on the page can sometimes help us to think through and make sense of our experiences and feelings. The opportunity to do this with the support of a trusted, ‘fatherly’ adult, who allowed him to keep dictating with very little interruption, was extremely containing,

Meanwhile, although David was managing well enough at mainstream school, especially academically, his approach to activities in the Children’s Centre continued to be unpredictable. At his best, he could be motivated and responsive to school work and gain satisfaction from demonstrating and developing his skills. He did not always want to share this sense of achievement with staff, however, and could become suddenly surly or unresponsive, as if wanting to deflect adult approval or warmth. He was a harsh critic of his own Art work and of his handwriting. Frustration with his own work often led to repeated attempts at improvement, with growing ill temper and an inability to believe adults’ positive views of his work. Occasionally, this led to destructive outbursts, that involved tearing his work, throwing furniture, swearing at adults and accusing them of creating difficulties and wishing him harm. There were times when he seemed determined to remain unknowable and therefore, I felt, could appear untouched by the changing degrees of uncertainty about the family’s future. It was therefore difficult to find a way of relating to the “real” David and this felt worrying. I suspected that David found a degree of safety in the larger class group of mainstream, where there was less focus on him as an individual and he could use his undoubted social and academic skills to “fit in”.

FINDING A SAFE HOME

Unsurprisingly, fresh if tentative hope for the future arrived when, four months after winning the appeal for further work at the Cassel, it was recommended that Ms B. and the children should be rehoused so that rehabilitation could begin. During this phase, as Ms. B. sought a suitable home, the children doodled and constructed several houses. When one was finally found and the children had visited it, the relief was enormous, despite Anna’s disappointment that it was much smaller than the foster home she was accustomed to. There was still great concern in the children about whether mum was going to be able to keep everyone safe but this was realistic and the rehabilitation was gradual.

Once the new home was certain and familiar, there was the question of schools. During their time at the Cassel, Billy had been assessed for an educational statement. This

had recently come through, naming a small school for SEBD. Billy, Ms B. and I visited this together and we were all reasonably hopeful that the school was right for him. Ms B. worked hard with me to secure suitable school places for David and Anna near the new home and again we all visited. Anna's anxieties about attending mainstream became more realistic and she was able to accept staff support in preparing for this. Reluctantly, she agreed that I could attend with her for the first few days, which I did as an observer in her classrooms rather than as someone linked to her. The school staff were very supportive and understanding of this. In some respects, Anna proved to be one of the more ably functioning and thoughtful pupils, especially in a PSHE lesson. In general, she quickly gained confidence but was also able to ask for help when she needed it. She was also able to hold her own socially, amid a great deal of curiosity about her from other pupils. Most were welcoming but some were ready to be competitive and a little challenging. David also settled well into his school and was enthusiastic in talking to me about it. Although there was one incident of fighting or hurting in the playground, this was dealt with by staff and David remained positive about the new school.

TRANSITIONAL WORK

Once the family had returned to live full time at home, their work at the Cassel continued with a day programme for three days a week. This transitional phase gradually reduced; I said goodbye to them at the end of a school term and they finally left during the school summer holiday. They had been working at the Cassel for over a year.

STAFF FEELINGS

The rehabilitation programme for this family was adequately timed and phased. At this point, there were good working relationships with Social Services and the wider professional network, which is not necessarily the case with all families. Nevertheless, I have perhaps made the work sound smoother and easier than it was, either for the family or the staff.

For the staff, the work with the families who come to the Cassel often involves conflicting feelings and frustrations. Hope, despair, guilt and other feelings may lead to a wish to apportion blame to one or other section of the professional network, both within and outside the Cassel. This is exacerbated by the frustration of family members who at different times wish to direct their anger towards an individual worker or a particular group of workers, such as Children's Centre staff, teachers, social services, psychotherapists or nurses. The wish to blame is further compounded by such realities as staff changes and departures, which may necessitate practical changes in routines and working alliances but which also give rise to a tangle of personal feelings in both families and staff.

For these reasons, an important aspect of work in the Children's Centre, and the Cassel as a whole, is the exchanging and processing of staff views and feelings. This takes place through daily staff meetings for the core team and other regular meetings with psychotherapists, family nurses and all Families' Unit staff. All of these will have their own perspective on the workings of the family dynamic and in their different ways contribute to the understanding of the feelings aroused in the team, particularly helpful to those individuals most closely or intensely involved with a family member. In sharing our own feelings about the children and their families, both formally and informally, we have opportunities for gaining greater clarity about a family's predicament. We can also become more effective in understanding and reducing the inevitable tensions that arise in any multi-disciplinary team, and in strengthening our working relationship with outside agencies such as social services and local schools (Obholzer & Roberts, 1994).

CONCLUSION

I have attempted to share with you the story of one particular family's work at the Cassel. It is, however, my version of their story and I have omitted many details. Another worker would tell the same story from a different central standpoint and while it would not be vastly different, there would be a different emphasis and probably a different 'flavour' too.

My intention has been to show how the changing dynamics and external circumstances of this family impacted on the children's learning. Their experiences in the classroom contributed to their capacities for making sense of their situation and, to some extent, to their resilience in the face of huge uncertainty. As professionals concerned with the inevitable links between a child's emotional life and their learning, we know how central the family is for "every child". Policy makers anxious to "raise standards" and bring about "social inclusion" could consider increasing access for more families, to work such as that offered at the Cassel.

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The Vulnerable Child In The Classroom

Jenny Dover

INTRODUCTION

In class, nine-year-old Dylan was extremely difficult to teach. He behaved as if he knew everything already, had equal rights to the adults and insisted on controlling every situation. When faced with changes such as a supply teacher, he would create havoc and he responded to slight provocation from other children with considerable violence. He was unable to cope with unstructured time in the playground and inevitably spent much of his time in the head's office.

Laura, on the other hand, was wary and excessively timid – avoiding both teacher and peers and retreating into a world of her own. She resisted the teacher's attempts to engage her in learning.

Teachers are well aware that a child who has had difficult experiences early in life, including changes of carers, often struggles to manage in the classroom and playground. The teacher knows the kind of learning environment the child needs so it can seem puzzling when, despite her efforts to provide this – through sympathetic understanding, careful planning, encouragement, creation of a safe, predictable environment – some children continue to find learning and relating to teachers and peers an enormous challenge. The concerned teacher, faced with a child who remains hostile and resistant or distant and disengaged, can feel inadequate and deeply frustrated. Added to this may be the pressure of delivering the National Curriculum and parental pressure too for the child to achieve academically.

How can this situation be understood and how can a teacher remain hopeful and maximise the child's potential for healthy emotional development and learning?

ATTACHMENT AND LEARNING

It is recognised that cognitive and emotional development are linked and that the first experience of learning takes place in infancy within the relationship with the carer. What the child learns there about himself in relation to others and about his environment has a powerful effect on subsequent relationships – particularly with those attempting to teach him.

Bowlby (1969) describes how a child develops an ‘internal working model’ of himself in the world, based on interaction with his mother. When all goes well and a mother is able to tune in sensitively and reflect back a psychologically accurate picture of him, the child develops a sense of identity and agency. He can use his mother as a safe base from which to explore the world. His ‘internal working model’ is one of himself as someone loveable and potent in relation to an adult who can understand and show interest in him. This model is transported into future relationships – including the important one with his teacher who may be considered an ‘educational attachment figure.’ (Barrett and Trevitt 1991)

If, however, a parent is unable to provide this containing experience then an insecure attachment may result. The child experiences a high level of anxiety in relation to his carer and to an environment that feels unsafe. He finds ways of ridding himself of the unbearable feelings that result. These defences against anxiety may become his natural response in later contexts, even when there is less need for them.

Much of the behaviour seen in the classroom is defensive in nature, as we saw in the examples of Dylan and Laura. A child may, for instance, avoid the source of anxiety, cling, regress to an earlier stage of development, project feelings into others, deny reality, become hyperactive or cut off – or attempt to be omnipotent or omniscient. These behaviours can get in the way of learning and affect the relationship with the teacher.

Children who come to school with an expectation of a rejecting or frightening adult or, conversely, a weak and frightened one, project these feelings forcibly into the teacher. No matter how well meaning, the teacher’s behaviour may be interpreted negatively by a child. For instance, when she approaches a traumatised child to offer comfort, he may unconsciously expect attack and become more distressed. The teacher will be powerfully drawn to respond in accordance to the ready-made ‘script’ that a child brings and needs to avoid this pitfall and attempt to give the child a different experience with a significant adult.

ATTACHMENT STYLES

Anxious children will attempt to get their needs met by adults in any way they can. The distinction between positive and negative attention loses its significance for the insecure child, for whom staying in the adult’s mind becomes paramount. Ainsworth and Wittig (1969) and Main and Solomon (1982) identified distinct patterns of behaviour that a child develops early on, in order to manage proximity to a parent. It is helpful to consider these in terms of the relationship with the teacher – where children repeat these patterns of behaviour in the classroom.

Securely attached children cope well in the classroom and can use a teacher’s help and work independently. As a rule, however, vulnerable, troubled children fall into three

categories of ‘insecurely attached’ children: ‘avoidant’ ‘ambivalent/resistant’ and ‘disorganised.’

AVOIDANT

A child who has had a consistently rejecting parent realises that the latter cannot bear too much proximity and so, in order to preserve the relationship, he may turn away and attempt to manage on his own. In the classroom, such a child prefers to work independently from the teacher and fails to seek help. He tends to be less articulate than others and expresses anger indirectly – perhaps through the task – rather than directly towards the teacher. Such a child is called ‘avoidant.’ Laura may fit this pattern.

AMBIVALENT/RESISTANT

A child who has experienced an unpredictable parent who is only sometimes emotionally available, tends to behave in a way designed to keep himself in a parent’s mind. That is, he both demands attention (clings) and aggressively attacks the mother. In class, this is the child who is constantly making a bid for his teacher’s attention – but at the same time rejects her help. He tends to be articulate and expresses anger directly towards her. This child is called ‘Resistant’ or ‘Ambivalent.’

DISORGANISED

A third type of child is classified ‘Disorganised’ because he has been unable to identify a way of relating to a parent. The parents tend to be those who have severe mental health difficulties, abuse drugs, are traumatised or are suffering unresolved grief. These children use a variety of contradictory approaches in their attempt to relate. In class, they can be highly controlling of adults and demonstrate extreme behaviour of either a withdrawn or hyperactive nature. Such children present an enormous challenge to the adults working with them who must provide a highly consistent and safe environment.

ATTACHMENT AND BRAIN DEVELOPMENT

Recent research has demonstrated the way in which early attachment experience impacts on brain development. Positive early attachment experiences contribute to the formation of healthy infant brains (Schorre 1994). However, if a child has lived with chronic trauma, the part of his brain designed to aid survival becomes highly developed and sensitised – often at the expense of the parts of the brain concerned with emotional regulation and reflection. The child can hold memories of traumatic experiences in procedural memory even when they cannot recall the events verbally. Hidden triggers in the environment can then catapult a child into a state of panic.

Sometimes, the expression on a teacher's face, a certain sound or even a smell can be enough to elicit a seemingly incomprehensible reaction in class. Such children may need to remain highly vigilant to everything happening around them and may therefore find focusing on a task impossible. Perry (1999) says a traumatised child may be sitting in class in a persistent state of arousal or anxiety – or may be dissociated. In either case, the child is essentially unavailable to process efficiently the complex cognitive information being conveyed by the teacher. Teachers may notice that children are severely restricted and inhibited in their creative responses to learning– having difficulty in being imaginative – or otherwise flooded by affect, often producing stories full of violence and catastrophe.

Very insecure children may find separation from adults so threatening that they deny differences between them and attempt to be omnipotent and omniscient – rather like Dylan. Furthermore, they avoid challenges that may give adults the opportunity for further rejection so it is hard to give praise. Praise, in any case, can be a difficult area too for children who feel unworthy and they may attempt self-sabotage in relation to achievement in an attempt to confirm their beliefs.

Research suggests that there is improvement in children's perceptions of adults when they settle into secure adoptive placements. This shift can be less apparent in the classroom, however, where children may continue to manifest 'difficult' behaviour and fail to make use of the teacher.

PRIMITIVE STATES

An answer may lie in the inherently anxiety-provoking nature of learning. When children are under stress or anxious, they revert to more primitive states of mind and defensive behaviours. Learning can be a frightening business. Acknowledging not knowing or not understanding, and being dependent on someone teaching you, can feel risky for those who have badly needed to feel in control of the world. Many children too have not learned that frustration, a necessary part of learning, is tolerable.

For the insecure child, both the content and processes in learning can stir up difficult feelings. Curriculum subjects can resonate painfully with experience. Bettelheim cited an adopted girl who misbehaved when genetics was the theme in science. The teacher failed to make the connection and missed an opportunity to help her. Another child who had suffered neglect and abandonment could not bear to hear the story of Hansel and Gretel and needed to hear it in the presence of a trusted specialist teacher who could provide extra support.

The processes in learning can also provide challenges. Consider the child who fears the consequences of his own aggressive impulses being asked to 'break' a word into its component parts or cut up a word and picture saying 'cat.' He may despair of ever

putting them together again. Or he may have an insecure capacity to symbolise and cutting up a picture of a cat may feel frighteningly close to the real thing.

A child who has missed out on important early experiences of playful relationships may be functioning at a very immature level emotionally. He may not have reached a stage of 'mutual play' (Winnicott 1971), which is developmentally necessary for learning and involves accepting other people's ideas into his imaginative world. The 'curriculum' he needs may be at odds with the one the teacher is charged with delivering. A case may need to be made for providing important pre-learning experiences no matter what age the child is.

LOSS

Many adopted children have suffered loss, which can have a significant effect on learning. Blanchard (1946) found that more than half the children she assessed with reading disability had suffered significant loss. Numeracy too may be affected. Feelings about loss may be particularly stirred up at certain stages of development – for instance, at age nine when more reality thinking occurs, in adolescence when identity is an issue and around transition to secondary school. Other aspects of school life can also resonate with loss and children may be very sensitive to changes of staff, endings and beginnings of terms and rejection by peers.

PROVIDING CONTAINMENT

So what can the teacher do to help herself and the child in school? Being able to see that the child's responses are dictated by his experiences and the psychological defences he has developed, enables a teacher to respond differently – to step out of the conflict and reflect on the child's experience without feeling a sense of personal failure. The child then experiences an adult who can carry on thinking in the face of his difficult, non-learning behaviour, and feels contained.

OBSERVING

The observant teacher will find clues in the child's creations and responses to learning materials that reveal his inner world and emotional conflicts. This enables her to be alert to ways in which the curriculum may provoke anxiety but also to ways of using the curriculum to address emotional issues. For instance, literature and history offer stories and themes that speak directly to the issues with which a child is struggling. A fostered child found the story of Tracy Beaker very helpful in that she could explore ideas about a neglectful mother at one remove. Another child who could not speak directly about his history of neglect and abuse wrote stories where the characters experienced these. The teacher was able to comment on the painful events, keeping

within the metaphor and thereby respecting the boy's defences. Giving a child a language for thoughts and feelings is helpful.

ADAPTING

Tasks can be adapted to suit individuals. A child who is hostile towards the teacher might learn best through educational competitive games – where he can 'beat' the adult through his successful learning. A child who finds it hard to approach other children may be encouraged to work in a pair on a project. A child who needs to feel omnipotent could be given a task within his capacity to manage on his own until such time as he is ready to ask for help. He might also be offered choices within a task. Children who struggle to complete work may be given open-ended tasks. Preoccupied children who have a problem with short-term memory, may need to repeat back instructions routinely. The teacher may be able to adapt her teaching methods by observing the child's preferred mode of relating to her as an attachment figure. The 'avoidant' child may work better if encouraged to find answers independently from worksheets. The 'resistant' child who needs the teacher's attention constantly, may need to be set short, discrete pieces of work where the teacher checks in with him frequently. The 'disorganised' child may need a highly structured and predictable timetable with pre-planned resources available when he cannot manage his own emotional state.

SPECIALIST APPROACH

A teacher needs to gauge when therapeutic teaching in the classroom needs to be supplemented by a specialist approach for very troubled children who remain stuck in their learning. Very fragile children have made particularly good use of individual educational psychotherapy, for instance, which is a fusion of an educational and psychoanalytic approach. Here, the child's pre-occupations and experience can be expressed and explored through creative activities and the metaphor – while teaching methods can be specifically adapted to his unique needs. The relatively structured approach with an educational focus in the therapy can be more manageable for some children than child psychotherapy.

Thorough assessment of a child's learning is very important. One should not assume that learning difficulties are purely emotional. A psychometric assessment can be helpful in identifying specific problems and an educational psychotherapy assessment can usefully inform the school about a child's relationship to the person teaching him, approach to tasks and strategies likely to help.

EMOTIONAL IMMATURITY

Vulnerable children may be emotionally immature and this needs to be considered in

terms of strategies for managing behaviour. For instance, time in rather than time out may work better for a child who may not be able to regulate his emotional state. A child who cannot manage in the playground may need alternative arrangements until he can cope, instead of consistently failing. Immediate sanctions for misbehaviour, without angry affect, and with quick reparation, are important. Research has indicated how in infancy disruptions to the relationship with the parent need to be quickly repaired. Preparation for changes in staff and transitions need to be carefully negotiated. Teachers must be alert to causal misunderstandings in immature children contributing to disturbed behaviour. One boy who was told that his birth parents were too ill to care for him believed he had made them ill.

WORKING WITH PARENTS

It is vital for parents and teachers to hold on to realistic expectations for troubled children and to forge a working relationship. In cases of adoption, for example, they must sensitively consider together what the child wants known about his adoptive status in school. Parents who have become ‘experts’ on their child must tread the line between helping a teacher understand him whilst accepting the reality of a classroom situation where a teacher will not be able to adapt to the child’s needs as closely as a parent may wish. Parents themselves may benefit from a teacher’s advice around ways of helping a child academically at home. When anxious parents find themselves embattled with a child around learning, it can be counterproductive.

It may require time and patience before adults’ efforts pay off. Small improvements must be celebrated. A teacher may, for instance, notice over time that a child manages to persevere with imaginative tasks and play longer before being overwhelmed by the feelings evoked. This is important because it is through imaginative playing with ideas that the child makes sense of the world and past experiences. Every time the child has a successful learning experience, the teacher is providing a useful therapeutic experience.

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Beginning To Sort It Out

A Child Psychotherapist In A Secondary School

Ruth Seglow

INTRODUCTION

Five years ago, I started working one day a week in an inner London girls' comprehensive school as a child and adolescent psychotherapist, part of an innovative Child and Adolescent Mental Health Education Service. Ironically, this "pioneering" service was replicating a model from the heady days of the Inner London Education Authority, the intention being to bring mental health services to young people and their families in a setting they already inhabit, in this case, the educational one. In this way, mental health services become more accessible, especially to those young people and families who might never find their way to a clinic-based service.

ANTICIPATING THE TASK

While I was wondering how to approach this new task, the service coordinator said she envisaged the role as being 'a kind of mental health GP'. The idea of a GP as the initial point of contact for all health problems within a community certainly paralleled my position as the initial point of contact for all kinds of mental health difficulties within a large education community of around 1,200 students. The idea of the GP as an initial 'sorter-out' of referrals also seemed to fit as, within the wider community, some problems can be addressed and helped by the GP herself and some need referral to a more specialised service. The first question in my mind on seeing a new patient has always been, 'What's the matter?' – just as your GP might ask when you arrive in her surgery. It seems to me this is rather a good question for keeping the mind open to whatever might present itself. It promotes the kind of 'free-floating attention' that Freud (1900) advocates for psychoanalytic work, or that Bion (1992) discusses when recommending a freedom from 'memory and desire'. It is the opposite of the more narrowed focus of a pre-formed theory that can close things down. The observational skills that any good GP brings to a consultation are also essential to my work and are at the heart of the training of any child and adolescent psychotherapist. So here, too, there was a good fit.

I also realised that I would need to adapt to the educational setting and prove useful to the school and to the particular difficulties of its students. Learning how to do this was part of the challenge. Moreover, what would be my relationship with the

teachers? I had previously done some consultation work with staff at two Pupil Referral Units and knew how influential the teacher-pupil relationship is in the course of a young person's school life and personal development.

GETTING STARTED

As I began the work, I sometimes thought, wryly, that the GP analogy might be adapted. I might think of myself rather as a medic in a war zone, seated in a temporary hut, providing a small oasis of quiet while, on some days, an apparently noisy battle raged outside! This might be a music practice, a rehearsal for a school production or a karate class within the hall where my ceiling-less cubicle sat. Once or twice, I would arrive at school to find the hall was being used for exams, so I had no access to my room, despite a series of booked appointments. Nowadays, I have a room within the Special Needs area of the school for ease of liaison with the SENCO, school counsellor and others from the Special Needs Team. Sometimes, here too, a messenger comes, as it were, from the front, with news of an emergency that has to be acted upon right away. And often, again like a GP, I never quite know what sort of case might next walk through my door.

During my very helpful induction, I began to get a taste of what it might feel like to be a new Year 7 student. Trying to adjust to the huge size, the crowdedness, the noise and bewildering hurly-burly of a secondary school environment, getting lost when trying to find my way, made a striking contrast to the relatively small size and quiet of my CAMHS clinic. During this induction, I had an opportunity to sit at the back of a classroom and discover exactly the sort of thing teachers have to manage nowadays when trying to deliver a lesson. Very different from my own school days! It was heartening to find that the enlightened senior staff attitude to students causing disruption and difficulties within the school was not punitive. They did not think of girls as being 'naughty' or badly-behaved but rather, when there were difficulties, asked themselves the question: *What is getting in the way of this girl's learning?* This question proved to be the key in orienting myself to my task and set the stage for the nature of the joint work I have since embarked upon.

THE EVOLVING WORKING PRACTICES

Referrals are mostly brought to me via the fortnightly pastoral meeting that considers the needs of students who have become worrying to their teachers. I subsequently often meet the particular teacher who knows the referred child best, to get a more detailed picture with this question in mind: which specific difficulties are getting in the way of this student's learning? This seems to be mutually useful. It provides a reflective space for the teacher and a wider context for them to think about the pupil's difficulties, whilst also informing me about how the pupil manages in lessons, and in their relationships with school staff and peers. It also sets the stage for the kind

of applied work that I think is most useful within a school setting. ‘Pure’ psychotherapy would be hard, in my view, to attempt in school. The room is unlikely to be sufficiently private and the child has to return to their lesson straight after their session with me. I find particular attention has to be paid to managing this transition as it can be difficult to settle in class when feeling stirred up by the session. Most importantly, perhaps, I need to be open to a parent, child or teacher asking for the sort of help that might need some adaptation within the school setting – for example, suggesting a child move tutor group if she is being targeted by a gang within her current tutor group; negotiating a lunchtime buddy when a child is finding this unstructured time acutely lonely or asking the SENCO if she can advise other teachers on ways of making things easier in class for an anxious, dyslexic child who does not want to admit she is falling behind.

PARTNERSHIP WITH TEACHERS

The teachers and I also dip back into our contact from time to time, reviewing each situation to see if things are improving for particular students. In this way, I operate on the boundary between the child’s external and internal worlds, moving back and forth between the two in a way that might be confusing within the model of child psychotherapy within a clinic setting.

Sometimes, the role a teacher can play in enabling a child to access help with their mental health is a particularly delicate yet vital one. I am thinking of an unusually vulnerable student; small, blonde, thin and quiet, with a medical condition affecting her bowels of which she was extremely ashamed. I will call her Anna.

ANNA

A bright and conscientious student, Anna was persistently bullied. It seemed that certain children knew she had a secret and were determined to worm it out of her. But Anna was a determined child who did not take the bullying lying down. For a while, she would appear not to react but if anyone openly dared to call her names, she would lash out at them in a way quite uncharacteristic of her usual, quiet self. The emotional and physical force of this would take Anna by storm, leaving her weak, pale and trembling for hours afterwards. After these storms subsided, Anna would be brought to me, weeping copiously whilst stammering out how frightened she was by the murderous thoughts that occurred to her when lashing out at her persecutors. But each time I saw her, she would eventually gather herself up, say she was fine now, this would not happen again and she would leave, refusing any idea of seeing me on a more regular basis. I established with Anna’s mother that Anna did not talk to her at home and, although her mother was concerned about her, she felt this was just the way Anna was and had always been. Probably nothing could be done about it.

One of Anna's teachers, however, was aware of her torment. She began to make it her business to talk to Anna sometimes after class, especially when Anna wrote essays in which the teacher thought she detected a character who was persecuted and suffered like Anna. Through the medium of these essays, this teacher and Anna built up a dialogue, each of them aware they were talking about Anna's difficulties via the metaphor of the character in the essay. Over time, the teacher enabled Anna to return to me and accompanied her. I knew Anna needed referral to a specialist service where both her physical and emotional state could be treated. But Anna felt too raw when seeing me in a 'therapeutic' situation. She preferred her occasional chats with her teacher. And so the teacher continued to listen to Anna and to talk to her, whilst I remained in the background, offering occasional consultation to the very wise teacher, who was struggling not to step outside the boundaries of her role, additionally supported in this by advice from her line manager. Eventually, Anna agreed to see me once, together with her mother, whom she had imagined would not support her. She was delighted to find, in this session, that, in fact, she had the full support of both her parents. Anna then agreed to be referred to the specialist clinic. Her teacher continues to be an important part of the network supporting Anna as she receives the long-term treatment she so badly needs. I remain in the background, available for the teacher to talk to when she feels the need and appearing at professionals' meetings to join in the thinking about the case.

SHAKIRA

Another teacher accompanied to sessions a child who, previously, had adamantly refused to see me at all. Shakira was excluded in her first year at secondary school for her quite extreme lack of adherence to boundaries which, when it came to science lessons, endangered the lives of other children. Her mother asked for help since, she said, Shakira had changed from being a sweet, biddable girl to being almost out of her control.

Whilst I began to see mother on a regular basis to try and understand the nature of the difficulty, I heard that Shakira was pouring scorn on these meetings and on mother for coming to see me. I invited mother to bring Shakira with her, thinking that maybe Shakira was feeling left out. But mother felt there was no way she could get her daughter to come with her – or, indeed, to do anything that Shakira did not want to do. I heard that Shakira ate when she felt like eating, went to bed when she felt like sleeping, got up when she felt like it – and was often extremely late for school. I also learned that following a severe post-natal depression, from which I thought mother had not completely recovered all these years later, mother had never imposed any kind of routine or structure on her daughters (there were two) since, she said, she had wanted them to be her friends and expected they would do things by agreement.

Unsurprisingly, perhaps, there was no father in this household. There was certainly

no paternal function. The idea of limit-setting was anathema to mother since it was bound up with an idea of her own violent and authoritarian father and an idealisation of her gentle, suffering mother. Shakira's mother had chosen as a partner a man whom she had felt to be useless from the word go, telling me, 'He was absent even when he was present' – which I thought might be how she had felt to her children when they were small and she had been so depressed. The parents had eventually separated when the children were still quite young. Now, there seemed to be a household of three sisters, in which mother was felt to be the bad one against whom the other two ganged up, since the girls had nothing but contempt for her lack of authority over them.

Shakira was inhabiting a cynical world where she felt human communication was based almost exclusively on power relationships. Shakira's teacher, however, with whom I rapidly made contact, had an altogether different relationship with her. The teacher saw that underneath her hard and cynical front, Shakira was a lost little girl, not much liked by her classmates with whom she was always falling out. The teacher's lively sympathy was the factor that enabled Shakira to agree to see me – on condition her teacher came too.

In the room with Shakira and myself, the teacher's attitude helped create an atmosphere where Shakira felt she would be listened to and taken seriously. She was able to list grievances against her teachers, her mother and other children. Even doctors, Shakira thought, were against her and out to hurt her. She let us know of a particularly nasty injection she had had against tetanus. The doctors, she felt, had definitely delighted in hurting her as much as they could. When I commented that Shakira was letting us know she felt no one was on her side, she became very quiet.

For the next session, she came on her own and, through a conversation we had about her drawings, I began to understand her feeling that no one ever really kept her in mind or saw things through with her. No one, she felt, cared about the things she might be interested in, unlike other children who all got a better deal. She saw her family as poor and had a real chip on her shoulder about this, feeling that other children came from families who were much better off. She took this to mean material goods whilst I felt she was, in fact, talking about children whose parents took an interest in their minds and what potential riches and growth might be inside them. Her own mother, worn down by depression, was felt to be depleted and hence poor. The lack of any father who might have taken an interest in her was also felt to be impoverishing. I began to see why she felt she always had to make such a splash to get herself noticed. Having entrusted me with these painful feelings, Shakira felt unable to come back on her own and we had to wait for a time until her teacher was available in order to have another session. This work is continuing and Shakira seems to be starting to feel there might be a reliable space available where a kind of parental couple, formed by myself and her teacher, might go on thinking together about her.

JOINT WORK WITH THE SENCO

Of course, the Special Educational Needs Co-ordinator is invaluable in thinking about and working on cases together. Many of the girls I see fall into her remit through a variety of special needs and, by the time a girl gets to see me, the SENCO is often already involved and likely to know her well.

This sense of a working partnership means that we can call on each other for help with both greater and lesser issues. For example, one 13-year-old girl I was seeing, who had some OCD difficulties, found returning to her lessons excruciating after a session with me. She became so anxious as the end of a session approached that she was convinced the only way to help would be to call her Mum at work and ask her to take her home. It helped her greatly when I suggested she might sit for a while in the SENCO's office until she felt ready to rejoin her lessons. This, in fact, helped break a long-standing pattern of over-dependence on Mum and a sense that she had no internal resources to help her manage her own anxiety.

Another student I saw, Mary, just could not manage in class. Her position at the centre of disagreements between separated parents, between whom she was continually passed, made her feel highly omnipotent yet, at the same time, not the centre of either parent's life, passed over in favour of each parent's younger child by another partner. Mary found herself often in trouble with many of her teachers, as well as her classmates, as her high-handed and confrontational attitude was guaranteed to put people's backs up and repeatedly won her attention of the most negative kind. I asked the SENCO if she could help by giving Mary, who was also struggling to keep up in some of her lessons, a 'time out' with her when the going got too tough in class. This worked brilliantly as Mary, instead of feeling excluded from her teacher's attention and the company of her classmates, now felt she had somewhere special to go to, designed just for her when she was in need of individual attention. The SENCO soon managed to convert this to a regular weekly time – rather than being on demand – to help Mary to catch up with her Maths.

SORAYA

With several cases, our joint work has led to the SENCO feeling the time was ripe to begin the statementing process. One particular student, Soraya, had long-standing problems of various kinds. She felt she was a complete failure in almost every area of her life. When she had gone for medical help with her physical problems, there had been no magical cure and so she no longer wanted to attend those appointments. Her way of managing was to avoid all problem areas as much as she could and all encounters with anyone whom she feared would think her 'stupid'. Of course, these difficulties got acted out in class and she was extremely challenging to contain. For instance, she shouted down the teacher if she felt her own, very poor, results were about to be read out along

with everyone else's. Soraya would certainly not agree to see me. 'What for?' she said. 'She'll just think I'm stupid and, in any case, nothing will change.'

However, Soraya had a very different relationship with the SENCO, whom she used to enjoy helping with various tasks around her office, who asked nothing too demanding from her and who never compared her unfavourably with other pupils. In discussions with the SENCO, I commented that I thought a large part of Soraya was operating at a pre-school level. The SENCO then hit upon the idea of providing Soraya with a regular time for toys and play in her office. Soraya enjoyed this hugely and it was a very peaceful time for her, enabling her to feel there was a time in her school day where she was accepted for who she was, rather than struggling and failing to become someone she was not. Soraya would still not agree to my joining her in this setting but the SENCO was able to begin the statementing process, feeling that Soraya would probably be better off in a suitable special school.

LINKING WITH OTHER AGENCIES

Sometimes I can be of help to the SENCO or other members of school staff because of my knowledge of and contact with other Health agencies.

For example, an ethnic minority community worker phoned, requesting me to see a 15-year old Bengali girl urgently. I was told she was in a terrible state, very distressed, not eating and threatening to self-harm. The girl was saying she wanted to talk to someone and the worker was feeling out of her depth. When I asked the worker whether the girl or her family had ever seen a Mental Health professional previously, the worker obtained the information from the girl that she had been to the Tavistock Clinic with her parents some time ago. She did not know the name of the person they had seen there but, in any case, she would not want to go back because she did not want her parents to know how she was feeling. There was considerable pressure on me from both the girl and the worker to see her that day but I felt it would be counter-productive to see her once if, indeed, the case were open elsewhere. Accordingly, I phoned the Tavistock, discovered that the case was still open, although appointments had lapsed, and was able to secure the offer of an early appointment with the clinician who already knew the family. This clinician promised to phone and speak to the girl herself that day. This seemed a much better outcome than to begin a new clinical episode for the girl with a stranger.

On other occasions, I have been able to phone the team at my clinic who deal with urgent cases where there is suicidal ideation or emerging psychosis and refer the young person for an early appointment there. Alternatively, I might phone the CAMHS Outreach Team for Adolescents and ask if someone could join me for an appointment in school, or indeed they might phone me to ask if I could help a young person who has had an

acute episode of mental illness and may need some mental health support in school to help the return to education.

When a child is at the point of permanent exclusion, I can liaise with the mental health professionals at the Pupil Referral Unit to alert them to the needs of the child who is about to arrive. A co-ordinated plan, based on current knowledge of her situation and her needs, can then be set up for her. In an extreme case of a child who appeared to be fire-setting, I was able to offer a mental health risk assessment in the school and, since I had some previous knowledge of the girl, and some small sense of a relationship with her, this student and I had a context in which to try to talk about this alarming new piece of behaviour.

URGENT TROUBLE SHOOTING

Sometimes, there really is a need for an urgent appointment in school and then I act as a kind of troubleshooter. One day, for instance, a teacher stopped the Deputy Head and myself on our way to a meeting. The teacher handed the Deputy Head a letter written by a pupil in her class. The pupil described her extreme misery, detailing the types of self-harm she had performed and the things that she would still like to do to herself or to other people. The girl had known her teacher would read this piece of paper and it seemed to be a desperate cry for help.

I offered to see the girl a little later that day and discovered her mum was in hospital for surgery, necessitated by her own long-standing, self-harming behaviour. Her mother had asked a neighbour, the mother of a friend of her daughter's, to take care of her daughter. The neighbour herself, though well liked by the girl, was preoccupied with her own difficulties and the girl did not want to burden her with her own worries. Chief of these was the idea that her mum was going to die and that it would be the daughter's fault as, she felt, she had not taken sufficient care of her mum over the years. In this case, I discovered there was a social worker already involved and I rang her whilst the girl was with me. The social worker arranged to see the girl that afternoon and, moreover, offered to take her to see her mother, a task that the girl had been managing, so far, in a lonely way, all on her own. Later, the social worker and I referred the girl to the CAMHS in the borough where she lived.

MARY

Sometimes, a student needs referral to our CAMHS clinic team for longer-term work – perhaps for family therapy or for individual child psychotherapy. An example of the latter was Mary, whom I mentioned earlier as being caught between her separated parents. Mary could be tremendously disruptive in class with 'silly' behaviour, which could become aggressive when challenged. She also had constantly changing friendships.

Over the course of a lengthy intervention with her mother, I discovered that twelve-year old Mary's parents were divorced and had very different parenting styles, with father constantly undermining mother's efforts to place limits on Mary. The divorced parents did not communicate except through Mary. Both father and mother had another child from subsequent relationships and Mary was left feeling that her needs never came first – there would always be a 'preferred' child in her mind. But she also felt in a position of great power where it was she who determined what it was she received from each parent, whether that be in terms of money, time or material goods. Moreover, she was the conduit for all communications from one parent to another and was therefore in control of what each parent was allowed to know about the other.

Mary was a very overweight girl, whose body looked to me as if she were puffed up with her sense of her own power. On the other hand, when intensely frustrated, she would lie on the floor, face down, for all the world like an overblown, omnipotent toddler having a tantrum. At school, she tried to replicate the dynamic that was for her the norm. Expecting that the other students' needs would all be prioritised over hers and that she would have to seize some power to effectively 'wrest' the teacher's attention away from them, had led to 'attention-seeking' behaviour in class. She set teachers against one another and could not bear them talking to one another about her. In fact, when I first saw her with her mother, she could not bear mother and me talking together about her either. She would hum loudly to prevent us from hearing each other. At home, she would also become violent to her mother when she could not get her own way. When I saw Mary on her own, her vulnerability was revealed as she tore up drawing after drawing – each never perfect enough for her.

Part of the work I did with this family was to ask father to join me in sessions with mother, to get some agreement between them about joint and consistent limit-setting, predictability and direct communication between them about Mary's needs. Mary had been implacably and explicitly opposed to my meeting her dad or getting him to talk to her mum, threatening that she would refuse ever to see me again. In fact, when I would not yield to her threats, exerted my adult authority, arranged the meeting and got the parental agreement, Mary was hugely relieved. The agreement has been more or less adhered to for about two years now. I also referred Mary for individual psychotherapy at my clinic, where it has taken her over a year to feel that the space is really hers to use for thinking about some of her difficulties, rather than sleeping and projecting into her therapist her unbearable feelings of being unwanted and superfluous. Mary's behaviour at school is greatly improved as testified to by her Form Tutor whom I check in with from time to time. Gone is the attention-seeking behaviour and the need to aggravate teachers. She mostly gets on with her work and has made a few friends.

A VICTIM OF WAR

Of course, one cannot know how a case might unfold. A 15-year old student who

had arrived from Eritrea a year previously was referred to me in school for persistent physical fighting. She was in danger of permanent exclusion and had already had several temporary ones. Each time she returned to school after an exclusion, teachers would meet with her and she would promise to stop the fighting. But she could not. It seemed, when I saw her, that she had the war raging inside her. She had witnessed a pregnant relative being hacked to death and did not know whether her parents were alive or dead. Actual physical fighting, with whomsoever she imagined had slighted her, gave her some relief from the fighting going on inside her. I envisaged a referral to a specialist organisation that work with victims of war but there was no one to take her there and she could not have gone on her own. This girl was traumatised – she could not concentrate and she could not remember. Sometimes she showed me her textbook and we spoke about her studies. She wanted to do well in life and had idealised plans for her future. She often fell asleep in sessions and I let her rest. She then woke, saying she felt refreshed, thanked me, and went on her way. This was a girl about whom I felt very worried and who would, I thought, eventually need much more intensive work. However, to my surprise I must admit, the relief she obtained from the ‘oasis’ of her sessions contributed to the fighting in school gradually abating.

STACEY

Often, I do not know what lies behind an initial referral. Will the intervention needed really be in the mental health arena? Or will there be other events in the family or at school that impact upon the mental health of the child? In such cases, the best I can do may be to try and ameliorate the adverse external circumstances so that the impact of these on the child is lessened.

One such case was Stacey, newly arrived in the school as a Year 7 student. I was told that her learning was at a far lower level than most of her peers, that she seemed not to understand fairly simple learning tasks, had no friends and was often teased by other girls. Her attendance was patchy. The school was surprised that, although these difficulties had been reported by the SENCO from her primary school, she had never been given a statement of special educational needs.

I thought it important to understand how Stacey functioned at home, how much of her difficulties might be cognitive and how much emotionally determined and, indeed, what Stacey’s parents made of their daughter. Accordingly, I invited both parents and daughter together for the initial assessment appointment. Only mother and daughter turned up as father was at work but I quickly saw that Stacey was operating at a level much earlier than her years. She openly sucked a dummy in the session and told me she always kept it in her pocket.

When talking to mother about Stacey’s need for constantly available comfort, I learned

that Stacey also used a bottle at home and that mother had never managed to toilet-train her, although she had managed this with her two older children. Stacey complained that other children teased her and that she had no friends whilst also making clear her need to be constantly with her mother ‘in case she falls down.’ From this, I began to understand just how worried Stacey was about her mother. Mother then explained to me that she had a potentially serious medical condition that had, for some years now, not been possible to keep under control and that, in fact, she was not supposed to go out of the house on her own. Stacey’s presence at mother’s side appeared to fulfil two functions: she could keep an eye on her mother whilst also retaining the symbiotic bond with her as the baby of the family.

Indeed, further exploration revealed that Stacey felt school paled into insignificance beside the all-important task of literally keeping Mum alive. There had been one occasion, when mother and daughter were out shopping together, when mother’s blood pressure had dropped alarmingly and she had collapsed. It had been Stacey who had called the emergency services and stayed beside her mother until they arrived and Stacey who had travelled with her mother in the ambulance to hospital. There was a concerned father in this family and two concerned elder siblings but each, whilst still being part of the family group who cared for Mum, also had their own life to live. Moreover, money was tight in this family and father would lose income each day he took off work. Stacey felt she was fulfilling a filial duty by being an important part of the group who looked after Mum. Stacey would not see me without her mother. She had a lot invested in not catching up developmentally and remaining as the baby of the family, which provided comfort to her mother too. I made a home visit and discovered that the whole family system was organised around looking after this vulnerable mother.

Subsequently, I organised a professionals’ meeting, which included a long-standing and very helpful GP who had also known mother’s mother and could see the inter-generational patterns. I arranged for Stacey to have a cognitive assessment and the results showed she had significant learning difficulties. The SENCO then started the statementing process and we discovered that this had never been attempted in primary school because of Stacey’s prolonged absences. Indeed, the primary school had never learnt of mother’s debilitating illness. I made a referral of mother to Social Services who arranged for her to have an Occupational Therapy assessment. This led to the installation of various helpful aids in the home. Help and care was provided for Mum whilst the school SENCO applied for a statement for Stacey. She was eventually able to go to a special school more suited to her needs and, after a prolonged battle involving myself and the SENCO, to have transport to take her there.

This kind of sorting out of ‘what is the matter’ is sometimes a feature of my work, although you can see that offering ‘therapy’ was not part of it. A ‘therapeutic consultation’ one might perhaps call it. However, in this case, a more suitable learning environment

was provided in the end for Stacey, accompanied by some relief that ‘looking after Mum’ was not entirely her responsibility but that there were appropriate adults to help the family do it.

WORK WITH PARENTS ALONE

Quite a substantial part of this ‘rag-bag’ of referrals that come my way includes the need for parent work. Again, this would be different from a clinic where, if I were working with the child, the parent work would be undertaken by a different clinician. This is yet another reason why I would not attempt pure psychotherapy in this setting. The parent work I undertake in school is again hugely varied.

Sometimes I might only see a parent for a few sessions, sometimes for much longer. Sometimes the parent is seen together with their child, sometimes separately but in parallel with their child – or sometimes instead of their child.

An example of the third kind of case would be the mother of bright, 15-year old Helen, who was referred to me for behaving quite oddly in lessons from time to time, making faces or grimacing whilst writing her personal views about world matters instead of doing the work set. Her teachers were puzzled by this and about how argumentative Helen became when spoken to about this. I met initially with her mother, as I often do, but this particular mother did not want her daughter to know she was coming to see me. She was surprised that her daughter had been referred and felt that Helen would not react well to feeling she was a ‘problem.’ Over a handful of sessions, we explored Helen’s situation. It seemed that she was quite an artistic but isolated girl, not given to sharing much of her emotional life with other members of her close family. It sounded, however, as if she might be quite jealous of her emotionally more articulate brother and of mother’s relationship with her partner, a man whom Helen nevertheless liked. It had never occurred to mother that Helen might be needy in this way as she had always seemed to her to be self-sufficient, even, she recalled, weaning herself at 6 months old. She resolved to spend more time with Helen and, being artistic herself, to take a particular interest in Helen’s art. Within a matter of weeks, Helen was transformed. Her life at school settled down, she began to focus on her work and did well in her GCSEs.

Another mother came to see me because her daughter was raising teachers’ concerns by her aggressive and quarrelsome behaviour, her extreme rudeness, and her carelessness with her academic work. This mother had, for many years, been the victim of extreme domestic violence from her husband, from whom she was now divorced. The daughter was very protective of her mother, was relieved I was seeing her, but did not want sessions for herself. Almost all my work, therefore, was with the mother, who had never received counselling once the domestic violence had stopped. She wept as she told me about it.

She was afraid that her younger son was turning out to be like his father and she was afraid to place any limits on him. As she described him, it did sound as if she had recreated, with her son, the sado-masochistic relationship she had previously ended with her husband. I contacted the mental health worker at the boy's school who acknowledged the worries the school already had about this boy. Some work was undertaken there with the boy and his father. The mother, meanwhile, revealed to me that her own mother's relationship with her father, in another country, had also been suffused with violence and she had grown up witnessing this. She had come to this country to find a better life for herself, but her marriage had been arranged and she felt she was just repeating history.

I wanted to refer this mother on for her own therapeutic work, but she was not sure she wanted it as yet. Maternal grandmother came from her own country to stay with her family here for Christmas and the two women had an emotional reunion after many years apart. Something, it seemed, had changed for my mother through the telling of her story. She described the lifting of a burden from her shoulders just as the daughter seemed to have had the emotional weight of feeling responsible for her mother lifted from hers. When checking in with this girl's form tutor some months after her mother had finished seeing me, I was surprised to find quite such a change in her. I was told that her customary frown had gone. Now in her GCSE year, she was attending to her work, was pleasant to talk to and a responsible member of her class. However, her form tutor intimated she had a boyfriend she was keeping from her mother, since she knew mother, though not intending to arrange a marriage for her, would not permit boyfriends until she was eighteen. I do not know what happened there since my contact with the family ended but I do know that the daughter did well in her exams.

One mother phoned me recently after a year of no contact. Previously, she had been unable to speak to her husband about their coming to see me together, as I had suggested. Now she said things had got much worse with their daughter and she really felt ready to tackle things; she had spoken to her husband and wanted to know when they could have a first appointment.

I think it is important to note that many of these cases would never have turned up at a clinic-based service or, if there had been sufficient concern to get them there, few would have managed to 'stick', as for instance, in the case of Anna who kept running away in fright. We have to close a case in a clinic after several non-attendances at appointments whereas, in school, I can remain available for the duration of a pupil's school life: for a Year 7 student that might mean as much as five years.

CONCLUSION

I might only have a day a week at school but I have the luxury, unknown to most teachers, of a small case load and a context where I am able to concentrate on one child at a time.

In this sense, I am time-rich and can give each child or their parent a space to themselves, something that has often been unknown to them previously. Because of this space, I also have the luxury of bringing into sharp focus the detail of each child's world in school, at home and also internally. I have the opportunity to build up this knowledge over time as I come to know the child better, to meet their parents, to talk to their teachers and to think about the child across several different contexts: in class, with friends in lesson breaks, at home. In this way, I can discover and put together the bigger picture as well as filling in the detail.

The huge variety in the nature of referrals and the need for flexibility and adaptation in approach are part of the endless fascination of this complex work, despite the inevitable difficulties and frustrations along the way. The crucial importance of the partnership with teachers adds a dimension of privilege and challenge as we work together to support children's engagement with their mental health issues, to sort out what can be substantial difficulties hindering learning and hence to foster change.

I would like to extend my thanks to Debra Potel, Co-ordinator of the CAMHS Education Service, who introduced me to this work and has supported me through it.

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Creating A Secure Base

Therapeutic Thinking Within A Whole School Setting

Clare Williams

INTRODUCTION

This paper describes my work as a ‘specialist outpost teacher’ working as a consultant or facilitator in a multicultural, inner-city primary school, considered to be at risk of failing its next OFSTED inspection. Working alongside the teaching staff, I was on site almost full time. The role required observation, reflection, understanding of the systems in place and the skills to work with senior management and the school as a whole to effect positive change.

As well as staff meetings, a key part of the process involved a multi-agency steering group. This group examined and contributed to strategic thinking and contributed to the reviewing stage at the end of the three Action Cycles. The group consisted of the Head and Deputy Head Teachers, the SENCO, an educational psychologist, an educational therapist, a social worker and a behaviour support teacher/outpost facilitator (myself).

ACTION CYCLE ONE: PREPARING THE WAY

This initial phase began with my line manager and I meeting the head of the primary school that had asked for support. The meeting was positive and the head was extremely welcoming, saying she was really pleased I would be working with them and how much the school felt they needed the support. At this point, I became aware of how much hope and energy was being placed on the idea of ‘external help’ and I suddenly felt the enormity of the responsibility on my own shoulders! The school was feeling under pressure, with intermittent LEA reviews, much staff changeover and a head who had been in post for just over a year. I was aware that the school was feeling under threat of failing an imminent OFSTED inspection, owing to pupil behaviour and that, as Geddes (2006, p.59) recognises, such a threat can lead to a sense of humiliation which may bring about defensive behaviours resulting in anger and confrontation, likely to impact on the pupils as well as on staff self-esteem and well-being.

However, I kept these thoughts for later and the meeting ended with a handshake and a commitment to my work starting the following week. The process had begun.

BUILDING TRUST

In familiarising myself with the school, the initial task was to build trust and listen to the staff, enabling them to unburden themselves from the weight of impending failure and fear. The LEA review had stated, “Shortcomings in teaching are compounded by ...over concern with behaviour management.” Building trust at the outset was important for the establishment of a collaborative, joint approach to working through the challenges. At the same time, it was important not to give false hope or to become a ‘rescuer’ for the staff who, I felt, might be looking for a magic solution, especially given the head teacher’s comment.

The first couple of weeks were solely about listening, gathering information and observing. We began with a meeting to enable staff to become aware of my role and to become familiar with me in and around the school. At this point, it was also possible to gain a collective impression of the teachers’ perceptions by asking them in groups to identify the current strengths of the school, the challenges and the areas for development. This gave an initial impression and immediate feedback from the staff as a collective group.

The initial meeting felt ‘heavy’. They dribbled in, getting themselves tea and looking dishevelled. There were comments like, “Is it nearly the weekend yet?” and, “I feel exhausted.” I began by introducing myself, explaining my role, and sharing my hope that, as a staff group, we would think together about individual pupils and about whole school systems and practices. I attempted to convey a sense of positivity but also some realism in order to enable staff to feel supported and positive about the opportunities ahead. I needed them to hear that I understood the difficulties they faced and could ‘genuinely’ empathise (Hanko, 2002).

At the outset, I related to the feelings of despair, helplessness and concern being communicated to me. One teacher said, “I’ve just run out of energy and I feel totally inadequate.” I acknowledged how challenging pupils can cause us to feel empty of energy and unable to give any more. I tried also to say to staff that I was here as a support, that I wanted to work with them, that I, like them, did not have all the answers but that I felt, together, we could develop support systems and networks to help everyone feel more supported and unified. I did not want to come across as an ‘expert’ but as a ‘colleague’. However, I felt it was also important to convey a level of realistic hope to lift spirits. Murphy and Duncan (1997, p.13) recognise that during the opening moments of intervention, hope is an important element in achieving success. I attempted to convey support and respect, for trust to develop and for acceptance of my role as a colleague rather than a judge.

UNDERSTANDING STAFF PERCEPTIONS

In the initial planning stage, the *key strengths* identified from the staff questionnaires were the support from senior staff and the willingness of staff to devote time to pupils

with difficulties. The *key needs* identified were for a consistent whole school approach; strategies and support in managing behaviour; specialised guidance and training to understand children with challenging behaviour and provision of support for the children with the major behaviour difficulties.

Notably, the staff feedback indicated that the difficulties of the school were perceived by the teachers as being within the pupils. It was the pupils that were the problem needing to be ‘sorted out’ rather than the school as a whole. This was evident in comments identifying as a need “better behaved children” or “support with helping children to behave appropriately in the classroom.” This form of projection and ‘splitting’ (Freud, A., 1989) could be seen as a means of self protection, a defence mechanism for the staff. By placing the blame within the children, they were able to preserve themselves as ‘good’, thus preventing themselves from being seen as ‘bad objects’ or deserving of criticism. It was clearly too painful at this point to be seen as having any part in the responsibility.

The discussions and feedback from staff highlighted the following as areas for us to consider or develop:

- A consistent whole school framework based on a behaviour plan.
- Staff training to establish a behaviour plan, with strategies for implementation and use of language.
- Staff group forums to discuss challenging pupils and to promote understanding of behaviour.
- A facility for pupils who needed short amounts of time away from the classroom to reflect and to be supported to be back in class. This was to be based on a model known as TOPS (Time out with Positive Support) developed by Newham Psychological Service and Behaviour Support Team (1999).
- Ways of identifying pupils who needed a multi-agency perspective or further intervention.

What seemed important initially was to develop a whole school approach as a containing framework for teachers, who could feel that the school itself was clear about how pupils and staff would be supported, and that the process of supporting and containing pupils could be implemented consistently. The first task of the staff group, therefore, was to think about and develop a cohesive system.

THE FIRST THINKING TASK FOR THE GROUP

The teachers began this discussion by thinking about what they would like to have in place. My role was to ask ‘enabling questions’ such as, ‘How might it feel if there was space created for pupils to reflect?’ and, ‘I wonder how pupils could be involved in the thinking process of forming expectations for the school?’ The aim was to allow teachers to think about the implications of specific rules and systems and the effects

these might have upon children. This enabled us to begin to reflect on the need for strong relationships with children, especially where rules are imposed. As Winnicott suggests, children need adults to be ‘in control’ but they also need adults whom they can ‘love and hate, defy and depend upon’ (Winnicott In: Davis and Wallbridge, 1981, p.143). I was able to suggest that children need to defy adults as part of normal learning but they need to know they are cared for, even if the rules are broken.

I wondered out loud if anyone had had recent experience of this and one of the teachers said she had. The day before, she had kept a child in at playtime because he had scribbled on another child’s work. She described how he had sat on the carpet with his arms folded and a scowl on his face the whole of the playtime, giving her what she described as ‘daggers’ in the way he looked at her because he had been hoping to play football. He was clearly angry with his teacher for keeping him in but later on the same day, and to the teacher’s surprise, he had asked if she had any jobs. I reflected back how the child had felt resentful towards the teacher for keeping him in but how significant she was to him in that he sought to gain her affirmation and positive recognition. He clearly needed to seek the attachment again. From this story, the staff were able to acknowledge the fact that children could feel resentful where there were consequences enforced by adults but ultimately they sought to gain affirmation from the very same adult they had felt cross with. It was then important to rebuild and acknowledge the relationship. The staff seemed able to hear this and I hoped that gradually, once there was a framework in place and teachers felt supported, children would also be supported rather than punished.

A series of staff meetings resulted in a ‘behaviour plan framework’ based on positive expectations, reward and consequence systems. The behaviour plan was the initial vehicle for change. The staff seemed to need a system or clarity of procedures to help them feel more confident in managing behaviour. It was hard for them to hear about the children and to make sense of their behaviour until they had managed to contain their own anxieties.

This need to frame the behaviour and systems gave the staff a feeling of cohesion. This was evident when groups of teachers offered to design and make certificates and posters. A sense of hope seemed to lift everyone’s spirits as the physical task of working together for a shared outcome and thinking creatively, brought about a sense of unity.

Accepting the principle that children need to have boundaries and routines, we began to think about how we develop relationships and language that encourage and support children rather than reprimanding or controlling them. It was important that we thought about *how* we could encourage children to make their own choices and to develop from ‘dependency to independence’ (Winnicott,1984). One discussion that was particularly pertinent occurred when a member of staff said a child might need to be sent to time out. I wondered out loud, ‘How could we encourage or support a child who needs time

out? What might we say?’ At this point, a teacher said, ‘It might be that you suggest they might need some time to think rather than continuing to disturb other children.’ This for me was the start of fusing behavioural approaches with psychodynamic thinking. Some of the teachers were beginning to think about supporting the children and encouraging them rather than imposing sanctions upon them. We were beginning to think about our systems and the children we worked with, an important step in helping teachers to understand, contain and respond to children in a secure, accepting and empathetic way.

The discussion led on to talking about children who may need more than ‘reflective time in class’ or ‘time out’ and this was where we discussed the need for TOPS, for children who were finding things particularly difficult in class. Some might need supported time away that focused on helping them to feel calm or less anxious and then able to go back into class and make reparation with the teacher.

This discussion, and subsequent training sessions, emphasised support rather than ‘banishment’. One of the teachers spoke about a boy in her class, Nicholas. Nicholas was a child who had experienced high levels of abuse at home and lacked a secure base in that he was living in and out of bed and breakfast accommodation. Sometimes, Nicholas would come to school in an angry and aggressive mood and would walk in kicking over chairs or pushing over tables. If another child said something to him, even if supportive, Nicholas might threaten or attempt to throw something at the other child. Nicholas found literacy and numeracy difficult and sometimes would begin to pace the room, like a ‘caged tiger’. By beginning to ask questions like, ‘What is Nicholas trying to communicate?’ I prompted thinking in the staff who gradually began to see Nicholas not so much as an aggressive, confrontational child but one who was anxious, frightened, insecure and felt that he did not belong. The teacher commented then that he did not have any real friends and seemed to be ‘on the edge of the class group.’

The discussion then led to one of the teachers suggesting that maybe Nicholas could have a project folder that had ideas in and resources that he could access when he felt under pressure with his learning or otherwise anxious. Another teacher suggested that he could be met by the teaching assistant when he first came in and could perhaps be responsible for a specific job that would make coming to school easier; he might feel more valued and trusted. It was also suggested that when things really were too overwhelming for Nicholas, he could be supported in the TOPS room which was a calm, positive, small room where he could have time to feel calmer, and where he could draw or work in a quiet, unthreatening place until he felt able to go back into class. It was then recognised that Nicholas had complex needs and a suggestion was made for him to be discussed with the steering group. Perhaps the social worker could become involved in supporting the family. This was the start of the multi-professional dimension to the project and seemed to provide the staff with a sense of hope in being able to gain a wider, specialist perspective.

The collaborative process of group support within the school was beginning. The teacher who had spoken about Nicholas smiled for the first time when thinking about him and she seemed willing and pleased to try the ideas put forward by her colleagues. The atmosphere had changed in the room and I noticed how it felt more alive and buzzing..

THE CYCLIC PROCESS OF REVIEW

Having initiated the action plan and with strategies and procedures now in place, we began as a whole staff group to review progress. We had begun to see changes in the school as a whole, in teachers' morale, pupil behaviour and the general progress of the project.

At a review staff meeting, staff were asked to think about how things were going and to brainstorm three areas. These were: positive aspects of behaviour management; improvements in your own teaching and current needs/concerns.

The review highlighted 'a shift to positive behaviour and learning'; stated that the school had 'a calm atmosphere' and that it was 'united and supportive'. There was also marked recognition of teachers feeling more confident and more able to teach 'as opposed to managing behaviour'. The needs/concerns highlighted issues around sustaining progress and positive behaviour and also the need for more intensive support for a small group of particularly challenging pupils.

MY REFLECTIONS

At the outset of the project, I had felt an almost overwhelming sense of responsibility in supporting and emotionally containing the school and its staff. As recognised by Douglas (1978), "The facilitative leader is often a person much more conscious of the enormous responsibility he has taken on". With a sense of being seen in the role of 'expert', called in as part of the behaviour support service, my own anxiety about the task ahead increased and also highlighted my need to emphasise the collaborative nature of working together. I was all too aware of the potential hazards of collusion or overcompensation and that I needed to be acutely aware of the boundaries in my role as facilitator. "The consultant....is vulnerable to hazards which may make him less responsive and thus impair...ability. Such hazards are, for instance, an excessive wish to be helpful, a fear of not being helpful enough and a wish to prove himselfto a group." (Hanko,1999).

At the start, I clearly felt a desire to be helpful. When teachers came into the staffroom looking demoralised and stressed, I was aware, at times, of feeling inadequate on some level. I understood this as a communication in the transference, that the teachers felt inadequate, tired and overwhelmed. I needed to remind myself that their feelings might

have been projected into me. I needed to contain these feelings, and enable staff to re-own them when they had expressed themselves and begun to think about their responses to particular pupils, or to their own feelings, or to the feelings that they were in part receiving from their pupils.

ACTION CYCLE TWO: THE MID-PHASE

Having initiated a clear action plan, with key systems in place and an established, supportive group process, we were now into the second phase of the project.

This phase occurred during the summer term and whilst it felt as though much had been achieved, it also felt as if there was still a long way to go to ensure consistency and embedded values and practice. The staff reflection and review that had taken place in May had highlighted a shift in the anxieties of the staff and also raised the confidence of teachers but there were still concerns about persistent challenging behaviour, transferring the system to the playground and the need for further training. There was also recognition of concern at the imminent withdrawal of support as the outpost service aimed to work in a school for a two-term period, which was due to end by September. I was aware too, at the start of this new action cycle, that I felt 'edgy and concerned' about maintaining the momentum and continuing to engage staff in developing further. There were also pupils whose behaviour and ongoing projected anxieties could still cause staff to retreat to previous feelings of inadequacy and despair with the threat of allowing defensive behaviours to re-emerge. Whilst it felt a calmer, happier school in the main, I was aware of my own feelings of doubt and inadequacy, fearing that we had given so much to develop a positive approach that we might run out of steam.

CONTINUING THE THINKING PROCESS – STAFF MEETING

As I tried hard to suppress these thoughts and feelings, we began to identify the next steps and priorities for the way ahead. I became aware that I was not the only one feeling a little apprehensive. One teacher said, 'It's hard to know what else we can do with the background that some of our children come from.'

I also noticed that a member of senior management was absent from the meeting and this served to reinforce my feelings of inadequacy and doubt. Maybe this meeting was not seen as important enough! I began to recognise similar feelings in others and knew that I needed to generate ideas and a feeling of hope but I also knew I needed to contain and acknowledge the feelings that were in the room.

I said that it felt that we had come a long way but perhaps it also felt that we still had much to do in meeting the needs of the pupils. A few teachers nodded. I continued by saying that at times it can feel really hard to recognise where you have come from and to maintain

the momentum when working with pupils who display anxious and challenging behaviours. This time, a few more staff began to nod. I was aware of a lift in my mood as well as the mood of the group. It was as though, by acknowledging their unvoiced feelings, I was seen to be on the teachers' side and empathetic to their needs.

I then wondered out loud where we had come from and what, if anything, had changed in the school. There was a pause before one member of staff said, 'Actually, it is different; I didn't wake up with such a sense of dread at the start of this term!' The ice had been broken and there had been a shift in the atmosphere of the group. The discussion then led to acknowledging that the behaviour plan was a key element in the change of focus for the school and that this would need to be re-emphasised for everyone.

It was agreed that the staff forum meetings would continue so that individual pupils or incidents could be discussed and thought about as a staff group. For children with more complex needs, it was suggested that discussion within the multi-agency group would allow consideration of more intensive therapeutic work with the educational therapist or school counsellor. This was to form the bulk of the new action plan.

BUILDING PRACTICE

As the term went on, the school was feeling more secure and calm. However, it was felt by the senior management that a further term of outpost intervention might be needed to fully embed the new practices and support staff. At a steering group meeting, the head raised her concern that there was still a number of incidents that involved senior management. Whilst these were decreasing in regularity and intensity, there was still a need to further embed staff morale and confidence in managing challenging behaviour. The head highlighted the use of the pager system that had been in place prior to the start of the outpost work.

The 'pager' was a system where a member of staff could press a buzzer to alert a senior member of staff to 'remove' a child. This was seen as a supportive measure for the staff but I had felt concerned that its focus heightened levels of anxiety in the child and potentially escalated the challenging behaviour, rather than conveying to the child the intention to support. By helping staff to understand the behaviours by listening to the pupils, and seeking to diffuse situations before they reached such a dramatic stage, I hoped to eliminate the need for such a device. The framework of the behaviour plan was also central to this process as it gave staff a systematic, consistent framework that they could talk through with the child rather than reacting to and escalating behaviour before the child had had a chance to have 'time out' or to feel heard.

It was becoming evident that, as the project progressed, there was a decreasing need for the pager system. To me, this was a relief. I hoped it reflected that staff were feeling

more empowered themselves because they were able to use the classroom systems across the school.

The head felt that with the pager system still in use, there was still a need for the outpost support so that we could fully eliminate it. It was agreed by the steering group that a further term would enhance the work already done and so it was agreed with the head of the Behaviour Support Service that my placement would continue for a further term.

MEETING CHALLENGE IN THE STAFF FORUM GROUP

Although the general atmosphere in the school was calmer, there were still incidents where the complexity of some of the pupils caused staff to feel threatened or defensive. During one of the staff forum meetings, I was met by a hostile and angry teacher who had been involved in a difficult incident that afternoon. A pupil, Stephen, had shouted at the teacher, kicked over a chair and run out of the school. The teacher concerned spoke complainingly: There was little point in these meetings for some children, they should be excluded. The senior staff had been unavailable to deal with the child and now, he did not want Stephen back in his class. The teacher was even implying that he wanted to cut himself off from the staff group and the collaborative process. It was as if he wanted support but was also resisting it, struggling with the 'tension of engulfment and estrangement' and needing to sabotage the process of the group. (Wells. In: Greenhalgh, 1981, p.198).

This felt a significant moment for me in terms of holding the staff group together. The comment about 'these meetings' felt like a direct attack upon me and I needed to demonstrate a capacity to contain the teacher's feelings while also facilitating the group's thinking.

I acknowledged how angry the teacher must feel and attempted to empathise with the particularly difficult and uncontrollable feelings some children can arouse within a classroom context. I also acknowledged that sometimes there does need to be further support available for children. At this point, I wondered whether the teacher would stay for the meeting and asked directly if he felt able to do so. He said he would and I suggested that we could think about Stephen in the group. He seemed reluctant but then softened as he said, 'He's been much calmer than usual this term and I thought I was beginning to get somewhere with him.' This felt like a turning point and one of the other teachers commented, 'He did seem more wound up today, at playtime he looked upset about something'.

At this point, the head teacher joined the meeting. I felt anxious about her arrival as I knew the teacher felt angry about how the incident had been handled but I also needed the head to endorse and support the meetings and to be a visible, active part of the team. The teacher involved with Stephen then acknowledged that things were particularly

hard for Stephen on Mondays because he usually saw his dad at the weekends and this seemed to unsettle him. The head, realising we were discussing Stephen, said that she had phoned his mum, which was why she was late to this meeting. The head had asked Stephen's mum to come in with him in the morning to discuss what had happened before he went back into class. She then asked if the teacher felt he would like to be part of that meeting. He agreed and it now seemed that there was an acknowledgement of the importance of the teacher and the head working together. It seemed that the teacher felt more supported.

I was then able to ask what might help Stephen feel able to come back into school and, potentially, his class. 'He probably feels that I don't want him in the class but after we've talked it through I would want him to be back.' It was then suggested that maybe, because of the complexities of the situation for Stephen, particularly with things at home being unsettled, that we might discuss his needs with the educational therapist or school counsellor.

The meeting ended and I felt a sense of relief that we had been able to contain the anxieties and to find a way forward. However, I was aware of the continuing potential for fragility in the staff at such a time. A pupil's projected anxieties could impact powerfully, not only on the class teacher but on the staff as a whole.

INVOLVEMENT OF THE MULTI-AGENCY STEERING GROUP

At the next multi-professional steering group, we did discuss Stephen. The social worker had been involved with the family for a number of months. She was concerned about Stephen's violent outbursts at home and how these impacted on mum, who was coping with depression herself. Since his dad had left, Stephen had been struggling with his learning in school, particularly literacy, and it was suggested that he might work with the educational therapist. This was clearly an example of how multi-professional teams can enhance provision for individual pupils and the school as a whole and can ensure that every child really does matter.

THE CYCLIC PROCESS OF REVIEW

With the end of term approaching, there was a need to review and understand the staff's current perceptions about behaviour across the school and about teachers' own practice. A staff meeting was held during the last week of term, in July. As at the end of the previous cycle, the staff were asked to think about how things were going in general and to brainstorm collectively the three areas of: positive aspects of behaviour management; improvements in your own teaching and current needs/concerns.

This time, the review highlighted 'continuing positive practice', with appreciative references to the 'consistent approach'; the 'positive school ethos'; the 'whole school

involvement’; ‘opportunities for children to discuss difficulties” and the sense that ‘staff confidence has raised’. The needs and concerns centred around further support for individual pupils, clarity in the playground systems and concern about the withdrawal of support from the outpost team.

As well as the teachers’ perception of the school, an LEA review in June stated:
“The management of lessons and pupil behaviour is of a more consistent, high standard throughout the school... a number of difficult moments in individual pupils’ behaviour were seen to be handled sensibly and effectively... The LEA supported project... has assisted staff in achieving a very considerable improvement in behaviour, classroom management and pupil attitudes.”

At this stage in the project, we learned of the vastly improved KS2 SATS results for that year. This further raised the morale of the staff as it seemed that their efforts were paying off. The complementary effects of the SATS results, the raised teacher morale and the shift in focus from behaviour to learning all contributed to the increasing success of the school.

MY REFLECTIONS

Reflecting on this stage of the project, I was aware of a range of feelings in what had felt a turbulent time for the school as a whole and for myself personally.

In discussion with my supervisor about the incident of the angry teacher, I had begun to recognise a number of unconscious processes. The teacher’s evident anger at not feeling supported by senior management, and indeed myself, seemed to be directly projected on to me. I became the vehicle for his anger and fear. The feelings I experienced in this exchange and in the transference were strong. Something similar was surely experienced by the child, resulting in his leaving the school premises. It had felt as though I was being directly targeted and that the meeting would be sabotaged due to the intensity of the teacher’s feelings. Perhaps he regarded me as a threat in anticipation of feeling exposed in the meeting to his perceived feelings of inadequacy in managing the pupil. I hoped this was not the case but I began to recognise that I had needed to be the vehicle that he could ‘evacuate’ or project his destructive feelings into. (Emanuel, R., 1987).

By managing to ‘hold’ the teacher’s anger and fear, the staff group were able to support him and to represent the ‘secure, thinking base’ that was able to hold his frustrations until he was able to reflect and recognise the next steps for himself and the child. We had managed to reframe the situation, allowing the teacher to ‘reflect-on-action’ and to begin to empathise with the child, especially when he recalled that Stephen found Mondays particularly difficult. This might then impact on reflective practice ‘in-action’ when Stephen returned to his class (Schon, 1991).

Another important point was that I needed to be careful not to collude with the teacher or the group in mirroring any feelings he had about not being supported by the senior management, especially with the head's absence at the start of the meeting. I should not allow conclusions to be drawn that the head's absence signalled lack of support. In a consultative role, I needed to remain professional, impartial and clear. It was critical that I was able to hold the group together to prevent 'splitting' or sabotaging group dynamics from impacting on the school as a whole. (Orford. In: Jennings & Kennedy, 1996)

Through the discussion with my supervisor, and through my own reflection, I was aware on a couple of occasions of feeling unsupported because of the absence of a senior manager or the head. Rationally, I felt this was not the case, that other pressures in managing the school were the cause, but I wondered about the commitment and the need for us to be a united staff group that involved the senior managers as well. The need for this fusion between the leadership and the membership of the school was a key factor in developing the effectiveness of the school as an organisation (Schein, 1994 p.251) and it was crucial for the staff group to feel 'thought about' and valued to ensure the security of the school base.

Overall though, I felt relieved to have reached the end of the summer term and pleased with the review process and the recognition of teachers that the work we were doing was having a positive impact upon the school as a whole. The LEA review comments and the SATS results added to my sense of relief and the sense of achievement for the school.

ACTION CYCLE THREE: NURTURING THE STAFF GROUP – FROM DEPENDENCE TO INDEPENDENCE

In the final action cycle, the staff continued to build on the practice they had established. The start of a new academic year felt hopeful and purposeful. On the first day back, at the briefing meeting before school, the head teacher welcomed everyone back by supplying croissants and muffins for all the staff. She said how she valued the hard work that everyone had put in over the last year and she was sure the following year would see the school building further on its achievements. There was a positive feeling in the room and I felt a strong sense of belonging. The breakfast served to nurture the staff and the head's initial gesture led to a suggestion that at the start of each week there could be a rota for staff to bring in breakfast for everyone. It was agreed and, from then on, formed an integral part of the school week with all staff coming together as a cohesive group.

The acknowledged shift in the level of challenging behaviour; the increased staff confidence and skills and the more positive ethos across the school, indicated that it was now time to plan an exit strategy for the outpost team. 'Dependency' needed to become 'independence' (Winnicott, 1984). The period of outpost intervention was to

finish in January, by which time it was important that the school felt secure and able to sustain the progress made.

Now that the systems in place seemed able to contain the majority of pupils, there was a further recognised need for small group work to promote self-esteem. Peer mediation was also suggested by one member of staff as a way of empowering the pupils to develop problem-solving skills themselves. The midday supervisors were involved in the training and this helped them to feel more a part of the whole school and the process of change. One supervisor commented that 'it was nice to feel involved and included'. In a whole school intervention project, Smith et al (2004) also found involving supervisory staff to be essential in building 'the whole school team'.

At this early stage in the term, it was important to think about how we could diminish the need for the pager system. Through using 'enabling questions', I aimed to promote thinking with the staff about the need for the pager system and also to incorporate the TOPS model of time out for pupils into the staff domain. By asking questions like, 'I wonder if there are ways we can develop the behaviour plan for pupils who need time out of class?' 'How could we support pupils at the TOPS or time out stage?' I hoped to promote joint problem-solving.

Interestingly, one teacher then said how she felt the pager escalated behaviour. Maybe we did not need it anymore because there was much less challenging behaviour. Other teachers agreed but there were a couple who felt it was still needed for emergencies, for "when you need an instant response". We began to think about the alternatives and it was then suggested that where children needed time out of class, they could have '*focused time out and reflection*' in another class or with a senior teacher. This marked a huge shift for me, as staff were taking on the responsibility of supporting the pupils rather than relying on TOPS. The head teacher at this point said that a 'reflective space' could be created by her office for children to calm down and to think through what had happened, rather than being told to stand outside her door. This seemed a huge step forward for the school. Instead of time out being seen as a 'punishment', it was increasingly regarded as reflective thinking space, supportive of the pupil's needs. I acknowledged this and another teacher suggested there could be a calming space where the child could perhaps draw or read while they calmed down. Prior to the project, the senior staff had been overwhelmed with children and this had impacted on their other work. The aim and the hope was that staff were feeling more confident, pupils were more secure within their classrooms and there was less need for pupils to receive intensive support out of class.

Another teacher then suggested that there could be a 'reflection sheet' to help the child to think about the incident and process their feelings. It was then agreed that the reflection sheet would help the child focus on three main areas:

1. What had happened and how the child felt.
2. What could be done differently another time.
3. What target the child might want to focus on.

I felt excited about this development as it seemed the staff were able to see the need for reflection-on-action with a view to this gradually developing into 'reflection-in-action' for the children as well as themselves (Schon, 1991). It also showed how the school was developing as a 'secure structure,' providing a sense of security for both children and staff, whilst also "actively promoting change in children" as well as staff (Kennedy, 1996 p.78).

In addition, this developing thinking showed that pupils were being respected and valued but, at the same time, there was the consequence of thinking things through and the task of recognising future targets. Mongan and Hart (1989, p.65) draw attention to the 'balancing act' of the need to "accept the child without reserve but also without collusion, of providing structure but also avoiding punishment in its common forms." By creating a 'reflective space' and supporting pupils to think and feel valued, the staff were beginning to select behavioural approaches but were able to apply psychodynamic principles which enabled the needs of the child to be thought about. The two approaches were complementing each other (Hanko, 1999 p.55).

The head teacher's involvement and endorsement had enabled the staff to feel united and secure as a whole and it felt as though the school had come together as a strong and secure base. Bennis (1966, p.122) describes the need for the management of an organisation to act as a 'role model' and the headteacher's involvement in the process was a key factor in effecting change.

Further discussions with the steering group enhanced the action plan in that an educational therapy group was suggested, enabling me to work alongside the educational therapist to co-facilitate the group for specifically identified children.

The very fact that the school had identified and enabled a range of self-esteem groups and educational therapy groups signalled to me how the ethos of the school had developed into one that was able to think about children, to recognise the deeper emotional needs they had and to value children by trying to support them alongside additional interventions. It seemed particularly rare, in my experience, for a school to have such a wide range of professionals who were able to think with, and to think about the school as a whole, as well as the staff and children within it.

A WEB OF EMOTIONS AND THE ENDING PROCESS

As the end of the term approached, I was aware that the school seemed to be more positive and there were significantly fewer incidents with staff and children feeling

overwhelmed with emotions. However, there were still occasions when I was called upon to support staff, and at these times I had feelings that ranged from fear that they did not feel independent enough, or that maybe they did not feel confident in themselves, to feelings of loss at the thought that I was not needed anymore.

On one occasion, very near to the end of term, I was called to a year five class, where Eric was refusing to leave the classroom. The head teacher was in a meeting so I went to support the class teacher. Significantly, I had received a message from a pupil rather than the buzzer. I arrived as calmly and quietly as I could and, on entry to the room, heard Eric singing at the top of his voice, banging the table intermittently and preventing any learning from taking place. The teacher looked overwhelmed. She came to me and asked if I could take Eric out of the class. He had refused to go to another class and ‘seemed determined to ruin the lesson’. I walked quietly to Eric and said I could see he was finding it difficult to be in class today. I knew Eric well as he was in one of the small groups that had been set up. I suggested that he came with me so we could talk or maybe he just needed some space away from the class. He shouted across the class, “I’m not leaving!” I said I would really like to have time with him outside the class and I hoped he would be able to join me in the ‘reflective space’. Quietly, I left, hoping he would follow. As I left the room, I gestured subtly to the teacher that I would be back. I wanted her to feel supported. Eric stayed where he was. He continued to shout and sing and to disturb the class. I returned to the classroom and quietly suggested to the teacher that she took the class to the library while I stayed with Eric. It felt important that the class felt contained by the teacher and that we talked together collaboratively to keep the class and Eric safe. It was all too important that the teacher felt supported and not undermined and that she felt able to take the class to the library. Quietly, she called the class together and they left the room. Eric stayed where he was.

After a few minutes and without his audience, Eric began to calm down and at break time the teacher returned. Together, we were able to talk to Eric. We wondered out loud together whether there was anything we could do to help him. Again, it was important for the teacher and me to talk and ‘wonder’ together so that Eric felt the cohesive nature of our joint approach. I was intensely aware of my need to support, not undermine, the authority of the teacher so that she was involved primarily in the resolution of the difficulty and felt able to maintain a sense of herself as the teacher. We wondered if we could ‘help him with the work’ and ‘could it be that Eric felt he needed more help?’ Gradually, Eric was able to say he had found the work too hard and at this point the teacher acknowledged that maybe she could help him sooner before he could feel himself becoming agitated. She then suggested that if he was finding the work too difficult and if he felt unable to ask for help then perhaps he could bring a ‘yellow help me card’ to her so that he did not have to convey verbally that he needed help but instead could just signal to her. Eric smiled and said that he thought this was a good idea because when he put his hand up everyone knew it was because he was stuck.

Through discussion, valuing the needs of Eric, and the ability of the teacher to find a solution for him, the problem had been resolved. Importantly, the boundaries of the school and the secure base for the class, including Eric, had been maintained. By removing the class, the teacher had been able to hold her class together and so ensure security in that they could continue their learning without its being threatened by Eric. The class and Eric needed to feel a sense of the ‘adults being in control’ in order to feel safe and secure (Davis & Wallbridge, 1981). Eric too was supported until he was able to think, and so to recognise and say that he needed more help. Through ‘reflecting-on-action’, with the hope and aim that in a similar situation he would be able to ‘reflect-in-action’, to use the ‘help me card’, Eric had been enabled to move forward and feel supported but also safe from sabotaging his own and others’ learning. As a result of this incident, the teacher spoke to the SENCO about Eric’s learning needs and further support was set up for him.

The situation was resolved but on reflection I began to recognise powerful feelings that were going on for me during the incident. I was aware of my need to help and that perhaps this was tied up with the end of the project and my need to feel that I had helped the school as a whole as the period of my work came to an end. Perhaps Eric too was not only feeling inadequate in his work but was fearing the end of term, anticipating a sense of being alone, without support. Would his teacher be able to think about him in the holidays and remember to help him when he came back? Perhaps the teacher also had felt a sense of isolation and fear at the end of the project: Would the senior management be available to support her when the project had finished? The transference felt like a web of emotions holding a sense of fear at being independent and a sense of loss with the end of term and the end of the project. Through the resolution and the ability of the teacher to devise a solution to help Eric, I was aware of the additional feeling of not being needed anymore and the approaching leaving of a place where I had come to belong.

THE CYCLIC PROCESS OF REVIEW

The end of the project made it necessary to reflect on the overall process, the developments across the school and the impact of the support and the collaborative process. Questionnaires were distributed to staff and an additional questionnaire given to the senior staff to evaluate the process from their perspective, as the overriding container of the school as a whole.

Comments from the staff included: “The school has a consistent policy... Teachers have a clearer framework... Children have more positive attitudes towards peers, teachers and own self-esteem... The school now seems to run more effectively.”

Comments from the senior management team included: Staff are much more confident...and more consistent, children very secure in this consistent whole school

approach... Staff are empowered... Increase in confidence... Less reliance on senior management team... Greater degree of skill and confidence... The whole atmosphere of the school has changed... Change in ethos of the school, with greater focus on positive achievement rather than negative behaviour.

The evaluations overall recognised how the whole atmosphere of the school had changed and that there was a feeling of staff confidence with importance placed on the well-being of staff and children. It seemed to me that there had been a significant shift in the approach across the school and in its thinking.

CONCLUSION

This is a clear case of a school becoming more effective through a process of collaborative problem-solving based on psychodynamic insights, and by the heightened reflective practice demonstrated by the staff. This is evident not only in the staff evaluations but in the comments arising out of the OFSTED Inspection that took place in the year following the project. This recognised the qualities of the school in promoting good relationships and mutual respect, as well as improved behaviour and effective procedures. It also recognised the role of external support in effecting positive change in the school. The recognition by the OFSTED Inspectors and, more importantly, the staff, drew attention to the increased ‘therapeutic opportunities’ within the school (Caspari, 1986). Through a facilitated, joint problem-solving approach, valuing the skill and insight of the teachers, and through the added dimension of a multi-professional perspective, we had managed to achieve a process of action planning and reflecting that enabled the emotional needs of both staff and pupils to be met. We had striven to meet the needs of every child and to show that they mattered. My role as facilitator had demonstrated the capacity to think about the staff and children, to promote thinking and thus enable the school itself to become a more ‘secure and thinking base’. The multi-professional steering group had also played a vital role in thinking about the school, providing a further dimension to the containment of the staff and pupils.

The end of the project, for me as well as the school, was only the start of a future where further opportunities for joint problem-solving based on psychodynamic principles, with a multi-professional perspective, could shape the future for our children. We need to ensure a future where therapeutic thinking and teaching become an embedded foundation within our schools, supporting the emotional well-being of staff and pupils. With this approach, perhaps, we really can begin to achieve the outcomes aspired to through the Every Child Matters Agenda.

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BOOK REVIEW

by Mia Beaumont

Reaching And Teaching Through Educational Psychotherapy

A Case Study Approach

by Gillian Salmon & Jenny Dover

Published by John Wiley (2007)

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Reaching and Teaching Through Educational Psychotherapy explores the interplay between social, emotional and learning difficulties. It is a compilation of seven papers written by two experts in educational psychotherapy. These essays develop out of the authors' commentaries on four case studies and consist of: an introduction; two papers on assessment; one on ethical considerations; another on ways in which beginnings and endings affect a child's capacity to learn; a very useful essay on the network and the complex task of working with parents and professionals; and finally a conclusion. The case studies have been written by experienced teachers or educational psychologists, in the final stages of their training as educational psychotherapists, a component of the course being to work with two children, over two years, in a clinical setting.

This book is invaluable as a handbook for all those engaging in therapeutic work with children. As well as educational psychotherapists, teachers and educational psychologists, it will also appeal to social workers, child mental health workers, parents and carers, indeed to all those concerned with vulnerable children whose capacity to learn has been affected by traumatic experiences.

The authors have chosen case studies which show a range of emotional problems within families and demonstrate some of the different defences used by children as a way of protecting themselves from the impact and memory of past experiences. They show how the defences they have adopted also impede learning.

OSMAN

The first case study, by Merkel Sender, is about Osman, a withdrawn little boy who cannot make connections. The second is by Dorothy Wickson and is about Maria, a young girl whose learning is inhibited by rejection, loss and separation. The third is by Patricia Reid, who describes her work with Tariq, a boy who was one of twins, had been classified as suffering from ADHD and was persecuted by his destructive fantasies. The last child, Kevin, was seen by Claire Warner and was described as an insecure child among unpredictable adults.

By choosing such lively and moving accounts of the process of educational psychotherapy, the authors have been able to explore some of the issues arising from each case in some depth. In the case of Osman, the authors comment on the need for knowledge of Osman's developmental history and some idea of the family background before starting to work with him. The fact that he was described as a "good baby"; his difficulties in separating from his father and his problems with speech development all begin to contribute towards a picture of Osman. The authors note the way the psychotherapist becomes aware of his defences and the purpose they serve. She slowly realises the importance of her feelings when she is with him and how she can use these feelings as a means of understanding how Osman himself may be feeling. There is emphasis on the importance of the therapist's growing awareness of how Osman sees himself in relation to the outside world and how he feels unconnected with others. The authors discuss Osman's extreme anxiety in the learning situation and ways in which the study of psychoanalytic theory can contribute to some understanding of his unconscious processes. They describe the need for careful boundaries and describe, in practical terms, how a room that is used for educational psychotherapy should be set up and what it should contain. They continue by stressing the need to make links with the child's teacher and the importance of understanding too her perception of him. Finally, they mention other feelings that may enter the process; rivalry with the parents, and maybe the teacher, and anger at the lack of awareness of other adults.

MARIA

The case study of Maria "was chosen because it allows the reader to see how the child in educational psychotherapy develops the capacity to learn and to relate to others with a maturity that had seemed unattainable at the beginning of the work."

The authors describe how early traumatic experiences of separation affected Maria so deeply that she was left with an idea that any present separation from important adults was potentially disastrous. She was clearly unable to think about anything else and did "not have the emotional freedom to learn from the educational system." The careful preparation for breaks in the therapy is described as essential, in order to ensure that Maria felt confident that these breaks were planned and that the therapeutic

relationship would continue after the break. The writers mention the ways in which stories can help such a child to accept a more realistic view of a relationship, and they conclude by emphasising the importance of liaising with the teacher when a child has “a resistant anxious attachment.” The teacher needs to challenge the child’s belief that she is unimportant, unwanted and unthought about.

TARIQ

In the case of Tariq, the authors comment on the difficulties in dealing with a case where there are emotional as well as behavioural difficulties. Tariq was a child who appeared overwhelmed by his aggressive phantasies and it sounds as though his behaviour was very difficult to bear at times, particularly his encopresis. The authors stress the need for carefully thought-out learning tasks which do not challenge his omnipotence in ways that could be mortifying. They also mention the importance of consistent, well-structured boundaries. They talk about the meaning at the root of his behaviour, including his encopresis, all of which they see as a form of communication. They mention how powerfully he projects his feelings into others and how these feelings may have been very hard to digest at times. Nevertheless, by the time Patricia Reid was finishing her work with Tariq, she implied that he was now able to symbolise his messy, aggressive feelings and I wondered whether this meant that he had been able to give up his more concrete form of attack and that he was no longer encopretic.

KEVIN

The last case study, by Claire Warner, “highlights the challenge of helping an insecure child (Kevin) to feel safe enough to learn.” The authors discuss the difficulties of working with a child who has experienced early trauma and who lives in a family where the boundaries are unpredictable and insecure. They wonder about the effect of trauma on his neurological development and hence his capacity for change. They appreciate Claire’s realistic goals for this child and comment on her honesty in describing her own process and the changes in her thinking as she confronts the need for “a high degree of truthfulness” in supervision.

The writers forecast an uncertain future for Kevin and suggest that he will test boundaries in order to discover whether the adults around him can keep him safe. They suggest that he will remain highly vigilant and that he may find the content of a certain part of the curriculum frightening, because of the way it resonates with his own undigested experiences. “Nonetheless,” they say, “he experienced holding and containment over some time and rediscovered the capacity to play.”

The remaining chapters in the book aptly refer to the four case studies, which the authors continue to use to expand their explanations of the workings of educational

psychotherapy. The first chapter on assessment categorises the kind of children who are helped by educational psychotherapy as those who:

- Underachieve academically for emotional reasons.
- Are defended and fragile and respond well to structure.
- Prefer an indirect approach to exploring personal issues.
- Need to regulate proximity to the teacher.
- Harbour family secrets or unspeakable thoughts.
- Can engage in a task or activity.
- Are “anxiously attached” to their carers.

The list is very useful for those who wish to refer children for appropriate support, particularly special educational needs coordinators, who may be overwhelmed by choice when trying to decide on the best sort of help for the distressed children in their care.

The assessment chapter goes on to describe factors to hold in mind when first meeting the child, such as assessing academic strengths and weaknesses and observing defensive behaviour. It continues with a brief summary of attachment theory, with particular reference to the classroom. It covers neurological factors, the unconscious meaning of the task or activity, the use of expression work, including drawings, stories and play, and concludes by describing the assessment procedure.

The second assessment chapter concentrates on ongoing assessment and techniques used in individual and classroom work. Both chapters on assessment are invaluable and are of practical use for all teachers, educational psychologists and educational psychotherapists.

The chapter on ethical considerations when working psychotherapeutically with children is also essential reading. It is comprehensive, thoughtful and thought-provoking. Many of the sections will resonate with teachers and psychotherapists: “Thinking about what you are doing”, “Dealing with violence”, “Thinking about absence”, “Area of Competence”, “Physical Contact”, “Confidentiality”, and “Creating a Safe Environment” concern all of us working with children and need to be at the forefront of our minds.

The chapter on beginnings and endings deals with the way that momentous events affect children’s lives and emphasises the importance of marking breaks and absences in a significant manner that gives children sufficient notice of forthcoming breaks. I think this chapter is particularly important for teachers working in schools as, in my experience, some schools refrain from informing their pupils about the class teacher’s departure until the week or even the day before they leave. This can cause mayhem for whoever may succeed them. It is important to give the class sufficient time to express their anger and disappointment, however uncomfortable that may be, and also their gratitude and more positive feelings.

The final chapter, on the network, covers the need for contact with the child's parents, and also with professionals involved with the child. It stresses the importance of regular meetings when each professional can concentrate on their particular area of expertise. It also mentions the way in which the family's psychopathology can unconsciously affect the group and, if left unattended, can have a destructive effect on the work. They make another very important point about the destructive nature of unconscious envy and the deleterious effect that it can have on the work with the child if it remains unrecognised. They quote an example of a teacher who may feel depleted when the child is referred on for specialist help and who may then unconsciously sabotage the child's psychotherapy. They also mention the sense of rivalry that can occur between parent and teacher. "Teachers may feel they understand the child much better than the parents appear to do. They can also feel resentful that the parents have produced such a difficult child to teach."

This enjoyable and informative book, with its lively yet thoughtful writing, is a comprehensive, knowledgeable description of the making and ongoing work of the educational psychotherapist. *Reaching and Teaching Through Educational Psychotherapy* should be on the bookshelves of every head teacher. It is essential reading for everyone who trains teachers, educational psychologists, or educational psychotherapists and for all those concerned with educational policy making.

Contributors

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JENNY DOVER is a senior educational psychotherapist, working in the Child and Family Consultation Service in Islington, London. She is a lecturer and supervisor for the Caspari Foundation's training in educational psychotherapy and also leads a variety of other training events for teachers, in schools and at Caspari House.

LEE MARSDEN is an educational psychotherapist and teacher. Initially, she worked as a secondary teacher in London schools, and then in various NHS settings. She is currently teacher-in-charge in the Children's Centre of the Cassel Hospital Therapeutic Community. She is an editor of this journal.

RUTH SEGLOW is a child and adolescent psychotherapist in an inner London CAMHS team. Half of her week is spent seeing families, children and adolescents in a clinic setting. During the other half, she works in the CAMHS Education Service. This involves a day a week in a girls' comprehensive school and participation in a Parenting Support Service which aims to develop support for secondary school parents through the borough's schools.

CLARE WILLIAMS began her teaching career in the East London Borough of Newham. After four years teaching KS2 pupils, she became an advisory teacher in Tanzania, East Africa, where she set up a training cycle of workshops and outreach work in the local schools. On returning to Newham, she became an advisory teacher with the Borough's Behaviour Support and Advisory Team. In 2004 she qualified as an educational psychotherapist, and completed her MA in Therapeutic Education in 2007. She is currently a Consultant for the Primary Strategy Team in Dorset, coordinating Social and Emotional Aspects of Learning (SEAL).

Notes for contributors

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