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Offering a ‘therapeutic presence’ in schools and education settings

Abstract

This article outlines a framework for conceptualising the contributions that psychoanalytically informed therapeutic professionals working within education settings can make to school staff and systems as well as children and families.

The paper combines theoretical concepts with case examples of work undertaken in different education settings, to illustrate the opportunities provided by offering a ‘therapeutic presence’ within schools. Examples include direct work with children and their families, as well as work with teachers and other education professionals, and include work in mainstream nursery, primary and secondary settings, as well as settings offering specialist provision.

Keywords: psychodynamic, consultation, school-based intervention, therapeutic presence, education

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Introduction

Various authors have written about clinical approaches to working in, and with, schools. They might be characterised in terms of originating in one of three positions, namely the ‘clinic goes to school’ model, the ‘work discussion group facilitation’ model, and the organisational consultancy model. The concept of ‘therapeutic presence’ in schools draws on these approaches and aims to integrate them into a framework that can be useful for psychodynamically informed clinicians working in schools and education settings.

Recently there has been increased emphasis on the delivery of Child and Adolescent Mental Health Services (CAMHS) in schools and education settings. CAMH services are increasingly expected to provide regular clinical time, sessions and personnel for schools, and there are increasing numbers of counsellors, primary mental health workers and other therapeutic professionals working in schools. Most recently is the current Government initiative (DCSF, 2008) of Targeted Mental Health in Schools (TaMHS), which is a three year programme aimed at supporting the development of innovative models of mental health support in schools for children and young people aged five to 13 at risk of, and/or experiencing, mental health problems; and their families.

Usually the main expectations and requests are for such professionals to ‘see’ identified children who are giving school staff cause for concern. This arrangement – what might be called a conventional model of referral and response of direct clinical work with child and/or family – often fits with the expectations of all concerned, especially in the current context of monitoring and recording activity levels. Schools and teachers can indicate numbers of students referred, and therapeutic professionals are able to record and demonstrate activity levels to their commissioners and funders.

Direct work with children and families can be appropriate and very helpful at times, and there is much evidence and literature that indicates this effectiveness and describes creative ways of offering direct intervention in schools (DCSF, 2008; Dowling & Osborne, 1994).

However, there are other times when a range of different responses and interventions might be more helpful – to the children, staff and school as a whole. By having a range of responses to messages conveying concern, therapeutic practitioners in schools can offer a ‘therapeutic presence’ that can be experienced by children, staff and the whole school system. ‘There is much that is done in terms of offering therapy and counselling to individual students in schools, but little at the level of understanding the unconscious responses to stress that are unwittingly co-ordinated across the organisation’ (Hinshelwood, 2009, p.520).

Other such interventions have been characterised in terms of work group discussions and organisational consultancy. In the former model, practitioners work with selected groups of school staff in pre-arranged meetings, using a format where education professionals introduce a presentation of a particular child or group of children. The group then works with the material presented and, along with the facilitator, develops the thinking and ideas of ways of working with the children. This has proved very effective and helpful for teachers (Hanko, 2002; Jackson, 2002, 2008), and indicates the usefulness of transferring clinical skills more widely in the school system. ‘We consider the use of our staff support skills as a redeployment of our child-related skills when working with fellow professionals’ (Campbell, quoted in Hanko, 2002, p.383).

A third model of clinically-orientated interventions in schools is organisational consultancy, whether from CAMH services (e.g. Southall 2005) or elsewhere (e.g. Huffington, 1996). Psychodynamically orientated consultants describe their work with schools systems, having been invited in to address particular issues. When writing about their work, they highlight the importance of observation of the organisation based on an infant observation method (Hinshelwood, 2009; Miller et al., 1989), and the application of psychoanalytic process consultation to working in and with schools (e.g. Maltby, 2008).

While the group facilitation and organisational consultancy approaches apply psychodynamic thinking to the wider school system, authors have tended to describe their roles as being external to the school, having been invited or ‘brought in’ specifically for such a role. We argue that such interventions can also be very

helpfully offered by therapeutic professionals who are already working within schools and educational settings. Thus, we see ourselves and others as offering a kind of 'internal consultancy' (Huffington & Brunning, 1994) within schools and education, rather than coming in as external 'experts'. By extending the range of interventions they might offer, therapeutic professionals working within schools might be able to offer a more generalised 'therapeutic presence' to the wider school system, and not just to those children and families whom schools refer to them.

Therapeutic professionals are in a potentially useful position to embed ideas and practice about thinking and learning in schools that can integrate with existing educational work. By being present in schools on a regular basis, therapeutic professionals can be on hand to offer and promote insight and to work towards 'an extra dimension of self-reflection' among teachers (Hinshelwood, 2009, p.519). They are in a position to support teachers on a daily basis to think about teaching and learning in the context of relationships (Salzberger-Wittenberg et al., 1983; Youell, 2006) and to offer informal, spontaneous opportunities to reflect on specific interactions that can promote 'reflection-in-action' (Schon, 1983).

In a research study of nearly 300 schools, education staff reported that 'most teachers were short of informal support systems for advice when they were concerned about a child's mental health ... many teachers valued the opportunity to talk over concerns or ask for advice from CAMHS on an informal basis, rather than make a formal referral.' (Gowers et al., 2004, p.423.)

The processes of teaching and learning involve complex human interactions and intense psychological experiences, for pupils and staff alike (e.g. Hinshelwood, 2009; Maltby, 2008; Salzberger-Wittenberg et al., 1983; Youell, 2006). Working within any education setting inevitably has an emotional impact on all of us, and we aim to illustrate how attempts to use this impact by attending to it, providing opportunities for sharing and learning with others, can be useful in thinking about the work. This illustrates the approach that emotional experience within organisations can be used as 'intelligence' (Armstrong, 2004) to better understand organisational life.

In particular, the ‘therapeutic presence’ offered by a therapeutic professional working within a school system, as opposed to a facilitator or consultant ‘coming in from the outside’, can help to integrate different professional discourses and practices.

Evidence suggests that teachers and mental health professionals have different ways of thinking and working (e.g. Spratt et al., 2006). By offering therapeutic insight ‘from the inside’, thus creating a thinking space by acting within the school system, therapeutic professionals can help to bridge such professional and institutional gaps and help to promote the embedding of different ways of learning, thinking and development.

Therapeutic presence – a conceptual framework

The idea of therapeutic presence in schools is borne out of key psychoanalytic concepts that can be helpful beyond the consulting room. They combine to offer a framework for thinking about the process of change in education settings – for pupils, families, education staff and therapeutic professionals who work within schools.

The application of Bion’s later work on a psychoanalytic understanding of mental functioning can be extremely helpful. One of his most original contributions is his theory of thinking. In his model, the infant projects a part of his own anxieties and unbearable feelings into the good breast-container (e.g., the mother, caregiver) and receives them back in a more tolerable form. This relationship between the container-contained allows the infant to develop his/her own capacity for thinking (Grinberg et al., 1993). This interplay can also occur between individuals and, according to Bion (1962/1988), is central to the analytic process. The therapist is therefore there to provide containment for the projection of the patient’s unbearable (or unprocessed) feelings. Containment is therefore the process whereby such communication is received, processed and offered back in a more digested form, rather than reacted to (Bion, 1962/1988). Providing containment creates a thinking space which in turn helps participants to regain their capacity for thinking which was suspended because of the intensity of the anxiety and unbearable feelings. This is a vital part of the process in individual psychotherapy, but also in psychoanalytic process consultancy, where the emotional experience in an organisation such as a school is likely to be communicated to external professionals, including those from CAMHS. This

communication is likely to be experienced unconsciously through transference, in relation to particular schools, staff teams, or at particular times or moments.

Thus, 'therapeutic presence' is different to management or decision-making. By offering containment for conscious and unconscious thoughts and feelings that may be raw, unprocessed and often unbearable, such presence can help staff teams and schools to make new links and connections, mobilising and utilising their own experience and expertise. It is more about providing a space where participants, with the help of a therapeutic colleague or consultant, can develop ways of thinking, as distinct from knowing. Schein (1987) outlined this distinction between psychoanalytic process consultation and so-called expert consultation. Just as an individual psychotherapist will experience and learn about the defences of their clients, so too the professional within the school system who is offering 'therapeutic presence' is likely to experience what Menzies Lyth (1959/1990) called social defences against anxiety, which schools may use, often unconsciously, in attempts to keep uncomfortable feelings at bay. In particular, attempts to promote thinking may be attacked and rejected. Thinking can be conceptualised as the process of making links and connections (Bion, 1962/1988), and the anxieties of uncertainty and not-knowing may be defended against by retreats to knowing and knowledge, certainty and familiarity, particularly in education settings where authority may be thought of as being conferred by knowledge (Bion, 1959/1988).

Secondly, Bion's observations on groups can be usefully applied to consultative approaches when working in and with education systems and organisations. According to Bion (1961), when individuals get together, a collective mental activity takes place in the group, generally without the awareness of its members. Individuals in the group will develop and share 'basic assumptions' that promote a sense of belonging and help group members to defend against the anxieties that are experienced (Grinberg et al., 1993), particularly those linked to 'terror, chaos and irrationality and truth (learning from experience)' (Lipgar, 2006, p.83).

Groups operate in the dependent basic assumption when members develop a dependency on a leader and locate all hopes and expectations in him/her. The fight-flight basic assumption is when a group starts to act as if their difficulties are due to

an internal or external ‘object’ (e.g. a colleague, another group, an idea), with whom to fight or from which to flee. Finally, the pairing basic assumption occurs when two members (e.g. a member with the group leader) pair up and the group develops a strong belief that as a result of this pairing a new idea will emerge and save the group.

Basic assumption functioning can occur in any groups, but some contexts give rise to particular types of functioning (Grinberg et al., 1993). For example, the task and process of learning requires an appropriate degree of dependency, as some dependency is necessary and constitutes on-task behaviour for a class of pupils who are there to learn from a teacher. The challenge for working with school systems more generally is, therefore, to create a containing environment in which a degree of dependence is possible – so that children can depend on and learn from teachers while also using their own minds, and members of staff can depend on and learn from each other and from therapeutic professionals – without everyone becoming so dependent that thinking is impossible.

Group dynamics operate in most consulting situations (Burka et al., 2007). Powerful feelings and anxieties can occur in groups of professionals who take part in a supervision or consultation process. Irrespective of the content that is brought for discussion, group members’ strong emotional responses are likely to trigger basic assumption functioning. It is therefore very important that practitioners are not only able to understand the group dynamics that are occurring but are also able to contain and process the emotional experiences of group members.

By applying these ideas of individual and group functioning, it seems that providing containment can offer a space that can help individuals and staff teams to restore their thinking capacity. But what about creativity? Winnicott’s concept of a transitional space seems to fulfil a similar function to that described by Bion’s idea of containment. According to Winnicott (1958, 1971), providing a good enough environment will allow a transitional space necessary for the development of a capacity to symbolize. Within such a space there can develop the capacity to create, think up and generate ideas and to distinguish between illusion and reality (Winnicott, 1958). In our view, providing a ‘therapeutic presence’ fulfils a similar function. Participants can use the space to play with their thoughts and test reality, which can

lead to new, creative and innovative ways of thinking about dilemmas and challenges within schools (Jama Adams, 2009).

In presenting the importance of offering ‘therapeutic presence’ within schools, our emphasis is that any direct therapeutic work in schools must engage with the context in which it takes place. As mental health professionals working within schools and education systems, we have found that interventions with organisations and wider systems are often more effective than responding to specific requests or referrals of particular children and families. By working with different levels of the system, a different order of change is possible, through impacting on the ways in which key professionals and networks may think about, talk about, and respond to, vulnerable children and young people. This is illustrated in the examples below, which have been disguised and anonymised to protect confidentiality.

Working with a family and a mainstream secondary school

F was a 14 year old boy whose family had come to the UK from Africa. The secondary school he attended had become increasingly concerned about his behaviour. These concerns had come to a head when he had stood on a window sill of a second floor classroom and had refused to come down. His teacher was extremely distressed and anxious, and eventually the deputy head teacher had persuaded him to come down. The deputy head talked about this at the following week’s multi-agency meeting within the school. Her account carried feelings of distress, desperation and ‘stuckness’. She was not obviously making any request or referral, but clearly seemed concerned without quite knowing what to do. After hearing this, the CAMHS clinician who worked part time as part of the multi-agency ‘team’ working within the school, offered to speak informally to the deputy head to think more about what had happened. This offer was gratefully accepted by the deputy head, who seemed visibly relieved. The conversation led to the clinician offering an assessment with the family, in a situation where previously there had been no thought about a CAMHS referral. This seemed to offer some relief and containment for school staff.

In meeting with F, his mother and an interpreter, it emerged that F had had a long-term medical condition that had been operated on around the time of his transition to

secondary school. F and his family had been told that the operation would solve the problem, but the outcome of the operation was completely different to their expectations, leaving F with ongoing and unanticipated physical difficulties, just as he was starting a new secondary school. F's behaviour had since become aggressive and disruptive at home and with his extended family, who had become increasingly concerned. F's mother had gone to her GP, but had apparently been told that there were no local services available for her son. She had subsequently been feeling helpless and increasingly desperate. After this initial discussion, a referral was then made to the local CAMHS service, while simultaneously thoughts were shared with both family and school about understanding F's recent experience, and some hope for support and change in the future. School staff were offered new ways of understanding F and his behaviour, and more thinking was then possible regarding ways of supporting F in school.

It seemed that the school's experience of F's behaviour had mirrored that of his mother and F himself. The experience of desperation and helplessness had been communicated unconsciously through F's behaviour, leaving school staff anxious and distressed, without a way of understanding what might have been going on. By initially offering a responsive, accessible and containing consultative space, complemented by a therapeutic space in which the experience of F and his family could be described, acknowledged, thought about and understood, the dual areas of work in the school provided a way of enabling the system – child, family, school, professionals – to become 'unstuck'.

The 'therapeutic presence' had helped to change the school's understanding and experience of F's behaviour, from one in which his behaviour was 'naughty and challenging', and 'bizarre', to a view that this was a symptom of his distress. The intervention had provided a 'transitional space' (Winnicott, 1958, 1971) in which another 'narrative' could emerge as the school's view and understanding of this pupil changed. It also subsequently opened up further conversations with the deputy head teacher about other pupils who were giving cause for concern, both within and outside the existing multi-agency meeting format.

Working with staff in a mainstream nursery

The following case illustration is from a mental health project in a primary school. The project had changed shape many times because of the uncertainties with funding but also the high turn-over of managers. Both individual and group interventions were provided by a CAMHS outreach team (a clinical psychologist and two child mental health workers in training). In addition, some infant observation work (Miller et al., 1989) had been undertaken at the school's nursery. One of the trainees had started observing the children following the nursery's regular complaints about the increasing number of cases with significant behavioural and emotional difficulties.

Pre-consultation

The psychologist, who had just joined the project, was first faced with an unexpected level of anxiety from the school, the head of the nursery and the two mental health workers in training who had started a month before. Meetings were organised to help to understand what would be most helpful. Rapidly the psychologist took more of a consultative role in the light of the issues discussed with everyone involved.

The school management complained that the nursery was 'in chaos' and needed support, but was unable to identify specific needs. This was experienced in a painful way by everyone, including the psychologist. The school was fluctuating between feeling angry and helpless towards the nursery, and distressed by the nature of the difficulties presented by some children, never being able to decide whether the problem was with the nursery or with the children. Any attempts to suggest that it could be a bit of both would only create more confusion and intense emotions.

The nursery manager very quickly conveyed a sense of hopelessness. She felt that despite many efforts from the staff, some children were showing extremely difficult and challenging behaviours. There was acknowledgement that the presence of the two CAMHS workers was helpful. But a closer investigation showed that most of the help seemed to be located in the past, in a worker who had left the project but was described as a 'very skilled' professional who had helped a particular child to get a special needs statement. In fact, the whole idea of starting observation in the nursery stemmed from the experience of the staff with the 'very skilled' worker. There was

significant confusion about the role of the two new CAMHS workers - not to say exasperation - and the usefulness of their presence in the nursery.

This was conveyed by the CAMHS workers themselves. They felt that they had to witness many worrying behaviours when doing observations in the nursery. Rapidly, they seemed to be more affected by the behaviour of the staff than with some of the 'difficult' children. They were also unclear about the causes of the problem – the children or the staff. They felt helpless, not being able to make any use of their observations which came across as unprocessed, and frustrated not to be able to feel they could feed back anything in a meaningful way to the nursery staff.

It was agreed that monthly meetings with the psychologist, lasting an hour, would be set up at the nursery. All staff, including the head of the nursery, would attend. In addition, one of the CAMHS workers would also attend to share the nursery observations with the group. A total of eight sessions took place. The initiative was warmly supported by both the nursery and the school management.

It appeared that longstanding problems had been left unaddressed and that dissatisfaction had increased over time, despite the positive experience with the previous CAMHS worker. It was striking that none of the members could generate any hypothesis about what was going on, unaware that they were all conveying the same story. The thinking capacity, which allows making links between different ideas, seemed suspended.

The emotional content was extremely intense and complex for everyone. This seemed to impact on the thinking capacity of individuals in the school who were unable to make links between the way they felt and the effect it had on each others' behaviours. Melanie Klein described projective identification as a response to intense anxiety (almost persecuting) in individuals. One tends to split aspects of the emotional experience that are too painful and unbearable, and project them onto other objects (Hinshelwood, 1989; Klein, 1946). In this example, the school and the nursery seemed to use projective identification as a defence against linking painful emotions to their current experiences. It may also have been the case that powerful feelings were projected onto the children and that there may have been a connection between

the staff's unhappiness and sense of hopelessness, and the level of behavioural difficulties displayed by children attending the nursery.

In parallel, the psychologist was seen by every group (school, nursery, CAMHS workers) as the person to unite with, in order to change the situation (basic assumption pairing). At the same time, the psychologist was aware that unless the main 'problem' – too many children with behavioural and emotional difficulties attending the nursery – was addressed, any other type of intervention would be perceived as ineffective or simply rejected as 'not working'.

Consultation period

The consultation group was attended on a regular basis by six nursery workers and the two CAMHS professionals. The psychologist felt that the life of the nursery consultation group went through three distinct positions.

The first sessions were mainly used to describe the behaviour of the 'difficult children' in great length. Members would almost talk at the same time, shifting from one child to another one. It was very difficult to help members to focus on one case and get different perspectives on the same child. The psychologist's ideas were received by some members as 'enlightening' as they constituted explanations about the child's behaviour. For example, when the psychologist asked about the family background, some members rushed to link the cause of the problem to the lack of parenting or the cultural difference of the parents. But the psychologist's enquiries provoked something quite different in some other members who insisted that they were very experienced workers and wanted to share with the group their expert knowledge on child development and mental health. In these moments the level of anxiety in the group of workers was extremely high.

In cases where the level of anxiety was intense, the role of the psychologist was mainly to contain individuals to feel safe enough to begin to verbalise their thoughts and feelings. The beginning of the consultation process illustrates clearly two of Bion's basic assumptions: the need for a pairing with the psychologist ('enlightening' comments) and fight/flight as the group systematically located all problems in an

external idea (culture) or group (parents), without being able to take into account the nursery workers' own roles and relationships.

Understanding

Gradually, members of the group started to use the sessions in a different manner. They started talking more about their relationships with the children, their colleagues and the school. This led to moments where some members felt extremely emotional and even depressed.

Feelings were contained and there was a real sense that the group was supportive of its members. The capacity for thinking in the group seemed to have been restored. Workers started sharing strategies and talked about how they could be more supportive of each other during the week. It also opened new opportunities to think about how working in a nursery setting can affect them at an emotional level. Understanding that what staff were experiencing with some children was not always linked to them, but was a way for some children to communicate their experiences, seemed a very helpful discovery.

Interestingly, a new discourse also emerged in relation to the school. Most workers conveyed that they felt that their colleagues from the 'big school' had never acknowledged all their work. They felt very cut off from the rest of the organisation, feeling that they were not valued enough and even considered as 'inferior'. This new 'understanding' helped the workers to regain a thinking capacity that allowed more creativity than the projection of unbearable feelings outside the group (e.g. on the 'big school').

Creativity

Sharing experience somehow liberated the nursery staff from being unable to think and feeling paralyzed as professionals. Some unexpected gains were observed. The group became more creative in its thinking and generated useful ideas that could be put into practice. The space offered had become more transitional. Workers could test reality and allow themselves to be more creative in their thinking. The space was used

less as a container for the projections of intense anxieties and more as a place where their thoughts could be contained and processed leading to some creative solutions.

The staff seemed to become more resilient over time. 'Difficult behaviours' were not affecting the group in the same way. They were subsequently able to accept a paradoxical phenomenon: either the children were not in fact so difficult and/or they could feel more emotionally and cognitively equipped to deal with challenging behaviour.

As a result, the nursery staff started to reorganise and reshape their working practices. For example, each worker was part of a 'family' including a set number of children. The nursery workers organised meetings for parents for their 'families'. This was an attempt to collaborate better with parents but also to help parents to get to know each other. In addition, the head of the nursery felt significantly empowered in her role and managed to get substantial funding to redecorate the nursery and build an extension.

Consulting to staff in a mainstream secondary school

Request

A new head teacher of an inner city secondary school had requested extra input from the local authority regarding pupils' behaviour. As part of the authority's response, the clinician working within the authority's Behaviour Support Service was asked to offer time-limited consultative input to the group of school staff responsible for pastoral care and behaviour. An agreement for weekly 'pastoral discussion groups' for one term was made with the school's Special Educational Needs Co-ordinator (SENCO). The staff group consisted of the SENCO, year co-ordinators, learning mentors, behaviour support teachers and assistants.

Formulation

A consistent pattern of the meetings was that any initial discussion of situations involving pupils quickly shifted to talking about organisational issues within the school. There were significant uncertainties regarding issues of role and authority

within the school, and discussions of behaviour management consistently led to feelings of 'stuckness' and helplessness regarding authority. This was mirrored by the limited authority of the role and contract that the clinician had with the school, which was to work only with this particular sub-system, and not with the school's senior management team.

It emerged that although this group of staff were the ones who were supposed to be responsible for issues of behaviour, the real authority in this area lay with the deputy head teacher and the senior management team. It seemed as though the school system was set up to operate under basic assumption dependency functioning (Bion, 1961), with staff acting as though they were dependent on their leadership for even basic guidance. There was a distinct lack of any delegated authority, with staff commonly feeling undermined when their decisions were overridden by senior management.

This formulation was supported by reports of 'staff meetings' within the school. These were described simply as one-way briefings for staff from senior management. This can be seen as an example of a social system serving as a defence against anxiety (Menzies Lyth, 1959/1990). In complex environments, authoritarian leadership can offer a fantasy of certainty, while actually serving to keep reality at arm's length. There seemed to be no opportunity given to staff for their views or opinions to be heard, coupled with paranoid anxieties among staff about what might happen to anyone who dared to speak out about what they thought.

Change

Through the course of the meetings, these anxieties were challenged, and the clinician worked hard to remind this staff group of the experience, expertise and authority that they did have.

Despite the limited time, or possibly because of this, there were important developments over the course of the term. Towards the end of the term it was significant that 'year co-ordinators' were able, for the first time, to raise important questions about their role and authority in staff meetings. It seemed that the pastoral discussion groups played an important part in helping staff to begin to find their voice

and take up their own authority as the group moved out of basic assumption dependency functioning. This was evident by the end of the work, when the pastoral staff group were planning amongst themselves to initiate dialogue with senior management both about their concerns and their ideas and suggestions about behaviour management.

Reflections

Rather than the previous grudging resentment, helplessness and dependency, it seemed as though the discussions had helped staff to initiate constructive ways of voicing their concerns and to make constructive suggestions. This is an example of ‘therapeutic presence’ restoring the capacity of school staff to make links and connections, to think from different points of view about their experiences, and consequently to find new, authoritative and creative ways to work.

Rather than offer ‘expert consultation’ (Schein, 1987), the process in which expertise was shared and staff were helped to generate their own ideas helped to shift some perceptions, attitudes and behaviours, promoting new thinking among the staff group. The ‘therapeutic presence’ seemed to help the school system as a whole to function less dependently, to promote the distribution of authority and leadership at different levels within the system, and so provide a more consistent, clear and supportive learning environment for its pupils.

Working with staff in a pupil referral unit (PRU)

An important part of providing a ‘therapeutic presence’ within a PRU setting is by providing regular consultation input to the staff team, to think about their experience of working with very challenging young people, and making use of their experience to develop their work and the work of the organisation as a whole.

In one staff consultation meeting with the ‘in-house’ clinician offering ‘internal consultancy’ (Huffington & Brunning, 1994) at an inner-city PRU, there was a discussion of E, a 13 year old female pupil who was due to return to mainstream school. The group of education professionals spent a lot of time talking about the fact

that E seemed pre-occupied, asking about who should see her when she returned. Her mentor in the PRU also worked part-time in the mainstream school to which E was returning. However, the mentor said that she had told E that 'there's another mentor in the school', suggesting that it wasn't important whether or not she herself continued working with E. The clinician responded by saying how easy it might be to underestimate the importance of the attachments that pupils had formed to particular members of staff during their time in the PRU. It seemed that there was a tendency to avoid or minimise the reality and the importance of those attachments, and the responsibilities that went with them, by depersonalisation ('there's another mentor in the school'). This was one of the institutional defences against the anxiety of dependence found in Isabel Menzies Lyth's (1959/1990) study.

The discussion turned to thinking about the importance of pupils' attachments to staff during their time in the unit, and to thinking about what it might be like for students to be making the transition to return to school. The staff group became more able to think about the 'lived experience' of reintegration, rather than as a depersonalised procedure. The group also was able to think about what might be needed to manage that process successfully, in terms of the external and internal worlds of the pupils. In this way, the mentors became more able to think of themselves as secure and reliable attachment figures who supported the pupil through the transition across organisational boundaries from PRU to school.

This is an illustration of the value of a 'therapeutic presence' in a setting where staff work closely with pupils. Excluded staff themselves became more able to think about crossing organisational boundaries, and about the experience of reintegration for pupils, schools and staff. The anxieties that accompany the inevitable intimate dependency may be avoided through defences such as the depersonalisation described in this example. By offering a containing space in which such anxieties can be recognised for what they are, processed and fed back in a form that can then be used (Bion, 1962/1988), staff were helped to take up their role and carry out their task more fully. The transitional space provided by offering a 'therapeutic presence' helped staff to think about the experience, rather than just the procedure, of reintegration (Solomon, in press), thus supporting staff to stay more in touch with

reality and more able to support vulnerable pupils in such a way as to better meet their needs.

Conclusion

The containment that can be offered by mental health professionals offering a ‘therapeutic presence’ is the process by which the experience of staff can be felt, processed and then fed back in a more digested form. In this way, experience can be integrated, thought about and learnt from. As a consequence, school staff can be helped to become more able to tolerate anxiety or not knowing, and become freer to explore, experiment and contemplate new ideas and ways of working. Creativity is then possible when one can manage frustration and anxiety. A restored thinking capacity encourages individuals to become more curious about themselves and others and not fear to take risks and try out new ideas.

Rather than constituting a fixed role, offering a ‘therapeutic presence’ in education is a developmental process in which therapeutic professionals can help education colleagues to think about their experiences and make sense of and understand some of the inevitable challenges in the work. This involves working with the school as an organisational client, combining discussions of particular children, behaviours or concerns, with issues focussed more on the organisation.

While schools will continue to ask their therapeutic colleagues to ‘see’ individual children, a broader response that offers ‘therapeutic presence’ at a range of levels can help to support education professionals to become more able to persevere with the inevitable challenges they face in their work.

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References

Armstrong, D. (2004). Emotions in organizations: disturbance or intelligence? In C.Huffington, D.Armstrong, W.Halton, L.Hoyle & J.Pooley (Eds.) *Working below the surface: The emotional life of contemporary organizations* (pp.11-27). London: Karnac.

Bion, W. (1959). Attacks on linking. *International Journal of Psycho-Analysis*, 40, 308-15. (Reprinted in E.Bott Spillius (Ed.) *Melanie Klein today, Vol.1* (pp.87-101). London: Routledge, 1988.)

Bion, W. (1961). *Experiences in groups*. London: Routledge.

Bion, W. (1962). A theory of thinking. *International Journal of Psycho-Analysis*, 43, 306-10. (Reprinted in E.Bott Spillius (Ed.) *Melanie Klein today, Vol.1* (pp.178-186). London: Routledge, 1988.)

Burka, J.B., Sarnat, J.E. & St-John, C. (2007). Learning from experience in case conference: A Bionian approach to teaching and consulting. *International Journal of Psychoanalysis*, 88, pp. 981-1000.

Dowling, E. & Osborne, E. (Eds.) (1994). *The family and the school: a joint systems approach to problems with children*. London: Routledge.

DCSF, (2008). *Targeted Mental Health in Schools Grant Project (TaMHS) - Evidence-Based Guidance Booklet*. Retrieved from <http://www.dcsf.gov.uk/everychildmatters/healthandwellbeing/mentalhealthissues/tmhsproject/tmhs/>

Gowers, S., Thomas, S. & Deeley, S. (2004). Can primary schools contribute effectively to tier 1 child mental health services? *Clinical Child Psychology and Psychiatry*, 9(3), 419-425.

Grinberg, L., Sor, D. & Tabak de Bianchedi, E. (1993). *New introductions to the work of Bion*. London: Jason Aronson Inc.

Hanko, G. (2002). Making psychodynamic insights accessible to teachers as an integral part of their professional task: the potential of collaborative consultation approaches in school-based professional development. *Psychodynamic Practice*, 8(3), 375-389.

Hinshelwood, R.D. (1989). *A dictionary of Kleinian thought*. London: Free Association Books.

Hinshelwood, R.D. (2009). Do unconscious processes affect educational institutions? *Clinical Child Psychology and Psychiatry*, 14(4), 509-522.

Huffington, C. (1996). Consultation and service development. In Jennings, C. and Kennedy, E. (Eds.) *The reflective professional in education: psychological perspectives on changing contexts*. London: Jessica Kingsley Publishers.

Huffington, C. & Brunning, H. (1994). *Internal consultancy in the public sector: case studies*. London: Karnac.

Jackson, E. (2002). Mental health in schools: what about the staff? *Journal of Child Psychotherapy*, 28(2), 129-146.

Jackson, E. (2008). The development of work discussion groups in educational settings. *Journal of Child Psychotherapy*, 34(1), 62-82.

Jama Adams, C. (2009). Families, emotions and therapeutic preschools: a systems perspective. *Organisational & Social Dynamics*, 9(2), 165-188.

Klein, M (1946). Notes on some schizoid mechanisms. *International Journal of Psycho-Analysis*, 27, 99-110.

Lipgar, R.M. (2006). Learning from Bion's legacy to groups. *European Journal of Psychotherapy and Counselling*, 8(1), 79-91.

Maltby, J. (2008). Consultation in schools: helping staff and pupils with unresolved loss and mourning. *Journal of Child Psychotherapy*, 34(1), 83-100.

Menzies Lyth, I. (1959). Social systems as a defence against anxiety: an empirical study of the nursing service of a general hospital. *Human Relations*, 13, 95-121. (Reprinted in E.Trist & H.Murray (Eds.) *The social engagement of social science, Vol. 1: The socio-psychological perspective* (pp.439-462). London: Free Association Books, 1990.)

Miller, L., Rustin, M., Rustin, M. & Shuttleworth, J. (Eds.) (1989). *Closely observed infants*. London: Duckworth.

Salzberger-Wittenberg, I., Williams, G. & Osborne, E. (1983). *The emotional experience of learning and teaching*. London: Karnac.

Schein, E. (1987). *Process consultation vol.2: lessons for managers and consultants*. Reading Massachusetts: Addison Wesley Publishing Company.

Schon, D. (1983). *The reflective practitioner: how professionals think in action*. New York: Basic Books.

Solomon, M. (In press). Integrating reintegration: the role of child & adolescent mental health professionals in supporting the inclusion of excluded pupils. Chapter in Harris, R., Nashat, S. & Rendall, S. (Eds.) *Promoting psychological well-being of children and young people in educational settings*. London: Karnac.

Southall, A. (Ed.) (2005). *Consultation in child and adolescent mental health services*. Oxford: Radcliffe Publishing Ltd.

Spratt, J., Shucksmith, J., Philip, K. & Watson, C. (2006). Interprofessional support of mental well-being in schools: a Bourdieuan perspective. *Journal of Interprofessional Care*, 20(4), 391-402.

Winnicott, D. (1958). Transitional objects and transitional phenomena. In *Collected papers: Through paediatrics to psycho-analysis* (pp.229-242). London: Tavistock; New York: Basic Books.

Winnicott, D. (1971). *Playing and reality*. London: Routledge.

Youell, B. (2006). *The learning relationship: psychoanalytic thinking in education*. London: Karnac.