No Man's Land: Making a Map

The contribution of child psychotherapy to decision-making for Looked After Children in transition

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Abstract

The research is a small-scale study of the potential benefits of Child Psychotherapy assessment of Looked After Children in transition, for the child and for the professional network caring for the child where the child psychotherapist-researcher is part of the network working together to plan for the child's long-term future. The assessments aim to bring specific understanding of the child's emotional state and emotional needs, of his perception of what has happened in his life and of the ways in which his development has been influenced by these external events and perceptions. The assessments also explore the potential for the work to help the child make sense of his history and of himself and the assessments aim to be a distinct and essential part of the overarching assessment process which informs preparation of the children and their prospective carers for permanent alternative placement.

Four latency-aged children in transition were assessed in an inner-city community-based Child and Adolescent Mental Health Service by the clinician-researcher. using Standard child psychotherapy techniques were used with some adaptations of technique to address the children's transitional status. The assessment framework included in-depth interviews with social workers and foster carers and information from schools. Process recordings of the assessment sessions are the primary data in this enquiry and these are analysed using an adapted version of Grounded Theory methodology.

The depth and complexity of the children's experiences and their internal worlds is strikingly revealed by the assessments, in new and compelling detail. All of the assessments were highly significant in shaping short and long-term provision for the children. The outcome of the study strongly supports the inclusion of child psychotherapy assessment as part of an integrated, multi-disciplinary assessment process for all children in transition. The method of assessment and of analysis of data transfers well to a range of Looked After Children in transition in the study as well as providing an effective basis from which to communicate clearly and effectively across interdisciplinary boundaries: making possible a more truly representative, responsive and integrated map for the future. **Word count 68396**

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Dedication

For my daughter and all my grandchildren and their parents

Introduction

The research question:

In what ways can Child Psychotherapy assessment contribute to understanding the long-term needs of Looked After Children when planning for their permanent placement? How can this contribute to the work of the professional network around the children and how do the children themselves respond to this intervention?

No Man's Land:

Examining the lived experience and the state of mind of children in temporary foster placements, Janet Philps' (2009) observes and describes 'borderline' (Rey 1994) features in their ways of perceiving and responding to the extreme uncertainty and conflict inherent in their transitional care. Rey describes the essential feature of borderline states of mind as the difficulty or even absence of communication between different parts of the mind which represent emotional experience and which together make meaningful sense of our lives and of who we are. In borderline states of mind these parts 'go on functioning separately and are incapable of integrating' (ibid p3.) In the context of transitional care, Philps observed that the children and to some considerable extent their carers and social workers turned, largely unconsciously, towards this borderline way of functioning. Keeping experiences apart which, if connected, might overwhelm the individual with anxiety and despair, offers a formidable defence against emotional integration; it is a profound response to the terror of such extreme uncertainty. There is an understandable longing for life to continue in the most ordinary way possible, as if it was ordinary. There is a hope that children will resume growing and developing when they are relieved of the immediate impact of the unsustainable family situations from which they come. To this end something of an agreement may be reached, to live 'as if' (Deutsch 1965) the life the children are living is a reliable and integrated experience. The capacity to make use of the relative steadiness and containment of temporary care is necessary and helpful but the splitting often sought between external and internal experience, to survive the

inherent emotional trauma may mean that real development is often suspended beneath a semblance of 'moving on'.

Making a map:

The way forward is sought through the concerted efforts of the professional network around the children. A deeper and more complex understanding of what constitutes a child's potential and the factors which tend to enable and limit it has grown over the past seventy years. There have been significant developments in our understanding of human development and human needs, from theory, from developments in practice and from developments in social policy which have supported changes in addressing human needs (Johnson and de Souza 2012).

Networks:

Each part of the network around the child will explore his needs from a particular professional perspective. Each part of the network is working towards finding the right home and the right parent(s), where the child can grow up, continue his development and realize his potential in every sense - physically, socially, intellectually and emotionally - to the fullest extent (HMSO 2003). Longstanding difficulties continue to be observed in communication and integration between component parts of the professional networks around children and between these and the networks around their parents (Rustin 2005; Laming 2009); working together effectively to reduce these difficulties continues to be a struggle (DoE April 2012; DoE December 2012); highly significant factors contribute to this struggle, including the under-resourcing of social work services leading to high 'burn-out' and turnover rates in staffing and the lack of satisfactory support and supervision of this highly demanding work. There are other less easily observed factors which militate powerfully against integration in the professional network. Organisational defences (Emanuel 2006) against the emotional pain of working with traumatized and highly distressed children and families elicit powerful and often largely unconscious defences against the emotional experience of being in touch with such experiences, of which splitting and denial are central (Cooper and Webb 1999; Menzies Lyth 1988) and which potentially damage and limit the work which is possible.

Psychoanalytically-trained child psychotherapists are equipped to explore and address the powerful unconscious determinants of human behaviour and the thoughts and feelings behind it. In the professional network the child psychotherapist is usually primarily a practitioner working individually with the child but she is also a core member of the team around the child in the assessment process. The decision-making process for Looked After Children in transition charges us as human beings and professionals with the emotional impact of facing and understanding the most painful of experiences; it is difficult work to remain genuinely in touch with these, open to what is communicated while maintaining the capacity to function in such work without resorting to defences which protect from the experiences and separate workers from the children and from each other. Child psychotherapists learn from theory, practice and experience to bear 'unbearable experience' (Reisenberg-Malcolm 1999) in a realistic way; this is what the child psychotherapist can bring to the professional network of which she is a part (Emanuel 2006).

'Making a map' signifies the process of bringing together past and present knowledge and understanding of a child in transition from multiple perspectives so that his future can be approached realistically with some hope, some confidence and more understanding of what it will take to make a good future possible. This thesis explores how child psychotherapy can work together as part of the multi-disciplinary team which puts together a meaningful account of the child and his needs.

The contribution of Child Psychotherapy to decision-making for Looked After Children in transition:

Children growing up in adversity often find it difficult to put into words what they think and feel. Their experiences of growing up always include very significant experiences of trauma and loss. These experiences frequently impact powerfully on children's capacity to use their minds to explore what happens to them and the development of a mind which feels confident and safe enough to engage with and enjoy the world beyond their immediate circumstances may be very much restricted. Living with the unpredictability and deep anxiety of direct or indirect abusive care by the adults on whom they depend takes a heavy toll on children and they will try to

find ways to survive psychologically. The children in the study had done so: Danny presented as a hard, tough, streetwise boy; Sophie appeared aloof and avoidant of emotional contact and dependence; Millie seemed unbearably fragile and Oliver seemed not to be present in himself at all. Ordinary child psychotherapy assessment, with some adaptation of technique seems well-placed to help such children express and explore what they feel and think about their life experiences, about themselves and their hopes and fears for the future. It is the potential of the child psychotherapy assessment, brief psychoanalytically-informed direct work with children in transition, to help the children and the network make sense of what has happened, what is happening, with what impact and with what implications for future care (Emanuel 2006; Williams 1997) which is explored in the thesis.

The subjects of the study:

The child psychotherapy assessment of four children is the basis of the study. All of the study children were in the care of the Local Authority on Interim Care Orders; none was to be returned to the care of their birth families. All four were of latency age, between four and ten years old at the time of assessment. Two of the children were Black British and two were of mixed racial heritage; all had been brought up within mainstream British culture. The children are Danny (10), Sophie (8), Millie (5) and Oliver (4); their names have been changed to preserve confidentiality. The Child and Adolescent Mental Health Service where the children were seen is in a racially and ethnically diverse part of inner-city London and the children's racial and cultural heritage reflects the general clinic population. Danny, the oldest child of the group was finally placed successfully in a permanent foster family when he was fourteen. All three of the others were placed permanently within their extended families. Further exploration of kinship care is constrained within the thesis but this surprising outcome challenged underlying assumptions about the costs and benefits of kinship care (Barratt and Granville 2006; Ainsworth and Maluccio 1998). A detailed account of the study group and selection criteria is included in Chapter 3: Methodology Part 1.

Severely deprived and neglected children:

Each of the study children came into care on the grounds of serious neglect; none was known to have suffered overt physical or sexual abuse. It is now acknowledged that experiences of severe neglect and deprivation are underpinned by great emotional abuse and suffering, although this has been and remains a grey area in terms of professional intervention. This undoubtedly played a part in the length of time over which the children remained in very difficult home circumstances. Neglect and deprivation are complex issues to assess. There can be no doubt that such traumatic experiences in children's lives must inevitably have a profound impact on how children see their lives and on their expectations from it, particularly with regard to their important relationships with others (Boston and Szur 1983; Stevenson 2007). Experiences of adversity in children's lives are often hard for adults to face, professionals included, to be in touch with and to explore but doing so is essential to understanding who children are and why, and what they need from their new families.

Engaging in psychoanalytic psychotherapy:

Each of the children engaged well in the work of child psychotherapy assessment and through their play and their different ways of relating to me each communicated, clearly and compellingly, what was important to them and about them. It was deeply touching and at times surprising to see how they made use of the time and space to think about themselves in this different way. There were times when the children seemed to lead the work and these invariably had implications for modification of ordinary psychoanalytic technique to take account of the uncertainties extant in the children's lives.

Clinician-Researcher:

The experience of being a clinician-researcher was complex. I used ordinary child psychotherapy techniques to work with the children, growing more mindful of the need to adapt technique to reflect the brevity of the work, the uncertainty ongoing in the children's lives and the children's extensive experience of trauma and loss. As I began the unusual process of exploring the material from the children's sessions using an adapted version of Grounded Theory methodology, so began a dialogue between

the emerging material, the methodology and the material to come. The use and adaptation of Grounded Theory, a methodology 'well-suited' to child psychotherapy (Anderson 2006) is discussed in detail in Chapter 3 but here I note an unexpected development in me. The process of returning to the material again and again, alone and with others, began an ongoing internal dialogue between the experience of being with the children, the assessment material, and thoughts and feelings about them. The intensity of such immersion in direct clinical work, held in the rigorous structure of the methodology, seemed important aspects of the development of the work under scrutiny and of my professional development during and beyond the study; it sits well in the paradigm of Action Research.

Action Research:

The study is defined and discussed as Action Research, the reflective process of researching the work in which the researcher is actively involved. Within this paradigm, the intention is to use the research not only to explore what the clinician-researcher and others can learn about the children's emotional worlds but also implicitly to improve and refine the work of doing so. It is hoped and anticipated that the research will help in addressing difficulties in communicating about assessment work which often arise when using psychoanalytic methodology, relying centrally as it does on interpreting children and their needs through the therapeutic relationship between the therapist and child. Action Research proved an effective research paradigm for this study and the use of an applied Grounded Theory methodology for data analysis allowed a thorough and comprehensive exploration of the issues.

The research focus on Looked After Children:

Before training as a child psychotherapist I trained and practiced as a social worker, working for ten years with children, young people and their families. The training and the work were exciting and challenging, working in proactive, lively and well-supported teams. I nevertheless struggled to feel I could make sufficient difference and all too often seemed unable to reach deep enough into the issues underlying the difficulties facing children and their parents to influence the very evident cycle of deprivation (Welshman 2007). Working in further education when I became an

adoptive parent, most of my students were young people from difficult backgrounds, some in care themselves. All of these lively and needy students wanted to look after children, particularly babies, and this seemed clearly in part about having a different experience of being 'looked after' by becoming the carers of vulnerable children themselves. I also had to set up and supervise work placements for them and in so doing I felt I needed someone or something to help me understand the needs of both the babies and the students. This was when I came across the Infant Observation Course at the Tavistock, which led in time to my training as a child psychotherapist. In one way and another my work has continued to be with Looked After Children.

CHAPTER 3

A review of the literature

The review of the literature explores the work which makes a significant contribution to understanding the key issues relating to the experiences of children who come into care and go on to alternative permanent placements in new families. The chapter includes a review of literature relating to the following aspects of the study:

The experiences of Looked after Children before and after coming into care

The impact on the life chances and later-life outcomes of Looked after Children
Legislation and policy relating to Looked after children
The research underpinning legislation and policy
The statutory services for Looked after Children: social work and foster care
The professional networks around Looked after Children

The contribution of child psychotherapy to therapeutic work with severely deprived children

The evidence base in child psychotherapy
Child psychotherapy with severely deprived children
Child psychotherapy and Looked after Children
Child psychotherapy and the network around Looked after Children
Organisational issues relating to Looked after Children
Organisational issues relating to child psychotherapy

Child psychotherapy and assessment

The role of assessment in child psychotherapy
Child psychotherapy assessment methods
Looked after Children in transition
Assessment and brief work with Looked after Children in transition

Issues of technique

Child psychotherapy, technique and children in transition

Cumulative trauma

Issues of loss, mourning and attachment

Implications for practice in assessment and brief work with children in transition

Overview

The literature reviewed here first addresses the sociological and demographic features of the lives of severely deprived children who become Looked after Children. It considers the ways in which the lived experiences of the children in their families of origin are a consequence of and a response to family fragility and breakdown associated with certain economic, social, physical and mental health factors. The review includes literature relating to the ways in which these experiences impact on the life chances of children who are born into such circumstances and how they then fare differently in life from other children in highly significant ways. This is thought about in the context of the intergenerational cycle of deprivation in which disadvantaged children and their parents live and may become trapped by the long-term physical, social and emotional damage they sustain.

The literature review then addresses organisational features of the statutory care system into which children are brought on removal from their families of origin. The complexity of the care system is addressed, with its attendant problems and deficiencies. Literature is reviewed which addresses the nature and the impact of failures by the care system in addressing the short and long-term needs of children in transition (as all Looked after Children are) from birth family to permanency. The experience of being in care frequently lacks close, careful and informed understanding of and attention to children as individuals. Work with the children often suffers from poorly integrated planning and lack of informed and sustained support for children or professionals. The experiences of those working with the children, notably social workers and foster carers, often parallels the fragmented experiences of the children. Included in the review is some relevant literature relating to the characteristics of organisational functioning, particularly where the primary task of the organisation concerns children and adults in especially complex, traumatic and painful circumstances. The review addresses the need for, the use and the

consequences of the formidable psychological defences such systems may elicit from the children and adults within them.

The literature review then looks at the relevance of the discipline of child psychotherapy, with its dual heritage in psychoanalysis and child development research, for therapeutic intervention with severely deprived children, to which group Looked after Children belong. The potential for child psychotherapy to explore and make sense of the experiences of severely deprived children at all levels of their experience gets a paradoxical reception. It is in some respects increasingly acknowledged as the treatment of choice for these very damaged and traumatised children while in many health and social care settings it is becoming increasingly difficult to access in times of straitened financial resources (child psychotherapy is a relatively labour and cost intensive resource). These major external constraints have the potential to shore up conscious and unconscious resistance within organisations and individuals to acknowledging the extent and depth of the trauma experienced by almost all Looked after Children, before and after coming into care. However, child psychotherapists are working with Looked after Children much more frequently now and at more different points in the child's 'care career' than was the case ten, and certainly twenty years ago. Child psychotherapists now working with Looked after Children as part of the professional network around the children need to find where they can effectively fit with the child and the network and what they can most usefully contribute at different points on the child's journey through transition to permanency.

In the literature review the particular skills of the child psychotherapist as clinician are discussed and the relevance of the relevance of these skills for work with very deprived children is explored. The ways in which child psychotherapy interventions (and in the context of this research, brief interventions) can help children to make sense of what has happened and is happening to them is explored. Questions are explored about what the child psychotherapist can add to professional understanding of the child and his view of the world, how the child understands this intervention and how the events of the child's life and his emotional understanding of them contribute to who the child is, who he thinks he is and what he expects from the world. An exploration of how this work helps children and professionals think about the connectedness of experience, understanding and expectations and how this impacts on each child's internal and external view of the world is included in the review. Each particular constellation of these factors has profound implications for how each child will struggle and/or succeed in making use of new experiences in new families, which has major indications for the

kind of personal and professional resources children and new families will need for their tasks. The child psychotherapist's highly trained and skilled capacity to explore and understand unconscious communication is the central tool in this work; it also has significant value for understanding how the experiences of Looked after Children impact on the multidisciplinary network and how such understanding helps prevent fragmentation in the network and increases the shared capacity to think about the depth and complexity of the needs of the children and of those working with them.

The chapter then reviews the evidence for the effectiveness of child psychotherapy, from its earliest engagement with evaluation and research to the growing body of contemporary studies from which the profession is building a strong and valid evidence base.

The final section of the literature review addresses the question of the work of child psychotherapy with severely deprived children, the task of assessment in child psychotherapy and in particular, the assessment of Looked after Children. It includes discussion of the range of focus in child psychotherapy assessment which includes the assessment of the emotional and mental state of the child, assessment of his developmental progress and/or delay, his suitability for child psychotherapy and/or other interventions and indications for the kinds of support for child and family which will be necessary to build a secure and effective placement. The overarching aim of the study is to look at the potential and the limitations of child psychotherapy assessment in the very specific circumstances of planning for permanency by the multi-disciplinary team. Its particular contribution aims to be the understanding of the child's emotional development and his emotional needs in the light of the past and in preparation for his future. The review considers adaptations of child psychotherapy technique required when working in these highly specific circumstances.

The Research question underpinning the study:

How can the child psychotherapist contribute to planning and preparation for permanency for Looked After Children

The literature review aims to ground the research question in its theoretical, social, professional and clinical contexts:

The literature review is presented in four main sections:

1. Coming into care: the experiences of Looked after Children before and after coming into care

The impact on the life chances and later-life outcomes for Looked after Children: Examination of the social, cultural and demographic facts of the lives of deprived children who become Looked After Children (children who are in the statutory care of the state) reveal high levels of disadvantage, disruption and damage associated with their experiences of family life. While poverty is not the only demographic factor linked to social and emotional vulnerability in families, there are almost 4 million families living in poverty in Britain, one in three of all families. The number of families living in poverty in the UK has doubled since 1979 (Barnardo's 2009) The families of children who come into the care of the state are almost always materially poor, the adults have poor educational attainments, are more often unemployed, suffer greater mental and physical ill-health, experience more substance misuse of drugs and alcohol, more domestic violence and high levels of family breakdown; children are more likely to be in the care of lone parents, mainly mothers, and lone parents are three times more likely to suffer from mental health problems of anxiety and depression than other parents (Sharma 2010). The indicators of social and material deprivation are many and interconnected and are frequently associated with experiences of marked social exclusion for family members, including the children.

Once in the care system, children experience extensive if subtle discrimination by being different from their peers. The Ousted Report 'Care and Prejudice' (2009) describes children's experiences of the negative stereotypical ideas others, both children and adults, held about them, as being damaged and damaging individuals.

After coming into care many of the children are likely to make a number of moves in foster placement, sometimes with little or no notice and preparation. Often there seems no time or space to make sense of these moves, to say goodbye and to mourn the loss of the carers, the placement and perhaps the hopes which accompanied it. There is often little time to prepare for joining another new family and to think about the anxieties and hopes associated with doing so.

Children seem expected to break and make attachments (Bowlby 1969) quite easily and they often struggle to do so effectively though they may become skilled at seeming to cope.

Legislation and policy relating to Looked after children:

Growing up in difficult and disadvantaged families impacts powerfully on the developmental capacity of children in every way, physical, emotional, social and intellectual. To date it has proved extremely difficult to provide a system of social care which adequately addresses the needs of these children and their families, realistically supports their ongoing care in their families of origin and has genuine potential to break the repeated cycle of deprivation from one generation to the next. Despite a plethora of reforming legislation, from the Children Act 1989 onwards (Quality Protects 1998; the Care Standards Act 2000; the Children (Leaving Care) Act 2000; the Social Exclusion Unit report on the educational needs of children in care 2003; the Children Act 2004) and significant interventions over the past ten years (Every Child Matters 2003; Sure Start programmes and an increased number of Children's Centres (Glass 1999)) there remain great difficulties in intervening at an optimum time in children's lives in a way which might divert them from coming into care and there remain substantial hazards in their experiences in the care system into which children come when they are removed from their parents.

Children are removed from families where the care they receive is deemed too poor to support their ongoing developmental needs (neglect) or to protect them from actual physical or emotional harm (abuse). But Looked after Children do not always fare well or find better futures in the context of the alternative care provided for them. 45% of children in care suffer from a mental health disorder compared with 10% of the general child population, 9.6% of children in care aged ten or over were cautioned or convicted of a criminal offence, three times greater than the general child population, 23% of the adult prison population have grown up in care, 53% of Looked after Children leave school with no formal qualifications and only 12% achieve the necessary five 'A to C' level exam passes which will allow them to continue in education, compared with 59% of the general population. 20% of young women in care become pregnant as teenagers compared with 5% of the general population and they are twice as likely to have their own children removed from their care than are their non-care contemporaries. (HMSO 2007). Comparative research across populations of children in care across Europe is still scant (Eurochild 2010) but in comparison with European countries like Germany, Denmark and Norway where coming into care is generally experienced as a positive intervention, the

experiences of British children in care are likely to preface very diminished expectations in their life beyond care (Amelia Gentleman: The Guardian 2009)

The response to growing awareness of the deprivation and difficulties faced by children before and after coming into the care system has brought a range of responses. The Conservative ministerial advisor on adoption, Martin Nary, launched his report 'A Blueprint for the Nation's Lost Children' proposing radical changes in the process of adoption in 2011. The report is controversial in its call for 'more and speedier adoptions… and for older children in particular not to be overlooked' but seems prefaced also an apparent absence of sufficiently detailed understanding of the complexity of the processes involved in the permanent placement of children in care. Nevertheless Narey highlights the inescapable links between disadvantaged early lives and the subsequent experience of profound difficulties in adult life. Noting the high levels of deprivation in the childhood experiences of adults who struggle to engage with fulfilling adult lives, he rightly cautions that the poor outcomes for children looked after in alternative care must, in part, be seen in the context of the damage they have already sustained. Narey also asks whether our system of social care is 'trying too hard to fix dysfunctional families' and should instead consider more radical intervention by removing children earlier from failing families. His observations elicited a powerful mixture of strong support for early intervention which includes the possibility of adoption and deep concern that this should not obstruct much greater emphasis than is currently the case on helping families who are struggling with multiple disadvantages so that their children might remain safely at home.

Considering the role of policy regarding interventions in family life Wolpert (2007), speaking of policy in mental health interventions and services for vulnerable children, notes that 'at its best policy can provide a common language to inspire future developments, clarify key objectives and provide a useful framework for assessing progress. At its worst misguided or poorly formulated policy can lead to poor use of resources, create confusion and deaden innovation.' This trenchant statement seems to capture a keen sense of the conflicts in achieving a balance between effective intervention to support children and families in difficulties and damage limitation for children in intractably difficult family circumstances.

The research underpinning legislation and policy:

The past twenty-five years have seen impressive developments in research evaluating and informing policy and legislation relating to Children in Need (children who are not in statutory

care but those whose development, without outside intervention, is likely to be impaired by the quality of care available to them) and Looked after Children. It is crucially important to understand which services improve the lives of disadvantaged children and parents and in what circumstances. Research exploring these questions helps to define and support appropriate interventions and contributes to the making of effective legislation and policy. Rose et al (2006) give a thorough and comprehensive review of relevant research, legislation and policy (including an international perspective). Since the inception of the Children Act 1989 (Dept. of Health 1991; 2001), the Department for Education (2011) have published a comprehensive series of documents entitled 'Messages from Research' which aim to inform and support effective and focussed interventions with children and families. Stein (2009) explores critical concerns for those working with vulnerable children and their families and raises key issues for policy and practice which include ensuring early intervention to support struggling families wherever possible, addressing the social exclusion and diminished outcomes for children who do come into care and the strengthening and integration of professional practice in all aspects of intervention.

Statutory services for Looked after Children; social work and foster care:

The social, emotional and physical resources children need to grow up well and the disadvantages of children deprived of these has long been of concern for social workers (Kellmer Pringle 1974) and continues to be so (Howe 2005). Too frequently fragmented lives encounter a fragmented experience of professional thinking and intervention. Despite the intentions and the achievements of the Children Act 1989 in moving towards significantly more integrated thought and practice in relation to children in need and children in care, research indicates that this has still had some way to go in fundamentally affecting the lives of children for the better. (Patterns and Outcomes 1991; The Children Act Now: Messages from Research 2001). Understanding the needs of children has assumed a more central place in the minds of society in general (although it remains difficult for society to acknowledge a shared responsibility for the nation's children) and professionals in particular. Social workers and alternative carers are increasingly guided by what has been learned from research over the past sixty years (Rowe and Lambert 1973; Robertson and Robertson 1976; O'Neill 1981) The needs of children who cannot be looked after by their birth parents are acknowledged as complex and profound. It has been recognised that the majority of such children are likely to need substantial support to make the most of new and different opportunities (Sellick and Thoburn 1996) and perhaps most would benefit from interventions which help them to make sense of their thoughts

and feelings about what has happened in their lives. This study sets out to think about how child psychotherapy can be of use to these children and to those caring for them.

The decisions made for the care of Looked after Children will be guided by legislation and policy but it will be interpreted and implemented by social work managers and children's individual social workers. Social work with children and families is today a complex professional discipline calling for both organisational skills and the capacity to understand the experiences and needs of very vulnerable individuals. Social work in Britain today 'may seem to have little in common either the therapeutic models common in the USA or the social welfare approaches in the developing world' (Cree 2013). The international definition of social work is agreed to be that 'The social work profession promotes social change, problem-solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work.' (International Federation of Social Work 2012). The social work task of drawing on theories of human behaviour and social systems to understand and enable Looked after Children is particularly complex and demanding and the organisational and individual relationships between child and social worker are crucial, needing input and support from the context in which they are embedded to realise their potential. McNicoll (2013) published a poster by Looked after Children describing what they want from their social workers. The list includes honesty, age-appropriate relating, making time for the child/young person, advocacy, respect, non-judgemental relating, remembering birthdays, working together through difficult times, including the child/young person in decisions, resilience, confidence that the social worker has supervision and support, and that he/she will show genuine interest in the child and work with other professionals to these ends; it would seem a tough and appropriate call. However, 'burn out' and turnover rates among social workers are major concerns throughout the profession and these seriously limit what social workers can achieve in their work with Looked after Children. In a study by the Dept. of Education 'Resilience and Burnout in Child Protection Social Work' (likely to be one of the most stressful areas of work and closely linked with bringing children into care) McFadden et al (2009) found that despite high levels of commitment to their work, social workers are unable to sustain the kind of service they wish to give and the child wants to receive if they are not able to find or use appropriate personal support in their professional roles. Findings suggested that excessive workloads begin a chain of events which lead to emotional exhaustion and depersonalisation linked to the absence of a sense

of personal accomplishment. Levy et al (2005) in the USA found similar widespread concerns about retaining effective social work practitioners. Better remuneration, supervision, co-worker support, organisational commitment to sustained valuing of workers is advocated as the way to keep social workers and develop their skills. The inclusion of the kind of understanding of unconscious communications of distress and need from the children and within the system which the child psychotherapist can contribute seems likely to contribute significantly to the effectiveness of the professional network.

Child welfare professionals and the children and young people themselves are concerned about the number of changes of social worker many have while in care (Dept. of Education 2011) There is an assumption that most changes of placement and carers are linked to the difficult behaviour of the children and the impact on the carer's capacity to cope. However, Cross et al (2013) found that placement instability was linked to complex interaction between three factors. Carer-related (e.g. changes in the carer's life, difficulties in managing children's behaviour) child-behaviour related (e.g. aggressive behaviour) and policy-related (e.g. placement with siblings, placement with culturally similar carers). The Social Care Institute for Excellence (SCIE) has published a series of reports on good practice in fostering, including good practice issues for retaining foster carers. Recognition of the valuable work done by foster carers, provision of appropriate professional recognition (including proper salaries and pensions) and support by the professional network, including peer support between carers is strongly advocated (Evetts and Wilson 2006; Sinclair 2005) though slow to emerge.

Overall, what children say they want from foster care is what social workers and foster carers say they want to give. To live an ordinary life, not to feel different, to be listened to, valued, respected, encouraged and appreciated, and to understand why they are in care. (SCIE 2013)

The professional networks around Looked after Children:

Looked after Children undoubtedly experience cumulative trauma, including repeated loss and separation, within their birth family and within the care system (Kenrick 2000; Zornig and Levy 2011). They experience a longstanding lack of physical and emotional containment before and after coming into care which is likely to deplete their resilience in the face of each successive trauma (Music 2006; Khan 1963). In such circumstances, children are likely to rely increasingly on entrenched emotional and behavioural defences to survive and to protect them from being in touch with and overwhelmed by their vulnerability and helplessness. These coping strategies or

defences may seem and sometimes actually be the only available way of surviving the experiences of family breakdown and coming into care but unaddressed and unmodified often then contribute to substantial difficulties in engaging with and benefitting from different and more developmentally enhancing experiences of being cared for (Williams 1997). Services for children in need and Looked after Children need to place a real understanding of these phenomena at the very centre of interventions for disadvantaged children and families. Canham, an exceptionally gifted and accessible child psychotherapist whose powerful and far-reaching contribution to the theory and practice of psychotherapy with severely deprived children was cut short by his untimely death, had a way of being in touch with and thinking deeply and creatively about the children and their network. He showed particular sensitivity to and capacity for understanding the plight of children in the care system, almost inevitably severely deprived, children who are challenging and 'bewildering' children Briggs (2012). Briggs describes Canham's work with the networks around such damaged and needy children as 'highly innovative, extending the horizon of psychoanalytic child psychotherapy from the consulting room to the organisational setting' (ibid). Canham worked from the premise that the therapeutic relationship with the child in care must always include the internal and external relational contexts in which he lives.

Wolkind and Rushton (1994) noted that this group of children faced higher risks of psychiatric ill health and social deviance 'than any other easily identified group in our society'. Even measures taken to relieve stressful family circumstances such as short-term care were found to carry considerable stress and risk. The Dept of Health report 'Patterns and Outcomes' (1991) found that periods in care intended to relieve some of the difficulties children faced tended instead to exacerbate existing deficiencies. The conflict between different kinds of experience can militate against the potential benefits if it challenges the child's internal structure for coping with life. Wolkind and Rushton found that 80% of fostered children needed treatment from a mental health professional although only 27% actually received any input. Further studies concur that children in the care system are at especially high risk of experiencing a wide range of difficulties, for which many receive no help at all. (Richardson and Lelliot 2003). On the other hand Buchanan noted (1999) that not all Looked after Children were dissatisfied with their lives or suffered from mental health difficulties in adulthood. The picture is complex and it continues to be difficult for the care system and professionals within it to identify and promote mutative factors in the lives of children in care. This suggests that the system often does not know enough or know in sufficiently complex ways about the hopes, fears and needs of the children

themselves. The deprivation and disadvantages which bring children into care may be amplified by the difficulties the care system has in effectively addressing the ongoing impact of early adverse experience on children's development and on their capacity to make use of new experiences.

Changes in professional practice at the level of individual disciplines and in multidisciplinary practice have tended to follow on the most serious failures in the system to protect vulnerable children (Laming 2003; Rustin 2001; Laming 2009). Seeking to understand systemic failures to meet the needs of children and young people in care, when the system clearly fails the government consults with statutory care services, voluntary services and young people themselves in care in order to explore and understand what has gone wrong and why. It reconsiders, in greater depth, the needs of children and young people in the care system and the needs of the system itself. Care Matters: Time for Change (2007) addresses the needs of Looked After children and seeks to find ways of improving outcomes for them, through the provision of appropriate and integrated services. This document calls for 'urgent, sustained action across central and local government, from practitioners in all aspects of children and young people's lives and from their carers, friends and family' to work together effectively on behalf of children; it often seems that the impact of organisational dynamics is omitted from the thinking. The Children Act 2004 has now updated the CA1989, bringing together all local government responsibilities for children's welfare. This includes the creation of the ContactPoint database which integrates all information relating to the welfare and education of children in order to facilitate the sharing of information between agencies and to lessen the potential for the serious harm which can befall children who fall between the gaps in provision. It is the consciously unintended gaps, those which emerge when professionals are isolated, disaffected, insufficiently prepared for their emotionally demanding task or poorly supported in it which perhaps pose the greatest threat to a good-enough service for vulnerable children. It is by no means the answer to all the organisational problems which have been identified but having within the professional network the capacity to think about the extent of the trauma and pain in the lives of the children and its impact on those working with them can be a mitigating influence (Menzies Lyth 1988; Armstrong 2005)

2. The contribution of child psychotherapy to therapeutic work with severely deprived/looked after children

The evidence base in child psychotherapy:

The past decade has seen increasing demand for evidence which justifies and supports decisions made about the treatments and interventions offered by CAMHS to children and families. This includes the evidence base for psychoanalytic approaches (Kennedy 2004; Midgley and Kennedy 2007) and this takes place in a concerted move to demonstrate the effectiveness of psychodynamic therapies across the board. The Harvard Medical School Mental Health Letter (2010) notes that the effectiveness of psychodynamic therapy is similar to or greater than cognitively-based treatments. In addition, changes are observed to endure over time and treatment benefits grow stronger post intervention.

The evidence base in child psychotherapy is now rapidly growing despite initial diffidence and anxiety about incorporating research into clinical work. Child psychotherapists, like most psychoanalytic clinicians, have anxieties about the impact on clinical work of undertaking research on that work and they continue to be concerned about the capacity of research to reflect the psychoanalytical process accurately, including the intricate nature of its effects on the patient, some of which emerge over the longer-term (Sandler, Sandler and Davies 2000). Nevertheless, necessity and curiosity have prompted considerable interest in how analytical work can be explored and evaluated effectively without reducing the complexities of the process. The scientific validity of the analytic process is being explored and findings support its efficacy and help refine understanding of who is helped, how and why (Rustin 2001; Mace et al 2001). The value, complexity and relevance of qualitative research methodologies are increasingly acknowledged and validated. (Fonagy 2009; Rustin 2009).

The National Institute for Clinical Evidence (NICE) now includes child psychotherapy as an effective treatment for childhood depression, as part of a programme of stepped care (Bower 2005). NICE, with SCIE (Social Care Institute for Excellence) in the publication PH28 (2010) 'Promoting the quality of life of Looked After Children and Young People' points out the need for dedicated services to promote the mental health and wellbeing of children and young people

in care by providing flexible and accessible mental health services offering skilled intervention. These can be delivered by child psychotherapists or by related professionals who are supervised and supported by child psychotherapists. The report recommendations include giving equal priority to identifying and addressing the mental health needs of these children and to early intervention through flexible and accessible services provided by professionals who are trained and supported to work with children in multi-agency networks with complex casework skills available to them.

The growing evidence base for child and adolescent psychotherapy demonstrates the value and efficacy of such work in treating the developmental issues arising from early deprivation and abuse in the lives of children and young people who have suffered many losses and cumulative trauma. The impact on their development is expressed in a wide range of emotional, behavioural, social and learning difficulties and delays in their capacity to grow. This study does not address the ongoing treatment of such difficulties per se, being concerned with the uses of child psychotherapy methods in assessment. However, child psychotherapy assessment allows the therapist (and thus the team around the child) to explore and describe the child in developmental terms which include an account of where development is compromised, what this means for the child and how he experiences this in his life. The therapist will be able to talk to and sometimes with the child about himself and she can then talk to the professional network about what help the child will need to grow and develop his potential.

The impact of early experience on development:

The powerful links between early experience and ongoing development are a perennial theme in literature (Blake 1789; Sophocles c450BC) and generally acknowledged in everyday lived experience. The Jesuit maxim ‘give me the child until he is seven and I will show you the man’ reflects both the popular and a profound understanding of the impact of early experience on life’s trajectory. The powerful television documentary series ‘7 up…’ started in 1964 (Granada TV 1964) offers a compelling and poignant contemporary study of the impact of early development on long-term outcomes. Psychoanalysis too emphasises the far-reaching impact of the quality of experiences in early life for ongoing development, for good or ill. When Bowlby first described the profound consequences of broken relationships at critical points in children’s lives, he felt there was little hope for the future for such children. (Bowlby1944; Bowlby1953; Fraiberg 1987; Freud 1976; Klein 1960). In the rigour of his clinical methodology, Freud explored and developed sound evidence for what has been always implicitly known. The

message was received then with very mixed feelings though ideas about the enduring impact of early experience on our conscious and unconscious motivation have become integral to thinking in western society. Psychoanalytic contributions to the understanding of human development are generally less directly acknowledged today. Nevertheless Freud's seminal work has influenced every aspect of contemporary thinking about human experience (Fonagy and Rock 2006). Child development research, the other theoretical platform of child psychotherapy training, has a relatively recent history, beginning in the early part of the twentieth century. Slow to grow, the body of work has now progressed far from the early studies carried out in laboratory settings though these were important in directing attention to the experiences of infancy and childhood, previously assumed to be of passing significance. Studies undertaken in more naturalistic settings, including the detailed and systematic observation of infants and young children undertaken initially by psychoanalytic psychotherapists and increasingly by a wide range of child and adult mental care professionals, continue to enrich the understanding of early development (Rustin 1997).

Child Psychotherapy:

The discipline of child psychotherapy is grounded in psychoanalysis and child development research. Clinical child psychotherapy began to be practised in Britain in the 1930's, based on the theoretical and clinical work of Melanie Klein and Anna Freud, both of whom wished to extend Freud's understanding of the human condition and human distress to work with troubled children. Both Klein and Freud noted that careful observation and exploration of children's play allowed the skilled observer a way of understanding the depth and complexity of the child's internal world and the opportunity to engage with the child in exploring it (Freud1922-35; Klein 1932) though the emphasis of their work differed. Anna Freud focussed more strongly on developing and strengthening the child's ego capacity (the use of his conscious mind) and his optimum engagement in his outside world while Klein looked to understanding and directly addressing the deepest anxieties arising from the child's internal, largely unconscious world.

Theory and practice:

The theory and practice of psychoanalysis began with the work of Sigmund Freud (see above) and child psychotherapy is a way of working psychoanalytically with children and young people. The central tenets of both are the existence of the unconscious mind in which all experiences are represented, the importance of early experience in childhood for ongoing development and the experience of emotional distress when unconscious motivation conflicts

with conscious wishes and needs (Freud 1915). While the concept of the unconscious mind has remained relatively unchanged in psychoanalytic theory, the development of Object Relations theory (Fairbairn 1952) expanded by and central to the work of Melanie Klein, is fundamental to contemporary psychoanalysis and thus to the work of child psychotherapy. Essentially Object Relations theory offers a different understanding from Freud of what motivates human behaviour in proposing that man is not primarily pleasure-seeking i.e. driven by the meeting of basic needs for survival (individual and group). Rather, he is 'object-seeking', he is primarily motivated by the need for relationship with other people and all of his development is shaped by the nature of those experiences with others and by the way in which he understands the meaning of those experiences. Klein observed that children, even very young children, played with toys and related to the therapist in a vivid and intense way, conveying the sense of a dynamic and meaningful relationship with these 'objects' (the toys and the therapist) in what Klein proposed were presentations and enactments of powerful internal representations of the child's significant relationships (Klein 1952; 1959). Importantly these internal representations are not literal but reflect the nature of relationships and experience in the external world as they are shaped by the child's phantasies (Klein 1921) about them. Phantasy refers to the unconscious mental processes which accompany all mental activity including the emotional defences developed by the individual to manage the unconscious responses to the impact of these processes; psychoanalytic therapy can be thought of as the attempt to convert unconscious phantasy into conscious thought and thus to find ways of expressing and managing conflict which promote development.

The therapeutic relationship:

The therapeutic relationship between the child and the child psychotherapist is the pivotal point for both conscious and unconscious communication between them. The particular tools which the child psychotherapist uses in her work begin with a highly skilled capacity for observation (Bick 1987; Miller et al 1989; Reid et al 1997) of all that goes on between herself and the child, behaviourally and emotionally. The key theoretical and clinical concepts employed to explore and make sense of communication between child and therapist are transference, projection, projective identification and countertransference. Transference refers not so much to a re-enactment of past relationships and/or events but to an externalisation of the child/patient's internal world and relationships within it onto the contemporary external world; in the therapeutic work, the therapist becomes a key figure(s). Keeping therapist details to a reasonable minimum allows the child to use the therapist in this way and the therapist 'gathers' the transfer to herself, always herself conscious of keeping self and transference role distinct in her own

mind. The child psychotherapist observes and works with all of the child's communications, conscious and unconscious. The nature of the analytic setting and the therapist's analytic training give her an intellectual and emotional framework for exploration of the child's internal world so that she can begin to understand it and talk to the child about what she finds (Klein 1952; Joseph 1978). The child will unconsciously project (Klein 1927) his feelings about internal events which are of importance for him (which include external experiences, thoughts and feelings about them and defences against his feelings) into the analytic situation, including into the therapist, and relate to them there as if they were indeed alive in the moment. Projection of unconscious feeling is a universal phenomenon central to emotional communication between individuals; however it may also be used as a defensive measure to rid the self of unbearable feelings by projecting them into another person and relating to them as if belonging there and not with the self, in the process of projective identification (Klein 1946; Bion 1959). When projective identification is extensive then the integration of the self is significantly compromised with implications for the capacity of the child/individual to know and understand the nature of himself and his experience. Troubled and traumatised children are likely to communicate powerfully through projection and projective identification; the impact on the recipient/therapist can be profound and it is necessary not only to understand these communications intellectually but to be able to remain open to receiving them emotionally and to experience and withstand them without acting out (thoughtless reactions) or acting in (complying with the projections) in response. The capacity to be open to the child's emotional communication has its prototype in the kind of emotional communication which goes on between an infant and his mother/carer, in ordinarily good circumstances (Bion 1959; Winnicott 1960). It is an unconscious process in which the baby communicates his distress to his mother who receives it, feels it but is not so affected by it that she cannot think about the baby's state of mind and his needs. This is reflected in Bion's model of container/contained (Bion 1959; 1962a) in which the mother's thinking mind attends to the baby's feelings and thus returns them in a more manageable, less frightening form. In conjunction with the therapist's function as container for the child's unconscious feelings the child psychotherapist uses her experience and understanding of the child's communications to explore the feelings which are elicited in her by it. This process is the use of the therapist's countertransference. The therapeutic use of countertransference phenomena in analytic work was greatly advanced by Heimann (1950) who described the nature and analytic use of the countertransference as 'an instrument of research into the patient's unconscious….part and parcel of the analytic relationship…it is part of the patient's personality.' In discussing countertransference, Racker (1953) draws attention to the '…special characteristics …from

which we may draw conclusions about the specific character of the psychological happenings in the patient.' The understanding and use of transference and countertransference phenomena requires intensive training and in particular, intensive personal analysis of the therapist so that she is able to work appropriately and effectively with these tools, distinguishing what comes from the child/patient from what comes from herself.

Training:

The first formal training for child psychotherapists was developed by John Bowlby (Rustin 1999). Child psychotherapy became a mainstream part of the NHS workforce in the 1950's and in the mid 1990's became a core discipline in NHS Child and Adolescent Mental Health Services. Since that time the work of the child psychotherapist has become increasingly diverse, reaching a wider range of patient/users in a greater range of roles (Kennedy 2004; Kennedy and Midgley 2007) which include supervision, teaching and consultation in support of workers with different or less specialist trainings who will be in contact with children and adolescents, in addition to their own individual work with children, young people and their parents. Child Psychotherapists now work across many sectors and settings including health, education, social services, primary care, secondary care, and the independent and voluntary sectors.

The rigorous academic and clinical training of child psychotherapists is underpinned by a thorough and intensive personal psychoanalysis. This is an essential preparation for the kind of work child psychotherapists do, in exploring and understanding the emotional experiences and difficulties of others/children. Child psychotherapy is part of a growing range of therapeutic interventions for children and families. (NSCAP 2008). This includes cognitive and behavioural approaches and different kinds of interpersonal therapies but child psychotherapy has a significantly different focus in that it works centrally with the unconscious mind. It is this capacity to explore and understand the child's internal/emotional world which has the potential to contribute another essential dimension to the detailed understanding the network needs to make good, individually meaningfully plans for children's futures. The other essential aspect of the child psychotherapist's work is helping the child to make sense of what he thinks and feels inside, in the light of his past and present experiences so helping him to put together a more coherent sense of the relationship between what happens to him and how he thinks, feels and behaves.

Child psychotherapy and work with severely deprived children:

Child psychotherapists in the NHS have always worked with severely troubled children, a group which inevitably includes many of the children who come into care (Boston and Szur 1983; Boston, Lush and Grainger 1991; Hunter 2001) However, it is more recently that child psychotherapy has taken on a central role in the assessment and treatment of Looked after Children as now happens in most CAMHS teams and in a growing number of specialist CAMHS for Looked after Children. This has required child psychotherapists to think carefully about how best to use their particular skills to help children and it has required them to acknowledge the need for their work to be fully integrated into the work of the multidisciplinary professional teams and networks around Looked After children (Kenrick et al 2006). Children who are severely deprived, abused or neglected have previously been thought too damaged to make use of psychoanalytic child psychotherapy though over the past twenty years it has become increasingly evident that treatments which address their difficulties at a cognitive and/or behavioural level are not usually effective in reaching the underlying difficulties which shape behaviour and resist change. In 1980 the Social Science Research Council called for 'fine meshed descriptive studies' affording an understanding of 'the experience and quality of life of these children' (Boston and Szur 1983). This level of detailed understanding certainly emerges from the standard child psychotherapy assessments of Looked after Children who are the subjects of this study. Boston and Szur note that the SSRC are seeking provision which would enable young people to leave care 'emotionally and intellectually strengthened rather than more difficult and damaged than when they entered (care)'. They then point out that 'psychoanalytical psychotherapy is one kind of treatment which aims at the emotional and intellectual strengthening suggested' (Boston and Szur 1983). Skilled work with children which explores conscious and unconscious feelings and experiences is what is needed to address the complex interaction of external adversity and children's emotional and behavioural responses to it. In particular, the defences adopted by children to protect themselves from ongoing trauma and mitigate further emotional pain often involve a denial of their ordinary childhood vulnerability, creating a barrier then to other, more positive and developmentally affirming experiences. This 'catch 22' emotional dilemma is quintessentially portrayed and discussed by Williams in her paper 'Double Deprivation' (Williams 1974), describing the secondary deprivation imposed on a severely deprived young adolescent by the tough, cruel defences he adopts to protect himself from real emotional contact with others who might hurt and disappoint him. This paper, in the vanguard of work with Looked after Children, opens up a crucially complex understanding of the difficulties in addressing the cycle of deprivation so often seen in the lives of these children

and young people. While psychodynamic influences in social work training are very much reduced since the 1960's and '70's, this paper paved the way for effective working together for social workers and child psychotherapists (Bower 2005).

Child psychotherapy and organisational dynamics:

Child psychotherapists, in practice and in theory, are now significantly engaged in exploring the strengths and vulnerabilities of the organisational dynamics of the professional network around vulnerable children, of which child psychotherapy is a part (Cooper 1999, Cooper and Lousada 2005, Emanuel 2002). The emotional impact of the work on component parts of the network and on individuals within the network, and the ways in which professionals experience their work with the children very often reflect the powerful dynamics of the external circumstances and the internal world of the child. Understanding or lack of understanding of these phenomena are powerful contributing factors to whether networks succeed or fail in their task. The child psychotherapist as a participant network member who is trained to explore and make sense of unconscious communication between individuals is in a useful position to observe the patterns of feeling and behaviour in the child, in herself and in the wider network group and to contribute an understanding of the meaning of what happens in these dyads and systems.

The complexities and the vulnerabilities of the Looked after Child's personal and professional networks have been cogently described (Emanuel 2002; Cooper and Webb 1999) clearly demonstrating the need to explore and understand these powerfully interconnected and inter-relating systems if professionals (and therefore the child) are to make good use of properly integrated professional work rather than simply surviving or being defeated by them. Professionals working with Looked after Children can be overwhelmed by the fear, distress and painful vulnerability of children in care or they may become cut off from and inured to the constant, intense level of pain in the children's experiences and in their work. In either case, professionals may construct their own emotional defences against these experiences, acting out in response to the children's trauma rather than being able to think about it. The child psychotherapist's detailed and dynamic understanding of the child's world helps in recognising enactment in the network, relating to the child's experiences, with the possibility of thinking constructively with colleagues about it. Philps (1998) has described the child in transition as existing in a 'borderline state' where the child and network exist in a complex and entangled balance of distress and disturbance, each affecting and being affected by the other but powerless to make sense or make use of what this is saying. Canham (1998) describes the 'doorstep' or

'threshold' quality of the lives of young people in residential care. While they wait for permanent placements, the residential homes where children live seem like 'waiting rooms with children waiting to move on….' with a rapid succession of staff who are also waiting to move on to other things. Sprince (2000) writing of her work as a child psychotherapist offering consultation to Social Services departments caring for Looked After Children, asserts that to be fully effective, direct therapeutic work with the child must be embedded in consultancy to and with the network. This in turn is likely to enhance the understanding and valuing of the direct work with the child within the broader network. Emanuel (2002), setting up a therapeutic service for Looked After Children in a Social Services department describes her shift in focus and input from individual therapeutic work with children to consultation and liaison with social workers and carers in order to establish a 'secure base' for these professionals from which to support and strengthen their direct work with the children. Of her work in residential units Sprince (2002) describes how consultation which helped develop care staff's understanding of themselves in their professional networks enabled them to help children with similar issues of splitting and projection as defences against massive anxiety. The child psychotherapy literature is one response to longstanding difficulties in professional networks around vulnerable children but the problem itself has been more widely recognised. In the broader professional sphere as well as in public awareness, the emergence of these issues in professional networks and in inter-agency work and the profound impact this has on the quality of care children receive, have come under scrutiny in major child protection enquires (HMSO 2004) and in serious case reviews following the tragic deaths of children (Rustin 2005). These have routinely revealed chronic difficulties in communication between professionals within networks, and between organisational networks. Among the problems identified have been excessive turnover of staff, especially of social workers and residential social workers, with concomitant disruption of the continuity of attention needed by very vulnerable children, and also an absence of significant direct contact between the workers and the children themselves. This study explores the potential of routinely including the child psychotherapist in the network around children in transition in addressing the longstanding problems relating to effective communication and cooperative joint working in networks. The study supports this proposal and shows that both the individual (assessment) task of the child psychotherapist and the shared work between her and the network benefitted from the information coming from close, thoughtful individual attention to the children and from the exploration of the direct work with the children through the use of discourse analysis using an adaptation of Grounded Theory. This gave an effective platform for meaningful and constructive discussion within the professional network (and with prospective carers) about the child, his

emotional and external experiences, and his needs. It seems evident that the in-depth and convincing picture of the child which the process conveys is more informative and more compelling than the case notes and meeting minutes alone can ever be. It prompts more thought and more enquiry and helps to make it safer for professionals to explore their own responses to the child and his story. The psychoanalytic organisational consultant Armstrong describes organisations as fundamentally driven by a constellation of dynamic emotional experiences belonging to the group, experiences often related to in a very concrete way and difficult to think about from inside. Thinking about what happens in groups (networks) is likely to be significantly unsettling since it questions the status quo and raises uncertainty and doubt. Armstrong says groups may 'find the evidence of the members' uneasy and ambivalent, but if it is available and engaged with, this can signify an inescapable commitment to development (Armstrong 2005).

If Looked After children and the professional network are to benefit from psychoanalytically-informed thinking in direct work and in liaison (Trowell 2010; Gibbs 2006; Boston, Lush and Grainger 1991; Kenrick 2006; Wakelyn 2008; Rocco-Briggs 2008) child psychotherapy interventions must make sense emotionally, ethically and financially. In differing but integrated ways the work must make sense to the child, his carers and the professional network including those responsible for commissioning services on behalf of the child. Very different levels of understanding, purpose and value must make coherent sense overall. It seems essential that the network/container for the multidisciplinary work around the child and direct work with the child is actively thought about in its psychodynamic and systemic aspects (Daniel 2005; Bower 2005) not least to prevent fracturing or freezing of the container-network and to support and develop its strengths and manage the tensions within it. Over the past ten years work with Looked after Children is increasingly seen as a priority by many CAMHS teams. Work with Looked After Children and the professional network around them has moved from a peripheral place in the work of child psychotherapists and the multidisciplinary CAMHS team, to take a central place. Each discipline has come to depend on the multiple perspectives afforded by a range of professional expertise, whether in agreement or not. In particular the relationship between social work and child psychotherapy is vital for severely deprived children and especially for Looked After Children. Frequently it can be, like most potentially lively collaborations, prickly, intense, rivalrous and ambivalent. Often this reflects the issues concerning the child and his experiences but also the anxieties of the weighty decisions to be made for the child's future. Sometimes it reflects professional insecurities and vanities, but always, in the way in which the child's

experiences, thoughts and feelings are split and projected into the adults around him, it has something to say about different aspects of the child's experiences and his feelings about them. Child psychotherapy and social work need an understanding of these very powerful issues (Menzies Lyth 1988) to work together and to do the best possible for the children; a thinking and emotionally alive network offers real possibility of getting to grips with them.

The provision of integrated, specialist services for Looked after Children by a CAMHS and Social Services Department (SSD) partnership has been advocated for some time; recent government directives emphasise the importance of integrated services for children in need and more is becoming evident of the short and long-term consequences of failures in this respect. Such a specialist service would include child and adult mental health services, statutory and voluntary support and intervention agencies, specialist and general, regular and extensive consultation between professionals, the assessment and treatment of children's emotional health needs, and multi-professional participation in the regular review of children in care. Close and continuous inter-agency working at the broadest level is advocated for all vulnerable children and their families (HMSO 2013)

Child Psychotherapy and Looked after Children:

There is a substantial body of literature relating to the use and value of child psychotherapy methods in the treatment of severely deprived and troubled children and within that there is a significant and growing literature relating to the assessment of Looked After Children, particularly where the assessment is part of an overarching multi-disciplinary process. Hodges (1984) in discussing the 'central questions of adopted children' asserts that these questions are about understanding where you have come from and why you have been separated from that place and those parents, and about whether you and new parents are able to find a good or better future for you. These questions are at the very centre of the assessment of children in transition and the decision-making process of permanent placement.

Rustin and Quagliata (2000) edit a thorough and thought-provoking collection of papers on the child psychotherapy assessment of children, addressing clinical, theoretical and ethical issues at the individual, family and network level of intervention. This collection was the first to put child psychotherapy assessment at the centre of enquiry. It is broad and comprehensive in its scope, attending with great care to the issues for children for whom this assessment can be the beginning of a better start in life.

Hunter (2001) carefully examines the issues relevant to psychoanalytical psychotherapeutic work with 'Looked After' children and young people, in assessment and in ongoing therapy. She usefully discusses adaptations of classical child psychotherapy techniques for this work and she explores the particular demands on the therapist of such work with the child and the network. Barrows (1996) considers the potential and the limitations of child psychotherapy with children in care, placing particular emphasis on the need for a reliable and containing framework for the work in the therapeutic setting and in the child's external world. Kenrick (2000) describes the 'cumulative trauma' entailed in the often numerous separations which Looked After Children experience before and after their reception into care. Such trauma may leave children unable to process or make sense of their experiences and especially vulnerable to the reactivation of trauma by later experiences, on their journey towards the permanent placement sought for them. There are important implications here for the nature of the therapeutic work undertaken with such traumatised children. Lanyado (1999) examines the way in which deeply traumatic experiences are likely to give rise to 'desperate and extreme levels and types of defence' and describes the central task of therapy with severely deprived children being to make sufficient sense of such experiences so the child may move forward more freely in his development. Lanyado suggests that working with children at this time in their lives, when experiences of trauma and loss are very much alive in the external as well as the internal world, offers considerable possibility for the therapist to understand more directly what has happened to the child and the impact upon him, and allowing greater potential for effective work relating to the external and the emotional consequences for the child.

Hindle (2000) writing of the difficulties facing children with very deprived and traumatic early life experiences who, without help, are unable to make emotional sense of them. She describes how this impacts on the child facing 'the challenge of joining a new family'; how established emotional expectations can significantly hinder new and different emotional possibilities until a way is found to give meaning to the child's experience. Hopkins (2000) describes the difficulties many children will have in making attachments to new permanent carers in the light of earlier experiences in important attachment relationships which may be harrowingly described as 'fright without solution'. She discusses how children's earlier negative experiences may be externalised and communicated through play in therapeutic work, available to exploration and understanding, leaving the child more free to make new and different relationships. Edwards (2000) notes the severity of experience and difficulty found in perhaps most children being placed for adoption

nowadays and the absence of pre-placement therapeutic work which often means that children will have to wait until they are more securely placed in a new family to try to make sense of their old experiences. Without skilled help (for child and parents) this process can be difficult at best and lead to placement breakdown at worst. Edwards highlights the need for work which supports and develops the capacity of adoptive parents to understand and withstand their child's behaviour. The work of assessment described in this study thus has great importance for the future of permanent placements for deprived and damaged, damaging children. Many permanent placements for these children remain vulnerable to the repetition and acting out of long established expectations children have of important and dependent relationships and the strengthening of the defences against intimacy and vulnerability many children develop for emotional survival in chaotic and traumatic circumstances. There remains some lag in the capacity of the organisations which develop policy and practice relating to permanent placement for deprived and vulnerable children, in appreciating that placement is often the first step in a long process which addresses the profound consequences of the circumstances of the children's lives, not an end of the process. The breakdown rate for adoptive and long-term foster placements remains high, averaging 20% for children beyond infancy (BAAF 2012). A conference aimed at adoptive parents stated that risk factors for placement breakdown were the extent of abusive and traumatic experience of the child, the age of the child after infancy, the presence of longstanding maternal mental health issues in birth families and the number of moves and disruptions in the care system prior to permanent placement. Factors associated with organisational failures contributing to placement breakdown were notably the lack of substantial preparation of adopters, and similarly the lack of preparation of the children for adoption. Also noted were the high turnover rate of social workers, the lack of post-adoptive support services and poor co-ordination of inter-agency services involved in adoption and fostering (Thoburn 2002; Triseliotis 2002 and BAAF 2012). These are compelling reasons to include the kind of thinking which child psychotherapy can contribute, with children, their networks and their carers, about the experiences children have had, the impact on the children's development and the demands these factors are likely to make on long-term carers. A sound and detailed child psychotherapy assessment, properly integrated into the systems in which children and their carers are embedded, is not an optional extra.

The demands on the therapist of work with severely deprived children in such complex circumstances has been emphasised by those who pioneered the work with children in care (Boston and Szur 1983; Hunter 2001). For the child psychotherapist working in a multi-

disciplinary, community-based team, the context of the work in an increasingly complex and sometimes poorly integrated professional network has rapidly and profoundly changed over the past fifteen years. In this respect Shuttleworth (1999) points out that negotiating transitions between 'the psychoanalytical community' of the therapist's theoretical and clinical base and the evolving ethos of the public sector is crucial, complex and at times very demanding for the child psychotherapist but essential if we are to continue to play a significant part in this work which has the potential to make a very real contribution for children in transition who are in difficulties which come from their past and which beckon from the future (Fraiberg 1975).

The role of assessment and the contribution of child psychotherapeutic assessment methods

Children in transition:

Child psychotherapy with children and young people in transition is quite a complex and contentious issue. Within the past ten years new ideas have been explored and developed around the use of analytic child psychotherapy for children who are in transition in the care system. (Barrows 2001; Hunter 2001; Kenrick et al 2006; Philps 2009; Wakelyn 2008). Child psychotherapists, mindful of the emotional demands child psychotherapy makes on children, have until relatively recently advised that therapeutic work must be prefaced by the security of a settled, permanent and supportive placement (and parents/carers) before child psychotherapy should be offered. However, Philps (unpublished doctoral thesis) has described the paradoxical quality of life which children in transition experience in short-term foster care which might otherwise be overlooked, misunderstood and unaddressed. Philps speaks of the 'borderline' (ICD-10) quality of the experience of living in short-term foster care, 'as if' (Deutsch 1965) life, including emotional life is ordinary, real and dependable while there is in fact the greatest uncertainty about the child's future care and the further change and losses those transitions will bring. In effect children, and in some measure, their carers are often implicitly and largely unconsciously required to present, to themselves and to others, a kind of 'false self' (Winnicott 1965) of normality, despite the pervasive uncertainty of their circumstances which is seldom directly spoken of. There are overtly thoughtful reasons why people do not talk to children about the uncertainties in their lives which are to do with sparing children further pain and allowing children to get on with growing up as normally as possible while care plans are made and realised. It is felt (and is) important to protect children from further trauma or retraumatisation, where possible. It is also true that we as adults find the distress of children in care, and our own

helplessness in the face of their distress, very hard to bear. Children moving through the care system are faced with repeated separations and losses (Kenrick 2000) from primary attachment figures, siblings, extended family, friends and neighbours as well as aspects of a life which is, at least, known. Grief is the process of mourning such losses but it often seems hard to find a way to grieve when life must go on. While it must be as carefully planned as any therapeutic work, relatively short-term interventions which help children to know what they feel and why they feel that way can help children tolerate 'not knowing' (Bion 1970), begin to mourn their complicated losses (Fahlberg 1991) and keep alive their 'true' selves. It can similarly help professionals to bear uncertainty and to know and help children better.

Child psychotherapy with children in transition includes working across the boundary between the consulting room and the professional network in a particular way which has deep personal relevance for the child and gives essential information for the network. A way of working has to be found which preserves the potential for intimate communication about children's painful and poignant experiences while bringing these to life in as bearable a way as possible for those working with and caring for the children. This cross-boundary aspect of the child psychotherapist's work is vital for the child and for the network.

As the range of clinical work undertaken by child psychotherapists has steadily grown over the past sixty years, from its origins in individual long-term psychotherapy, so the need for a firm, clear grounding in assessment has grown. What is needed is an assessment process and techniques which give appropriate weight to the child's external circumstances and those of his internal world and addresses a complex mix of issues related to development issues, trauma, pathology and the emotional wellbeing of the child. This rich baseline is essential for further work with the child and for making decisions about the nature and range of interventions and support (psychotherapeutic and other) each child needs.

The task(s) of assessment of children in transition:

Assessing the individual child, the child psychotherapist may have a specific focus in mind such as assessment of the child's suitability for psychoanalytic psychotherapy or assessment of his permanent placement needs from a psychoanalytic perspective though this is not always the case. Sometimes adults struggle to make sense of what troubles the child and indeed the main prompt for assessment may be that the child troubles the adults. Whatever the trigger for assessment the child psychotherapist will be assessing the child in the context of understanding

how he thinks and feels (his emotional state), his view of how the world works and how he fits into it (his internal world and his sense of himself) and the strengths and vulnerabilities evident in what he does or does not do. She will be attending closely to how he relates to her, whether he can think with her and whether he seems interested in thinking about himself and his world. The clinical skills and methodology of the child psychotherapist will throw light on the child's view of the world and his perspective on what the matter is, and why it is the matter. This brief intervention (of assessment) with the child gives another and frequently noticeably different dimension to the picture held by the network. It is hard to think that this might come from any other part of the network. In the course of the work with the study children, it is worrying to think what the absence of the information which came from the child psychotherapy assessments might have meant for the decisions made about the future for the children. This is discussed further in relation to the individual children and in Chapter 7: Conclusions.

Child Psychotherapy skills:

The foundation of the child psychotherapist's assessment is her use of skilled observation. This comes from the rigorous training in the first two years of training, which are devoted primarily to developing the capacity for observation which is both wide-ranging and intensive. She learns to look intently, taking in without beginning to order or classify. She comes to the encounter with the child with as few preconceived ideas as possible, attending not only to what happens but also to the feeling of what happens with the child and within herself in response to what happens (Miller et al 1989; Reid 1997; Sternberg and Urwin 2012). The therapist is observing everything about the child from the moment of first encounter, the way the child is in himself, in general and from moment to moment; how he relates to all the different aspects of the clinic, the therapy room and all that is in it and of course, how he responds to being with the therapist, together in the working space; if and how he relates to her; whether he responds to her presence and/or interventions in the shape of what she says about how he is and what he does; is he able to be interested in what they are trying to do together, can it open up new thoughts and feelings and if so, what? Or is he too frightened and/or defended against the possibility of being known and knowing himself to respond? During the session(s) the therapist thinks and feels in the moment, in relation to what happens in the time she and the child are together. It is not that all the other information and knowledge she has about the child is discounted but it is given a place outside or beyond the session so the therapist keeps her mind as clear and receptive as possible to what is happening here (Bion 1970). After the session she begins to think about what she has observed, how it begins to show in the patterns which emerge, something of the child's

characteristic ways of thinking about the world, about others and about himself and his expectations. This 'second order reflection on first impressions is a core aspect of good assessment practice' (Rustin and Quagliata eds. 2000) and provides the structure within which the emotional experiences and communications of the session begin to take shape as an accessible account of each particular child. The second order reflection also requires systematic consultation/supervision with others, peers and senior colleagues, to further develop the possibilities of exploration and the strengthening of the validity of the emerging picture. These ordinary processes are the bedrock of child psychotherapy assessment, as of all child psychotherapy practice. They are also core essentials of Grounded Theory. Anderson's (2006) observation of the good fit, the 'well suited partners' of Grounded Theory and child psychotherapy research' seems clearly evident.

Exploring the child's capacity and potential for thinking about himself can help him to think about what happens to him and what he feels, to have a sense that his experiences are thinkable, and to lessen the evasion of thought which feels too threatening and painful. The therapist is able to think about how the child responds or acts out in response to this work in the session, sometimes repeatedly enacting what can become characteristic and limiting ways of managing himself and his feelings. In the assessment context the child psychotherapist can also observe and describe the child's state of mind, his central preoccupations, his capacity for relating to others and his ways of communicating with them, his strengths as an individual and his vulnerabilities including his characteristic defences against emotional pain. These are valuable contributions to the knowledge held by the professionals working for the child to make decisions about placement, education and support for the him and his carers/parents. This detailed understanding of the child's developmental progress and difficulties will contribute to decision-making about placement, including the need for specialist interventions such as psychiatry, special educational help, speech therapy, parental and family support as well as therapeutic interventions for the child which may or may not include psychoanalytic psychotherapy. It will provide a baseline for thinking about future developmental progress and for monitoring progress and difficulties as the child moves through transition to permanency and beyond.

The process of child psychotherapy assessment over four sessions usually offered at weekly intervals with a clear external framework of regular times and setting is fairly standard practice in an NHS setting. In general this is a suitable length of intervention to establish the work and to gather information while consulting with the child's care-taking and professional networks. The

length of the intervention allows an understanding of the psychoanalytic, transference-based relationship with the child, while limiting the impact on the child of the loss of yet another relationship. At times a longer period of assessment is necessary or advisable when understanding the child presents greater complexities and uncertainties, or sometimes when external circumstances cannot sustain a shorter, more intensive assessment intervention. Whether the assessment is standard in its form or different, it is very important to keep the shape of the work in the minds of all involved but particularly the child, and especially in relation to the ongoing process of the sessions and the ending.

Children in transition in the care system find themselves in a world of uncertainty which can be terrifying. The role of the child psychotherapist is to work with the child to help him make sense of his external and inside experiences through thinking about what emerges in the sessions, as the child psychotherapist and the child come to understand them together. In having an experience of being understood and of his experiences 'making sense', the uncertainty of being in transition may be a little more bearable and manageable by the child, and by extension by the network around him. It is explicit from the start of the work that the therapist will be talking to the professional network about what comes from the assessment. This difference from ordinary therapeutic work in the boundaries of privacy and confidentiality is discussed with the child during the assessment. Doing this clearly at the start of the work and again as necessary helps maintain the dual focus of the work: helping the child to understand himself and helping the network to do this too. As well as her focus on both the internal and external world of the child, the child psychotherapist has a very necessary place at the interface between the child's world and the world of the professional network. The child psychotherapist can be thought of as a kind of 'go between' in conscious and unconscious communication with the child and as an intermediary between the child's world and the professional network around him.

The therapeutic potential of assessment:

Assessment necessarily presupposes assessment for clearly specified purposes but a child psychotherapy assessment has the potential to be a therapeutic process in itself. It is an intervention, usually brief, in which the child can have an experience of being thought about in a particular way. This is what Winnicott called a 'therapeutic consultation' (Winnicott 1996) and as Miller (2000) describes in the work of the Under-Fives Counselling Service at the Tavistock Clinic. The concept of being 'thought about in a particular way' refers to the experience of being thought about in the context of the skills and methods described above, fundamental to a child

psychotherapy assessment and common to all psychoanalytic work by child and adult psychotherapists. The work has the potential to give children an experience which quite possibly many will not have had before, of being himself the focus of deep, undivided attention and thought, connected with but not determined by his life narrative. In the course of this kind of brief work (of assessment) the child may experience some containment of emotional pain (Bion 1957; Bion 1959) made possible by being with a receptive and thoughtful mind, not impelled to dispel the pain because it is unbearable, through action or denial, but able to take in the child's communications. To have a direct experience of what we have come to recognise as the cornerstone for optimum development throughout life can be the beginning of knowing that different possibilities exist from those which brought him into care and of daring to hope for something better.

A framework for assessment:

Rustin (2000) describes 'the heart of an assessment' as the encounter with 'what is not known'. The therapist's awareness of the responsibility inherent in this can be frightening and clearly it is always a serious and important undertaking. Anxieties reverberate powerfully in relation to the work, about failing to see the important issues or failing to understand the child sufficiently well or being able to talk meaningfully to him and/or the network. The child may be highly anxious in the sessions or strongly defended against anxiety. Given the particular stresses on the child and complexities of the purpose of the assessment, it is all the more important to establish a rigorous external framework for the work. This is usual in child psychotherapy but the uncertainties around the child mean setting up the intervention to be flexible with regard to his circumstances but particularly clear and reliable in the pragmatic framework for it. This entails a clearly defined structure, understood, planned and agreed in advance by the professionals and by the foster family (and the child depending on his capacity for understanding). The ordinary child psychotherapy parameters with regard to constancy in the setting, the timing and duration of the sessions should be agreed, according to each child's needs. The structure should be clear from the outset. There should be overall agreement on why the child is being assessed and advice for those preparing the child for assessment about how to talk to the child about it. It is generally helpful that the child is told he will come to see someone who is helping to think about plans for his future. This person is interested to get to know him, what is important for him and to think about this with him. None of this is different from ordinary practice though. What is different is the explicit emphasis on the therapist and the assessment as part of the network. Britton (1983) emphasised the particular importance of this and the need to guard against the need of the

therapist and the network to invest the child psychotherapist with an alternative parental function, a response to the 'homelessness' of the child in transition. Rustin (2000), mindful of the need of the child in transition for a parental figure, advises using particular care to be clear about the time limits of the intervention and of the fact that if further therapeutic work is recommended, it is likely to be with a different therapist. It is often important also to resist the strong feelings in the network that the move to permanency is of itself the resolution of all the child's painful experiences and difficulties and to be ready to explore the ambiguity and ambivalent feelings aroused by the process of moving towards permanency and beyond. Not unusually, children and new parents only feel safe enough to express ambivalence once the placement is legally secured. Difficulties emerging as powerful projections develop between child and parent(s) need careful, sensitive professional help and support which long-term/ adoptive parents may find hard to ask for initially and may find hard to access too.

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Technique and modifications of technique in working with children in transition

Cumulative trauma and loss:

Bearing in mind the levels of cumulative trauma and loss the children are likely to have experienced and the uncertainties extant in the children's lives when they are assessed it is necessary to be very careful indeed in direct psychotherapeutic work not to refer too directly to trauma and losses they have suffered. It is helpful (keeping in mind the need to emphasise the connectedness of the therapist and the assessment with the network) to be clear in letting the child know that the therapist does know something about the child's story and conscious use of direct reference to other professionals is helpful where appropriate. This is rather different from ordinary practice and serves to hold the child (and the therapist) firmly in the context of the organisational 'family'. With this in mind, there are significant adaptations to the parameters of confidentiality. It is important that the child knows that what happens in the sessions will be shared with other professionals, some of whom he already knows, and that they will be doing the same. Grounding the assessment in 'getting to know the child' so that decisions for the future can be carefully explored indicates this but it is very helpful to explore feelings the child may have about this, particularly since he is likely to have been the subject of much professional

enquiry which may contribute substantially to how he feels known and unknown, by others and by himself, and how that shapes his capacity for engaging with others.

The experience of being with the study children and implications for technique:
Each of the four study children was highly defended against engaging with others, particularly with adults with whom they would ordinarily have an age-appropriate dependent relationship. All of the children were strikingly closed off from this aspect of relationships with adults in their lives, relative to children in ordinary circumstances. Each had constructed quite formidable defences against disappointment, loss and rejection in important relationships which became more powerfully established with each successive trauma. The therapist-researcher intuitively felt the need to be more active in approaching the work as a person more clearly defined and empathic, more evidently connected with the outside world of the network while remaining as open as possible to communications in the transference. This was ultimately fruitful and seems essential; but this was a complex matter of balance which needed substantial thought and revision from the first session of the first assessment onwards. Through reflection, supervision and repeated exploration of the material using Grounded Theory methodology, some conflict and confusion between an open-ended and highly empathic state of mind and too much literal activity and talking from the therapist in the sessions this resolved. The therapist talked less and became less anxious. Each of the children was able to play, in different ways, and with the therapist were able to go more deeply beneath their surface presentation.

Issues of working with loss and trauma in the assessment of children in transition:
The assessment of children in transition in the care system means knowing about and working with the paradoxical tasks facing the child living with enormous uncertainty (Philps 2009). The paradoxical demands upon the child are essentially that of beginning to make attachments to a new family while leaving behind and mourning the temporary family they are leaving and continuing to mourn the loss of and hope for a return to their family of origin. The simultaneous demands of these massive emotional tasks are ordinarily felt to be irreconcilable (Freud 1917; Klein 1940). The conflict and distress arising from the expectations and effort to do so may underlie some of the expression of anger or withdrawal and depression observed in children in transition (Winnicott 1974) and it is important to bear in mind that being in care is in itself a difficult experience. Drawing on Winnicott's theory (1953) about the purpose and possibilities of the transitional space in development can help the therapist to work with the paradox more directly. The transitional space of the therapeutic encounter makes available a potential and

overlapping developmental space created by the child and the therapist together. In such a space, thinking together about past and present experience can support the emergence of new thoughts and experiences. This is facilitated by the nature of the child psychotherapy assessment in that it is different from other assessment processes because it is not a measuring or testing kind of assessment but something which explores the inner, personal issues of who this child is, where he has come from and where he might go, as these emerge in the experiences of child and therapist together and as they are reflected by conscious and unconscious thought processes in the mind of the therapist. Lanyado (2003) describes the value of giving the child an experience of the kind of therapeutic space which can then facilitate a growing ability to play out intense feelings rather than act them out. Drawing on Winnicott (1974) she evokes the unique experience that a brief assessment intervention can give (Lanyado 2004) of being 'alone in the presence of someone', of feeling safe enough to be 'alone', to be sufficiently able to be in one's own world or self, in the presence of someone who is deeply interested in you. This capacity, which comes from and relies on a sufficient experience and expectation of containment, is of great importance in facilitating children's potential to play and develop. The non-directive but emotionally containing quality of child psychotherapy is what makes this possible in direct work, creating a space to attend to a child in depth and to experience what it is to be with him, and what it is to be him, in the fullest way.

There are concerns about engaging children in transition in work of this kind, linked to the instability in placement circumstances and the child's emotional state. These are very important considerations which must be weighed up in relation to the benefits for the child and for the network with regard to undertaking psychotherapeutic work at this time. To some extent this has precluded thinking about the costs and benefits of psychotherapeutic intervention while children are in transition. If such work, however brief, is to have therapeutic potential for the child it is vital that it is located with an identified person (by the network and by the child) who carries paramount commitment to the child, and who takes this anchoring role very seriously for the child who is 'psychically unplaced' by the breakdown of his family (Britton 1983). The child needs someone he can rely on to see him through this process and all that it calls for. 'The child has to be someone's child and have a place in someone's mind' (Rustin 2000). Understandably there is a strong feeling that this should or even can only be the child's permanent carers. However, in this study, for the study children this person was in practice the child's social worker. Not all social workers, or even the majority of social workers were able to give this level of commitment (see Chapter 3: Methodology and Chapter 7: Conclusions) as I found from my

preliminary meetings with social work teams which might potentially refer children for assessment. It was evident at the time of the clinical work on which the study is based that some social workers felt a particularly strong commitment to the children for professional and personal reasons. It is important to remember too that research shows that what children in care (McNicholl 2013; SCIE 2004) want and often do not get from the system is a meaningful relationship with a constant and reliable person, their social worker.

Summarising the issues relating to adaptation of child psychotherapy technique in working with children in transition:

Until relatively recently analytically informed therapeutic interventions for children was felt to be an unsuitable intervention for children in transitional placements. Stability of placement was often a firm prerequisite for treatment although the achievement of stability through permanence is a complex process given the extent of many children's traumatic experiences prior to coming into care and the associated emotional and mental health difficulties of almost all of the children. The emphasis placed on the relationship between the child and his therapist in the work rightfully raises the issue of exposing vulnerable children to yet another inevitably short-lived relationship for the child. The balance of what is lost and what is gained by including child psychotherapy in the resources available for children in transition has shifted, however, as it becomes more possible to demonstrate the value of such short-term work to the professional decision-making network and to the child himself.

Child psychotherapists are fully engaged in working creatively in multi-disciplinary contexts. There is clear recognition of the shared nature of the task in working with Looked after Children in transition and the need for ongoing communication with and from the network, despite the struggle this can sometimes be. In this context, children are likely to benefit from knowing that those who are working with them are also working together (Golding 2010) just as children ordinarily benefit from relationships with parents who are able to talk to each other about the child.

The issue of modifications of technique is addressed in Chapters 5 and 6, on the study children and in Appendix B. The modifications made in the study arose in part from an understanding of the issues raised in the literature but in greater part in response to working directly work with the

children as the assessments and the study progressed. These are the main issues relating to modifications in this work and the thinking around it: engage with the network from the very beginning; identify the person for whom the child is ‘someone’s child’, with whom he has ‘a place in someone’s mind’ (Rustin 2000); establish a firm clear framework within which to allow flexibility given the number of ongoing professional demands on the child; absolute clarity about length of intervention and the ending of the relationship with the therapist; very active observation of child and of feelings in self; reducing active intervention to use only when the child needs help to engage or remain engaged. This might be summarised as ‘more watching and feeling, much less talk’; minimal reference to traumatic experiences since this tends strongly to reinforce defences; keep in mind the constant risk of retraumatising vulnerable children and acknowledge and repair this directly and in the moment if necessary; work with the ending in mind from the start, protect and preparing the child in relation to loss; keep in mind the mourning of good and bad objects and where possible address this in the transference, including ambivalence expressed to those who have failed and disappointed the child; make explicit reference to interconnectedness of the working relationships around the child.

As one aim of therapy is to ‘free the child from the ghosts of past attachments’ (Hopkins 2000) so the aim of assessment is to see what these ghosts are like and how the child relates to them so that the ongoing process of understanding and of integration of past attachments with new ones becomes possible.

Research Methodology Part 1

This chapter describes the context of the study, its rationale and processes, and the issues arising from the process of the study.

- Psychoanalysis, Child Psychotherapy, assessment and Looked After Children

- The relationship between the study, qualitative research and the paradigm of Action Research.

- Qualitative research

- The rationale for the choice of a research methodology based on use of the standard model of practice in child psychotherapy assessment. The association between the research methodology and the theoretical and clinical context of the study.

- Engaging with the professional network at senior management level and at local service provision level.

- The selection criteria and process of gathering the sample population of study children. A description of the study population and rationale for changes in the size of the group. Discussion of the strengths and limitations of the study population.

- A description of the research instruments: the clinical interview(s); the SDQ; the semi-structured interviews with social workers and foster carers.
  The rationale for choice of instruments, the strengths and limitations of the instruments used.

- Issues relating to the Ethics submission (see Appendix C for full submission)

- The issues of consent

Psychoanalysis, Child Psychotherapy, assessment and Looked After Children

The project primarily sets out to explore the nature of knowledge and understanding of a child in transition within the care system which a child psychotherapy assessment provides. Further understanding was sought about what this knowledge might contribute to the process of matching children with new, permanent carers and how it might contribute to the overall effectiveness of long-term placement decision-making by the professional network working with and for the child; these are the central objectives of the study. The study also explores the potential for developing and strengthening the relationship between the child psychotherapist's psychoanalytically-informed understanding of the child and other kinds of information about the child contributed by members of the professional network around Looked After Children for whom permanent alternative care is sought. Exploring the latter in great detail was beyond the scope of this study but the experience of the work suggested important ways in which a constructive alliance might be achieved.

By contributing an emotional and psychological view of the child unlikely to be available from other professional perspectives focussing on more pragmatic aspects of the child and his needs, the study aimed to complement and deepen the understanding of the child available to the professional network, particularly the key professionals in decision-making, the social workers. It was hoped that working together in the way proposed by the study would lead to more mutually supportive and effective collaboration, drawing on the respective strengths of the component parts to enhance the work of the whole. Benefits and difficulties were encountered in trying to pull together disparate aspects of the work with the children, all of which aimed at achieving good permanent placements. Looked After Children are often among the most troubled children seen in CAMHS, with a multiplicity of problems expressed in a considerable range of difficulties. Good multidisciplinary practice and strong interagency working is of the greatest importance for these children to achieve the fullest understanding of the complexity of their lives and their needs.

When the intricate and often unwieldy professional network around Looked After Children comes under official scrutiny it is found to be chronically beset with difficulties. Serious obstacles which significantly undermine the integration and coordination of the network are regularly noted. Children are not seen, often literally, and frequently they are not seen in the sense of being known. Assumptions are made on which erroneous decisions are made. These weaknesses in the system have led at times to profoundly tragic consequences. (Rustin, M. E. 2005; Laming 2003 and 2009; Emanuel, L. 2002; Cooper and Webb 1999). The system itself seems frequently unaware of the level of its collective anxiety about the very vulnerable children and families with whom it works and in consequence, is frequently unaware of the extensive and profound individual and organizational defences which develop in order to go on apparently coping with the demands of such distressing work (Armstrong 2005; Menzies Lyth 1988).

As qualitative research the study does not set out to test hypotheses but seeks to explore the usefulness to the child, and to the professionals working on behalf of the child, of the psychoanalytically-informed understanding of children which child psychotherapy gives. The nature of exploratory qualitative research includes the generation of hypotheses which can be tested by further, larger scale studies, though considerable testing of the validity of the researched intervention must underpin the generation of new hypotheses. This study, where the method of data analysis involved constant comparison within each assessment intervention and between individual cases, fulfils this precondition. The findings were subjected to a rigorous process of triangulation with other data sources which supported the conclusions of the assessments. The 'working' hypothesis – that child psychotherapy assessment offers a different and meaningful contribution to the understanding of Looked After children and their placement needs – emerges as valid from the analysis of the data. Limitations to the validity of the study lie in its scope (a small scale study of four children) rather than in its rigour. This kind of qualitative research cannot be replicated by the 'gold standard' research design of Random Controlled Trials, with accompanying control groups. Resource constraints and the sheer diversity of the historical and environmental contexts of the children/subjects preclude it and the assignment of severely disadvantaged children to random treatments is unethical. Other studies will contribute to the further development and evaluation of child

psychotherapy with this child population and their future needs will become more meaningfully known and addressed.

During the study significant reservations in the network were encountered about the value and to some extent the validity of what child psychotherapists say about children. What they say is sometimes regarded as mysterious and opaque. The meaning of the work can be difficult for others to access and integrate into the main body of information and understanding about a child and his long-term needs. What is observed and described by child psychotherapists is often troubling and this may make it hard to hear and hard to bear. Child psychotherapists are more aware now of the crucial need to communicate straightforwardly with other professionals, mindful of the potential impact of what is being and the difficulties others sometimes have in hearing and knowing it.

It was vital to demonstrate clearly that the child psychotherapy-based approach did have value and validity because not infrequently interdisciplinary colleagues seemed neither to expect or understand this. The detailed descriptive presentation of the assessment process emerging from rigorous analysis did appear to help the listener/reader to 'see' some of the unconscious dimensions of this work (e.g. hidden defences, different aspects of the personality, responses to emotionally containing interactions) without requiring prior theoretical knowledge or allegiance. This makes it more likely that others will think about what is seen by the child psychotherapist and how it accords or dissents from what they see.

In the current stringent financial climate treatments offered to children and their families are justifiably required to demonstrate their evidence-based effectiveness. All clinical work must show that it is supported by rigorous and relevant ongoing research. Fonagy (2000) reminds us that outcome studies demonstrating the effectiveness of psychoanalytic work are essential to secure its future. He also reminds us of the difficulties to be negotiated in so doing, because of the 'profound incompatibilities between psychoanalysis and modern natural science'. Rustin (2001) too points out the formidable task of demonstrating the clinical effectiveness of psychoanalytic psychotherapy while ensuring that its particular and essential qualities are not lost. This is one of the greatest anxieties relating to research in child

psychotherapy, that the work will somehow be over-simplified and in effect such research would be without real value in guiding and promoting clinical work. The underlying framework of psychoanalytic theory presents difficulties not only in cross-disciplinary work but also in research itself. As Rustin (2001) points out 'the unseen structures (central to psychoanalysis) are inferred from their effects'. In talking about the nature of what is inferred and the inferring process care must be taken not to seem removed from ordinary human experience, which is what it is about. It is wise to remember too that thinking about the unconscious (inferred) aspects of human experience can be frightening and seem bizarre.

Action Research:

The study is qualitative, carried out by a practitioner-researcher using standard clinical technique in an ordinary statutory community-based mental health service for children. As such it fits well within the paradigm of Action Research. Action Research sets out to examine and develop practice. This model of research was first proposed and developed by Kurt Lewin (1944) as an interactive enquiry process in which the researcher is an active participant in the process which is being researched. The move to establish a reliable and valid methodology for this kind of research arose from the need and wish to explore and understand social experience so that it could be influenced and changed. Lewin described the process of Action Research as 'a spiral of steps, each of which is composed of a circle of planning, action and fact-finding about the result of an action' to facilitate commentary and influence on important social issues.

Action Research challenges more traditional scientific enquiry by proceeding from the basis of 'active, moment to moment theorizing, data collecting and inquiry'. Reason and Torbert (2001) maintain that 'knowledge is always gained through action and from action' and that the process of Action Research promotes such learning if it is accompanied by an 'intentional awareness', so that the research is conducted with conscious awareness of the researcher as a integral and reflective participant in the process.

This study fits well within Action Research parameters in its aim to explore experience (of psychoanalytic work with children in transition) with a view to

understanding their lived and emotional experiences as fully as possible through the assessment work. The aim is then to convey to others this understanding and knowledge about the child and his needs which emerges from the work. The study embraces the conscious aims of facilitating a dialogue about the child's emotional wellbeing and needs between the therapist and other professionals involved, facilitating robust cooperation in the decision-making process of permanency planning.

The direct work between the child and the child psychotherapist fits the Action Research paradigm, as do the semi-structured interviews with social workers and foster carers, undertaken to elicit in-depth supplementary information about the child. The researcher is an integral and reflective participant in both, who then facilitates deeper communication with the professional network. At the same time she is herself shaped by the experiences of the individual and organisational work, her understanding and her approach to the work changing in response to what comes from it.

Action Research in the British tradition was at the outset strongly associated with the enhancement of direct practice. For example, in direct work with unattached young people, Goetschius and Tash (1967) explored the effectiveness of ways of approaching and engaging with the difficulties of young people in a highly influential piece of Action Research which has had a sustained impact on work in this area. In the United States Action Research was initially more strongly linked to traditions of citizen and community issues where the practitioner is actively involved in the cause being researched. For example, the Head Start Programme aimed to redress the environmental and experiential inequalities of children from poor families, to promote their readiness for pre-school education. The project was created and directed by Sugarman in 1965 (Illinois Head Start Association 2013); he found that brief intensive educational 'catch-up' could not make up for the effects of the preceding five years of deprivation which needed wide-ranging, ongoing interventions to be effective. Developments in Head Start programs went on to include education, health and social services for deprived children and their families and continued until at least 2007 to have a major influence on the life chances of these children (Deming 2009).

Interestingly, a well-known action research project in the UK, establishing Educational Priority Areas (similar to the Head Start programme in the USA) began in 1968 under direction of the sociologist A.H. Halsey. He explored the impact of enhancing educational provision for children in areas of marked socio-economic deprivation, to facilitate their capacity to take full advantage of educational opportunities (Halsey 1974). This innovation represented a significant departure from mainstream social policy and Halsey set out to evaluate this local, experimental action with a view to shaping policy at the national level. His research effectively did this for some considerable time and also had a major impact on the nature of teacher training. This Action Research bridged both issues: it sought to enhance direct practice (the nature of what is taught, how and why) while addressing community-wide issues at local level and at the highest policy-making level. Educational Research has continued to be one of the most prominent areas of Action Research discussion in the UK.

There are now less pronounced differences in focus between work in the USA and in the UK and Action Research is more universally about learning from experience in order to shape that experience at the individual and the community level. Essentially Action Research is seen as the endeavour to research or evaluate process and outcomes through a deliberate intervention, usually a form of practice of some kind. In large studies, the action/intervention and research components are usually separated to ensure that the research is not 'biased' by the interest of the practitioners in gaining a certain result or in justifying their own practice.

Many single-handed projects, and child psychotherapy projects are routinely of this nature, are not able to separate the practitioner from the research dimension although the IMPACT study of childhood depression does do this (Miles 2011). Where they cannot be separated, as in this study, special care has to be taken to ensure that the 'research' aspect remains as objective and accountable as possible. There are a number of safeguards inherent in the methodology of the study which ensure that conscious and unconscious bias in the mind of the researcher-clinician is kept under review. These include the use of adapted Grounded Theory for data analysis, with its rigorous line-by-line scrutiny of the data, from which emerges an increasing understanding of the material which is both more detailed and more theoretical. In

addition, triangulation of the primary data is available not only from other data sources, direct and indirect (case notes; social workers; teachers and foster-carers) but also through ongoing supervision in a range of contexts: team-based, research-based, individual and peer group supervision constantly monitor and check the perspective of the single-handed psychotherapist doing research. Each of these is an integral part of the research process of this study.

Carr and Kemmis (1986) describe Action Research as 'simply a form of self-reflective enquiry undertaken by participants in social situations in order to improve practice'. During the process of working with the children as clinician-researcher and exploring and analyzing the data as a researcher, the experience of working within an Action Research paradigm has been of lasting value for the therapist-researcher's professional development as is intended by the process. Whitehead (1989) in Britain and McNiff (2013) in the United States describe the aim of Action Research to generate explanations about experience from the experience itself. The key question is 'How do I improve what I am doing?' McNiff describes Action Research as practitioner-based, self-reflective practice, a 'systematic investigation into one's own behaviour or practice'. It is 'open-ended with no fixed hypothesis. It begins with an idea which you develop.' This concurs with the view from 'inside' the process which engaging it gives the investigator. It can also be observed in the far-reaching impact on teachers and teaching in the UK, when education became a major focus of Action Research, promoting the idea of the teacher as reflective practitioner and researcher.

The research question 'How can a child psychotherapy assessment inform the multi-disciplinary process of permanency planning?' rests on the systematic exploration of what happened in the assessment sessions between the child and the researcher as therapist. This exploration, rooted in and facilitated by the use of Grounded Theory to analyse the sessional material/data called for an intensive and particular kind of attention to the child, and intensive self-scrutiny and reflection on the process of working with the child. In turn, through reflection on the material and self-reflection on the process of being part of the material, in analyzing individual cases and exploring the relationship between individuals and the study group of children, the depth and complexity of meaning in what happened in the sessions simply grew. This led to an increasingly complex understanding of the work in progress and to some

changes in therapeutic technique in working with the children as the picture evolved. The structure of the clinical work and the underpinning theoretical basis did not change though the therapist was changed by the experience and her understanding of her practice changed. This is discussed further in Chapter 5.

Qualitative research:

Qualitative research in child psychotherapy: Midgley (2009) points out an ongoing and 'marked tension between child psychotherapy and mainstream empirical research' Child psychotherapy was prone to being seen as 'subjective and untestable and within the profession there were doubts about whether traditional research models can capture child psychotherapy's meaning and value, as a clinical resource and as a resource which enriches the understanding of children's emotional development and the development of mind'. The complex nature (co-morbidity) of the presenting problems of children seen by child psychotherapists and the broad developmental aim of child psychotherapy treatment mean it does not fit into large-scale randomized control studies, the 'gold standard' of empirical research. Fonagy (2009) notes a tendency to assume that the poor fit here is indicative of weakness in the child psychotherapy method rather than in the available mainstream research methodologies. But child psychotherapy has a rich and strong theoretical basis in psychoanalysis and child development research and has the capacity to evaluate itself and to adapt treatment in response to ongoing evaluation. Qualitative research, most appropriate for child psychotherapy, aims to give an in-depth understanding of human behaviour. It explores the 'why' and 'how' of what happens in the research/clinical setting. Qualitative research typically works with small and more focused samples where what is discovered is directly relevant only to the cases studied. Wider conclusions drawn from specific qualitative studies are propositions, or informed assertions about the population beyond the study group. Child psychotherapists, from the wish to understand more deeply as well as from necessity, are engaging more widely in building a body of qualitative research which has growing relevance for our work as practitioners and for supporting the inclusion of child psychotherapy as a core treatment modality, particularly for those children who are most troubled.

Undertaking a small-scale qualitative research project:
Small-scale qualitative projects, including this one, are contributing to a growing body of research evidence based on psychoanalytic work with children. Such projects reflect the essential nature of the child psychotherapist's clinical work within a careful, systematic framework and help to make sense of what can be seen as 'being precious' or unduly different from other interventions. Evidence of the effectiveness of psychoanalytic psychotherapy has been growing from Freud's rigorous methodology onwards. In addition, psychoanalytic work with children, which relies primarily on the analytic observation method in understanding the development and experiences of children, (Bick 1968) has drawn steadily, in theory and practice, on the increasingly rich data coming from child development research from multi-disciplinary and multi-theoretical perspectives.

There is a need for the small, 'experience near' (Geertz 1983) focus of research projects based on ordinary clinical practice. Such projects encourage the clinician to take a careful and systematic look at what she is doing, in effect, to engage in Action Research. This is important when faced with the demands of clinical practice where the pressure of time often makes it hard to stand back and think. Small research projects challenge and develop clinical thinking and technique for the researcher/practitioner and inform the development of practice within the discipline. It contributes to the discussion about 'what works for whom' (Roth and Fonagy 2005) across disciplines and informs providers and policy makers about this debate.

The limitations of small-scale research studies: In the bigger picture, the impact of small projects must be limited by their scale; however the findings are highly relevant for the children on whom the research focuses. While care must be taken in extrapolating directly from a very small project, small-scale research findings inform and direct ongoing debate, and prompt further research. The findings of small-scale research offer informed assertions about the nature of the intervention researched which can challenge assumptions and which may in turn, be usefully challenged.

The structure of the research process: the choice of a research method based on the standard model of practice in child psychotherapy assessment The nature of child psychotherapy practice and arguably its strength, relies centrally on the therapeutic relationship between clinician and child. All therapeutic encounters are dependent on this relationship and in psychoanalytic child psychotherapy the relationship is developed and worked with in a particular way.

Child psychotherapy is a psychoanalytic discipline and therefore draws on three key concepts: the ubiquitous underpinning of conscious feeling, thought and behaviour by unconscious experience. Unconscious feelings and thoughts are part of what determines the experience of internal and external events from the start of life and continue to do so throughout life. Unconscious experiences are not ordinarily available to observation and/or direct awareness but may be understood from systematic, thoughtful and emotionally truthful engagement with another person who wants to know and understand the other and his experiences. With the possibility for the therapist to make sense of children's experiences through exploration and understanding of what they do and how they do it and to talk with children about it, the child can be helped to make sense of the connections between his conscious and unconscious experiences. This is the aim and the heart of the therapeutic relationship in psychoanalytic child psychotherapy.

The standard Child Psychotherapy assessment This is usually a brief intervention of around four sessions, generally at weekly intervals although specific circumstances may call for different arrangements. The number of assessment sessions may be extended or the period over which it takes place, according to the child's needs and the aims of the assessment. All assessment shares the same rigorous attention to arrangements of time, place where the constancy of the setting allows maximum steadiness in the framework. What is then experienced and observed in the sessions can be more securely attributed to the nature of the child and his engagement with the therapist. The theoretical framework of psychoanalysis and child development theory pertains. The boundaries of confidentiality are modified in accordance with the need for others to know about the work. The child is helped to be aware of the specific and general aims for the intervention, for example, an appropriate explanation of why the

assessment is being undertaken (who is concerned, about what and why) as well as knowing that the therapist would like to get to know what this particular child thinks and feels and wishes. Child Psychotherapists assess children from pre-school age through to late adolescence in a wide range of statutory and non-statutory settings, in response to a broad range of concerns. The therapist may work independently or in collaboration with colleagues from a wide range of disciplines, seeking to understand both internal and external aspects of the child's experience. Rustin and Quagliata (2000) refer to three main aims of child psychotherapy assessment: to determine whether psychoanalytic psychotherapy is an appropriate treatment modality for the child, to explore and describe the child's inner state (state of mind) and as a brief intervention in its own right, with therapeutic potential. The standard model and the study assessments require the same rigour of external setting, theoretical and clinical skills, and clarity of aims and objectives. Transference and countertransference communications (see Chapter 6) are similarly fundamental to both although little if any direct work in the transference is undertaken in the study assessment due to fragility of the children's circumstances and the brevity of the work. The principal differences between standard technique and the study assessments were the relative flexibility of practical arrangements, allowing for other ongoing professional involvements (of child and carer); the ongoing level of communication with the network and greater explicit reference, with the child, to this communication and the different emphasis of enquiry in the interviews with social workers and carer (see Chapter 7: Conclusions).

The meaning and function of the setting: Child psychotherapy usually takes place in a reliably predictable setting: the same therapist, the same room, the same toys and the same time and day each week. As Rustin points out (1997) the controls inherent in psychoanalytic treatment themselves afford a reliable research framework. This reliable setting gives the child an emotional 'space' which is thus separated from the ordinary outside world and allows the child a measure of security in which to express himself, his thoughts and feelings, conscious and unconscious, through how he is in the room with the therapist and in what he does through playing and being. Midgley (2009) cites Emanuel's (2006) observation that many of the children seen by child psychotherapists have had such traumatic experiences that 'their mental functioning has been overwhelmed or shattered' and this is particularly true of Looked after

Children. Emanuel says that such children have to talk (or communicate in other ways) about what has happened first; their experiences must achieve a more coherent shape before they can begin to understand how or why such things have happened and what it has meant for them. Ordinary child psychotherapy practice allowed the study children to make a 'shape' of their experiences, in words and play so that they could show the therapist something of what happened, to them and within them. It was then possible to begin to make sense of what had happened, for the therapist and others, and notably for the children.

From a psychoanalytic point of view what goes on outside and what goes on inside the child are always closely and meaningfully linked. From a child development point of view it is evident that all development is closely connected to the nature of experience but in particular it is the emotional experience of making sense (with another) or not making sense of what happens which so powerfully shapes development. The child psychotherapist comes to the work with the child with a framework of ideas based in psychoanalysis and child development research and with this begins to get to know him by moving to and from the inside world of emotional experience and the outside world of what happens in the life of the child, and so begins the process of drawing internal and external meaningfully together.

The psychoanalytic context of child psychotherapy Although there are a number of theoretical schools of contemporary psychoanalysis all analytic work is increasingly now based within the overarching theory of **object relations** (Fairbairn 1952; Klein 1937) which asserts that the individual is inextricably and necessarily linked with and dependent on relationships with other people from the start of life for the quality of ongoing development on all fronts.

Object relations theory Object relations theory is a psychodynamic theory within psychoanalytic theory. It describes the emergence and development of the individual and unique mind in the essential context of being meaningfully held in the mind(s) of others. This essential context of relatedness probably begins before the event of birth and continues through life to be the context in which experiences in the world support or inhibit meaningful and satisfying development, emotional, social, intellectual and even physical. In relation to experiences in the world an internal image of the 'other'

and important experiences take shape in the mind; this then influences the way in which ongoing experiences are understood and shapes the sense of the self in the light of these experiences. The quality of experience in the infant's earliest relationships start to shape the child's expectations of relationships with his most important others and in particular his expectations of the way in which he himself will be thought about. He sees himself reflected in the mind of the other and the way in which he experiences this has potentially far-reaching implications for how he will think and feel about himself. His own capacity for self-reflective function now begins to take shape. This is at the very heart of how he will use his mind. Emanuel (2006) observes that severely traumatized children may lack a basic emotional vocabulary with which to construct a coherent narrative supportive of development. Ongoing external trauma is often accompanied by the absence of attuned and responsive, loving care which is the 'cradle of thought' (Hobson 2002). Child psychotherapy tries to understand the impact of trauma (experience) on the child and on his capacity for thinking about himself and his experience. It tries to begin to give him a vocabulary to make sense of himself and engage with more ordinary love and care.

Key psychoanalytic concepts in child psychotherapy The internal world is both ordinary since it is ubiquitous, and mysterious because it is not transparent, is not easily perceived and understood. The therapeutic relationship, in the constancy of the setting described, is the central point from which the child psychotherapist, and the therapist and child together explore this ordinary and extraordinary territory. Two central concepts in the therapeutic relationship are developed in a particular way to facilitate both exploration and understanding. These are the mental phenomena of **transference and countertransference** through which emotional experiences are communicated**.** These are universal phenomena of human emotional communication, harnessed in a particular way by the psychoanalytic practitioner.

The ordinary phenomena of **transference** can be observed in the way in which each one of us creates, from a distillation of our conscious and unconscious experiences, a particular view of how the world works, how our relationships work, what kind of significance we have in the world and thus what we can expect from the world and the relationships which are central to our experience of the world. This underlying

orientation towards our experiences will contribute significantly to how we experience what happens to us and what we make of each new encounter.

Bion (1967) writing of the way in which transference is used in psychoanalytic enquiry said that 'psychoanalytic observation is concerned neither with what has happened nor what is going to happen but with what is happening'. It is this 'what is happening' which so aptly describes the potential power of working with the transference relationship(s) the child has with the therapist. The child brings his experiences and expectations about the world and particularly about the relationships which are most important and influential for him, to all his experiences, including his meeting with the child psychotherapist. She must observe, think and take note of the feelings connected with every aspect of the meeting as the thing which is happening now, which is intrinsically linked with what has gone before. In this way she begins to get an increasingly rich and complex idea of the child and from this she makes links for the child about 'now' with the aim of making connections with who he is and what has happened to him, to arrive at where he is now. This includes events but also how the child has perceived and responded to what has happened to him. Being with the child in a respectfully thoughtful and deeply interested way is a quality of presence the therapist tries to bring to the meetings. The therapist's personal information is kept to a minimum because it is much more helpful for the child and the therapist to understand the nature of the child's 'need to know' rather than to give external details. For traumatized children it can be helpful to say something about this, acknowledging the wish or need to know and focusing on the child's related thoughts and feelings. It can also be helpful to give sufficient information to allay excessive anxiety if the therapist is unable to see the child for any reason. Some adaptations of technique and of the regular technical parameters of the constant setting are very important in containing the anxiety of the child (which may or may not be apparent) and allowing central place to the meaningful development of the transference relationship with the child.

Countertransference is the other pivotal element in the child psychotherapist's theoretical and clinical equipment (Heimann 1950; Segal 1986). Countertransference is a highly specific way of making sense of the therapist's emotional responses to the child which can be described essentially as what the therapist feels towards and about

the child. The feelings elicited in the therapist by the child himself and by the experience of being with him must be carefully disentangled from the therapist's own unconscious feelings relating to her personal experiences and therefore not germane to the child. This is not always easy and it is the task of the therapist's training analysis and ongoing supervision to ensure that she is rigorously aware of her own internal world so that she can separate and think about what her countertransference feelings are and what they imply. Segal's caveat is worth noting (1986) 'Countertransference is the best of servants and the most awful of masters.' If the **transference** relationship allows the child to feel and behave towards the therapist as if she is someone of central importance in his internal (and usually external) world then the value of countertransference feelings in the therapist lies in the potential for understanding, by experiencing, what is happening in those original relationships and how that has influenced who the child is now. It will throw light on what will help him forward if understood and what will hold him back if not. It will help to understand how he sees himself and how others respond to him, positively and negatively. The use and understanding of transference and countertransference feelings are the essential core of psychoanalytic observation and understanding of the child.

The aims of Child Psychotherapy assessment:

The nature of the information given by a child psychotherapy assessment

Child psychotherapy assessment explores the emotional meaning of the child's experiences in the world. It tries to makes sense of the impact of experience on the child and his development in all respects, with particular emphasis on his understanding of who he is and why. It looks at how he manages life, particularly relationships and how he protects himself against what is too painful for him. This is what child psychotherapy can and should contribute to the understanding of the child sought by the professional network - information which helps to understand what kind of experiences have shaped this child's view of the world and what happens in it, gives meaning to the hopes, fears, wishes and expectations of life which this child holds, or does not hold. It includes information which helps others to understand how the child tries to manage sometimes unbearable uncertainty and anxiety and how the child's ways of coping with anxiety have helped and/or hindered his development. It can throw light on other important questions too. Who is or has been most important

to this child? What part can or cannot now be played by the important people in his life? What does the child need now? What kind of new parents/carers might offer what the child needs? What are they likely to need to be able to do so effectively? And how are professionals to talk to children about these things?

Emerging from the referral letters, these issues are essentially what social workers wanted child psychotherapists to help them understand.

Engaging with the professional network

At higher management level: As a child psychotherapist in a local Child and Adolescent Mental Health team I was regularly in contact with local Children's Services social workers in relation to children in need and children in the care system. At that time, children in care were not routinely referred to CAMHS for help unless the child's behaviour or level of functioning was of sufficient concern for any of the adults involved in their care. This means the child is troubling somebody, his capacity for coping is breaking down (his defence mechanisms) and the child is in considerable distress. I noted occasional and unusual instances when social workers sought a child psychotherapy assessment of a child in order to understand more about the child himself, his view of the world and his emotional, family and therapeutic needs for the future. These referrals implied the wish to prevent emotional stasis or breakdown for the child.

I was concerned that so few social workers sought an assessment which might help them understand more about the child from emotional, social, relational and broad developmental perspectives given the profoundly important decisions to be made for the children and the impact of the traumatic experiences which brought them into care, a traumatic experience however well managed.

By society and on behalf of society, in their professional roles social workers are required to carry weighty responsibilities for children and families. Anxieties associated with failing to make 'good' decisions are very great and even greater are anxieties about getting it wrong. Within professional social work structures reflective and emotionally containing supervision and support is not always, or even often,

available. It was essential that the study proposed was clearly understood and endorsed by social work management at the highest level so that it did not simply seem one more onerous and possibly threatening task for social workers. Through discussion of the project with senior managers I began to deepen my understanding of the multidisciplinary processes inherent in the issues I wanted to research. The focus at the heart of the study was the child and his future and to this end I wanted to develop my capacity to talk to and hear from the network.

Exploratory discussions with social workers with whom I had a good working relationship helped me to think about questions and issues. I then wrote to the Local Authority Director for Children's Services (in the inner-city Borough where the work took place) requesting a meeting to explore the possibility of a small scale research project which would help mutual understanding of three things:

(i) The nature of information learned from a routine child psychotherapy assessment with children in care for whom long-term planning is ongoing.

(ii) How this might be useful in the context of planning long-term care for the children.

(iii) How best to integrate such information into the overall planning process for children in transition so that it usefully increased the multidisciplinary network's understanding of the child's emotional needs.

The Director expressed interest in work which facilitated interagency/interdisciplinary work with children in transition. He was curious what might be learned about the children's emotional experiences and about their perceptions of what was happening, and had happened in their lives. He agreed that these are often complex and difficult issues to explore during a period of transition. He was interested in the potential of the process itself to offer some emotional containment of the professional network around the child, potentially increasing their own emotional resources. He firmly endorsed the inclusion of a small number of children in transition in the project I proposed. Permission was formally given for the work to begin by the Director and by the Trust Manager for the Mental Health Trust. The Director of Children's Services wrote to

the managers of the three area teams who referred Looked After children to the CAMHS team, giving permission for the work to begin and supporting the involvement of those social workers who wished to work with the project.

Engaging with the professional network at local level Next I wrote to the Children's Service team managers at local level to request attendance at team meetings to discuss the aim and objectives of the study and to invite the assistance of the social workers in developing a research plan, particularly in clarifying the social work hopes and expectations of child psychotherapy assessment. I presented an outline of the research proposal and discussed my aim to research the children's emotional states and perceptions of their experiences of being in transitional care, using standard child psychotherapy assessment with a small group of children. All three managers agreed to my attendance at weekly team meeting for approximately thirty minutes.

The response from teams differed: one team responded with interest and expressed a wish to engage further in setting up the project. This team included social workers who already made referrals for assessment of LAC children's difficulties, their emotional state and their needs; the other teams seemed more cautious, preoccupied with the weighty responsibilities they already carried in respect of the children. The idea of the study raised some anxiety and resistance to the potential for more work. The team who engaged readily appeared to have a reasonably high level of good quality supervision and a high level of support generally within that team. This team included several social workers who had undertaken further training in child development and had an interest in taking this further in their professional development.

Two of the teams made referrals of children who were included in the study. After the clinical work and the analysis of the material were completed I wrote to the teams to tell them how the study had progressed and what early analysis indicated.

The study population:

The children who are the subjects of the study were selected on a sequential basis from referrals received by the Child and Adolescent Mental Health Service where the

study was carried out. Social workers in locality teams were consulted about the study and their engagement sought (see above); while not all social workers referred children for assessment, no referring social workers refused permission for children to be included in the study.

The criteria for inclusion in the study were as follows:

(i) Referral by the social worker with the aim of understanding the child's emotional state and his emotional needs including those relating to services to address needs and difficulties, contact needs relating to birth family and needs relating to long-term placement.

(ii) Children in transition from birth family to permanent alternative placement. Care Order in place.

(iii) Children aged between 4 and 10 years.

(iv) Children for whom foster carer could support assessment.

No other criteria were required to be met. Race, ethnicity and gender were not controlled for. It seemed likely that the potential population of children meeting the criteria stipulated would be small; the population served by local Children's Services and by local CAMHS was complex, multiracial and multi-ethnic in composition. Children seen in both services reflected the broad spectrum demography of the Borough.

I initially intended to assess ten children for the study (see Ethics Submission: Appendix C). However it was soon apparent that the time needed to gather and work with ten subjects would be considerable, bearing in mind the labour intensive method of data analysis. The decision was made to reduce the group to six children. From this group two children who were assessed were then not included in the study. One child was the sister of a study child and the contextual issues of the siblings indicated some duplication of material while the other was excluded after assessment on the grounds that his circumstances and needs were highly specialised, and therefore not representative of the broader population of Looked After Children in transition whom I sought to understand.

Strengths and limitations of the sample: the sample is a small one though this does not preclude it from meaningful enquiry using qualitative research methods. The

strengths of the sample are in its representative relationship to the general population of children in transitional care, the richness of the data afforded by the textual analysis of the direct work with the children and the close similarity between standard child psychotherapy practice and the method of data collection in the study which ensures a rigorous practical, clinical and theoretical framework for the study. Since my research question is an open-ended one the size of the study group does not invalidate the findings of the research.

The limitations of the sample size relate primarily to the need for caution in extrapolating from the study population to other individual children or groups of children. However, the study findings will be helpful in indicating the kind of knowledge and understanding which child psychotherapy assessment with child in transitional care is likely to give, in clarifying how such understanding is gained and offering a model for interdisciplinary communication about the emotional needs of such children.

The use of the standard child psychotherapy technique: The basic research tool to be used with the study children is the standard child psychotherapy assessment (see above 'The rationale for the choice of standard model of practice). This was undertaken with one contextual adaptation, the inclusion of semi-structured interviews with social workers and foster carers which are described below (see Research Instruments) and discussed in Chapter 7: Conclusions.

The rationale for using the standard assessment process:
The decision to use the standard child psychotherapy assessment was made for several reasons, the most important of which was minimizing additional professional involvement for the children. Children in care, particularly children in transition encounter many different professionals (social workers, foster carers, specialist medical services, educational assessors, contact supervisors, Guardians, solicitors to name just some). The emotional demands of these may seem bewildering to children struggling to make sense of what is happening to them. The standard model seemed effective tool for giving social workers the kind of knowledge and understanding of the children needed to find and prepare prospective carers for their permanent placement.

The relative familiarity of the method seemed an advantage also strengthening and developing interdisciplinary understanding of the role of the child psychotherapist particularly with social workers. The purpose and focus of child psychotherapy assessment for children in transition seemed relatively unknown or valued in the locality teams. Concerns were expressed that assessment might stir up difficult feelings in children and disrupt their capacity to cope. Those social workers who sought assessment felt on balance that greater understanding of the child's crucial emotional issues outweighed some disadvantage, and that assessment might be potentially a therapeutic experience of the work for the child. Using a method already known seemed likely to allay anxieties about what the child would experience.

Assessment in child psychotherapy: The assessments took place in a mainstream community-based NHS child mental health setting. CAMHS (Child and Adolescent Mental Health Services) offer interventions from a multi-disciplinary team (including psychiatry, psychology, child psychotherapy, specialist nurses, art therapy, family therapy) to children and families where difficulties in mental health and emotional wellbeing are adversely affecting children's ongoing development. Generally the focus of work is the child although this is always seen in the context of the family and relationships between the child, the family and the outside world. This requires a range of perspectives in the professional team. While children are the main focus of therapeutic work, it is essential that parents (or carers) are seen and supported alongside work with the child. This helps parents/carers understand what the child's emotional difficulties are and how they are linked to the (generally) external difficulties which lead to referral. These meetings also give clinicians a view from the outside world, of home, school and beyond, offering an important opportunity to consult with them and to evaluate the effectiveness of work with the child and the family.

The assessment of Looked After Children: children in care are not usually living with their parent(s) although their experiences in their families of origin will be the reason they are no longer living with them. They are generally living in foster care although adolescents may be living in residential homes. The significance of birth parents in the lives of the children is enormous but rarely directly accessible.

Working with foster carers: The child psychotherapist's assessment always takes place in the context of a broader, multi-professional assessment in which the children's carers have both a professional and personal role. The value of seeing the carers of Looked After Children is great although the function of this work is in some important ways different from work with parents. Most children in care are traumatized children who will not easily have the capacity to talk about what has happened to them and about how they feel. Instead the impact of their experiences will be shown in what they do, how they do it and importantly, how they make us feel. Therapists are likely to be drawing very heavily on the latter in assessment, on the capacity to experience and think about what is projected into them by troubled children. This is very often a pertinent and difficult issue for foster carers (and for others working closely with the children) to think about. Making sense of the meaning of these distressing and sometimes very disturbing feelings with carers and social workers can make the difference between a good, developmentally supportive placement experience and the breakdown of the placement.

Child psychotherapy with children and their families requires the sense of a shared task. This has particular importance with regard to foster carers, who usually have the most personal and extensive ongoing relationship with the child. Foster carers can struggle to feel that what they observe, think and feel is understood, accepted and integrated fully into the work of finding permanent placements for children or of finding appropriate interventions for the children (and support for the carer) during the process. Foster carers (like parents) have a great deal to contribute to the thinking around the child. If the best is to be achieved for the child then a place has to be found for the thoughts and feelings all professionals might prefer to ignore or hide. A robust, realistic and integrated sense of reciprocal consultation between professionals, where it is safe to speak honestly greatly strengthens the potential for knowing the child, working effectively with and for him.

The specific focus of child psychotherapy assessment: the study assessments were part of a broad-based, multi-professional assessment process within which child psychotherapy assessments contributed an emotional account of the children. The children were referred by their social workers, who wanted to know more about what

the children thought and felt, to understand 'how they worked' and to arrive at a deeper understanding of the child's experiences in the external world and how he had been affected by them.

A child psychotherapy assessment is also a significant intervention in itself. Though brief intervention, it is an opportunity for a child to experience being thought about and understood in the way that the child psychotherapist thinks and makes sense of the child, working closely with thoughts and feelings rather than concrete issues. Significant in its own right, it has therapeutic potential now and for the future. Rustin (2000) strongly asserts 'there is ample evidence that sometimes a quite brief contact, when it gets to the heart of what matters at that moment, can facilitate a big shift'. The assessments were clearly valuable in this way for at least two of the children (Danny and Oliver) and this is explored further in Chapters 5 and 6, on direct work with the children.

The child psychotherapist's task differs from that of other professionals in the network because it is specifically the child's eye view which she seeks, an understanding from the perspective of the child's internal world. Careful, detailed observation is the basis for this understanding, leaving nothing out, discounting nothing but most importantly, observing the relationship between the child and herself as indicative of the really important things about this child. Every aspect of what happens is redolent with meaning about the child and his relationship to the world, himself and important others. With Looked After Children the therapist will usually know quite a lot about the child in the outside world but nevertheless she tries to meet the child with as open a mind as possible. As Bion (1970) observes, it is important to put aside 'memory and desire' (knowledge of the child's history, his hopes and wishes for his future and those of others) to be more fully able to see and understand him here and now. Observations of this kind begin to take shape, consciously and unconsciously, and acquire meaning as the work evolves. Beyond the work, supervision and consultation with others can lead to deeper understanding. The disciplined exploration using the adapted Grounded Theory methodology advanced and enriched understanding of the material too. In time these processes have been internalised for the therapist-researcher, essentially becoming self-supervision, thus

fundamentally changing the way in which she looks and perceives what is happening in clinical work.

The aims of the assessments: were to describe the child's state of mind during the sessions and to begin to understand his internal world and the relationship between this and his external experiences. It includes making sense of internal relationships with the representations he holds of others and with his ideas of himself, to understand how these underpin his expectations of and ways of being in the outside world. In so doing, indications of developmental difficulty and delay are more clearly perceived, as are internal conflicts and the nature of the defences (or coping mechanisms) the child may use to manage difficulties and conflict.

Through understanding the child in this way the therapist to begin to make links between the child, his experiences in the outside world and the impact on his development. This then contributes to the multi-professional thinking about the child and his needs and what is required from which resource (and with what urgency) to help address the child's needs, including social work, education and other specialist mental health interventions (psychiatrists, psychologists). Although the study assessments were not primarily assessments for psychotherapeutic treatment, it was an opportunity to think about the child's capacity to make use of psychoanalytic psychotherapeutic ways of working and, where relevant, about appropriate timing for such an intervention. It is also an opportunity to think about other interventions if psychotherapy is contraindicated for any reason. Fundamentally, a child's experience of being with, communicating meaningfully with someone who is deeply interested and non-judgmental can have great emotional significance in keeping hope alive for such opportunities in future relationships.

The Ethics Committee submission: The Ethics Committee submission is contained in Appendix C.

A research proposal was submitted to the North West London Strategic Health Authority: St Mary's Local Research Ethics Committee. The primary responsibility of

the Committee is the safeguarding of the needs and the rights of the (child) patients as paramount, independent of requirements of the study.

The Committee raised the primary ethical issues of the proposal as the potential impact on the study children of the research intervention, and the need for informed consent by children where they were deemed capable of giving it and/or by those professionals in loco parentis. Consideration was required of whether inclusion in the study would in any way compromise the nature of the treatment the children received and further consideration was required of issues relating to potential implications with regard to confidentiality for the children in respect of future use of the data emerging from the project.

In response to the Ethics Committee observations, clarification was given that the children would be assessed using standard child psychotherapy techniques. The inclusion of an enhanced level of liaison with key professionals (social workers and foster carers) was highlighted as an innovation not directly affecting work with the children but having potential to facilitate which contribute more effective joint work. The researcher proposed that information from the assessment sessions (and from the detailed discussions with social workers and foster carers) would be helpful in thinking about the children's anxieties and difficulties in the placement, and those of their short-term carers. It was suggested that the changes to ordinary practice proposed were likely to promote thinking about the emotional issues in children's long-term needs.

The issue of confidentiality relating to the collection of data and future use of all material relating to the children was naturally an important ethical issue. Associated with this was the question of achieving informed consent by or on behalf of the children. The Ethics Committee required evidence of how confidentiality was to be addressed; they also wished to know how the researcher planned to inform children and those caring for them about the nature of the study. The Committee also asked for a detailed account of how consent would be requested.

Issues of consent and confidentiality: consent given by social workers (in loco parentis) on behalf of the children for the inclusion of the children in the study meets

the formal legal requirement for informed consent in such circumstances. The older children, aged 8 and 9, could be considered capable of giving informed consent (GMC 2008); however, I decided to seek consent through social workers for all of the children. Since the assessment process did not differ from standard technique, seeking consent from children directly might increase their anxiety and/or introduce a sense of 'specialness' which could be unhelpful given the potential for existing and painful feelings of difference. Thus the notion and responsibility of specialness might influence or limit how children presented in their sessions in an unhelpful or distorting way.

Foster carers and social workers were asked for their consent to the anonymous use of material from the semi-structured interviews with them; carers were asked about their thoughts and feelings regarding the child's involvement in the study (not for permission per se). The foster carers agreed that social workers should appropriately give informed consent and should address children's questions about being part of a research study if they arose. Carers were more concerned with exploring the relative value of the assessment itself, since it required the child's engagement in another intervention at a time of great uncertainty for the children (and for themselves). Carers were particularly anxious about the possibility of re-traumatising the child in an intervention which aimed to look deeply into him and his life.

Detailed exploration of what the children made of being included in a research study was beyond the scope of the study and seemed unhelpful in the context of the work. The research aspect of their assessments might raise anxieties for some children in terms of further loss of personal privacy in an external sense and/or the violation of personal boundaries in an internal sense. On the other hand, for children for whom this has meaning (according to age, stage of development and capacity to think about it), to have a sense of contributing to understanding which will benefit other children in their situation might give an important sense of being taken account of and valued.

After consultation with child psychotherapists, social workers and foster carers the therapist-researcher suggested that, where appropriate, the children should be told that as well as talking to (network colleagues) she would like to talk and think about them with other people who wanted to understand about what helped children to go on

growing up well and happy, in new families. Their names would never be given or the personal details of their lives or their sessions. Social workers and/or foster carers agreed to talk with the children about this before the post-assessment meetings and they subsequently fed back the children's responses. The two oldest children, Danny 10 and Sophie 8 said they thought that would be okay and they seemed pleased to be asked about this. The issue was not felt to be meaningful for the two younger children.

Research Methodology: Part 2

Collecting and Analysing the data:

- Description of the research instruments including the rationale for use, and the strengths and limitations of the instruments

  in the research process:
  the Research Information sheet
  the Consent forms

  the data collection instruments:
  The clinical interviews
  The semi-structured interviews with social workers and foster carers
  The SDQ

- Data collection

- Grounded Theory – and its relevance to the study

- Use of an applied Grounded Theory approach in the study

- Analysis of the data: the use of an adaption of Grounded Theory methodology

- Triangulation within the project and within the professional network

Research process instruments:
(The instruments are contained in Appendices D to H)

The Research Information Sheet: this brief document/flyer (Appendix E) was prepared primarily for social workers and foster carers although it was given to GPs,

school staff and others working directly with the children. Its aim was to raise awareness of the project, to encourage referrals of children for inclusion in the study and to encourage discussion about it.

The flyer gives basic information about the study – aims, objectives, study population, nature of intervention and issues of confidentiality relating to participants. It offers interested individuals the opportunity to talk to the researcher about their interest and/or concerns.

I wanted the social workers (and foster carers) who referred a Looked After Child in transition for child psychotherapy assessment to know that children included in the research study would receive an ordinary child psychotherapy assessment. I wanted to let referrers know why I was interested. I wanted to outline that inclusion in the study would involve professional participants a little differently than usual, in asking them to participate in semi-structured interviews which helped me understand the child.

I wanted to highlight the issue of informed consent by the social workers on behalf of the children for whom they held legal responsibility, and the boundaries of confidentiality with regard to the use of assessment material and the research findings.

Responses to the Information Sheet suggested that it was sufficiently detailed to allay undue anxiety on the part of professionals and not to deter referrals. A number of social workers and foster carers expressed interest in knowing more about the research.

No social workers withheld permission for eligible children to be included although some foster carers voiced concerns about the risk of overburdening the child at a particularly stressful time.

The consent forms (Appendix F): two consent forms were prepared, in line with the ethical requirements of the Research Committee of the North West London Health Authority.

The first form requests the consent of the social worker (with legal responsibility/in loco parentis for the child) to the child's involvement in the project through the inclusion of material from his/her assessment sessions for analysis and exploration.

The form must be witnessed and carries the researcher/clinician's statement that the nature of the project has been fully discussed with the social worker.

The second consent form asks for the consent of social workers and foster carers to the inclusion of material from their interviews with the researcher in the research project. As before, the researcher/clinician's statement is included.

Issues relating to the children and consent are further addressed in Chapter 7: Conclusions

Data Collection: process recordings from the clinical interviews

The primary data on which the study is based are the detailed recordings of the child psychotherapy sessions of four children. These recordings are known as process recordings. Process recordings are made by the clinician as soon after the session as possible and these are a record of everything which happens in the session, in as much detail as the clinician recalls. It includes all communication, verbal and non-verbal, between the child and the therapist and the thoughts, feelings and reflections of the therapist about what happens. This will include observations and reflections on what happens around the session, that is, from meeting to saying goodbye.

Detailed observations of this kind are the foundation of the psychoanalytic method and are at the heart of training in child psychotherapy. It is interesting to observe one of the effects of thorough, intensive training in this kind of observation (which begins in the years of preclinical training) in the way that what the clinician notices, reflects on and records becomes increasingly more extensive and complex. These recordings are not objective in the way that audio or video recordings are; they are richer, more complex and three-dimensional.

The semi-structured interview schedules (Appendix H): I interviewed social workers and foster carers before and after the assessment sessions with each child.

Such meetings are an integral part of child psychotherapy assessment procedure though I refer to the meetings here as interviews because I sought the personal views, not only the professional views, of the participants in greater depth than usual. The aim of these interviews was to gather a picture of the child from the perspective of these (relatively) significant relationships. I sought these perspectives from the adults who could be expected to have personal knowledge and understanding of the child in the context of their particular professional/personal relationships with him. I hoped to make the interview experience sufficiently containing to enable respondents to speak of their difficult or adverse feelings and perceptions about the child as well as their positive observations.

The decision to use semi-structured interview schedules reflected anticipation of the complexity and subtlety of the information likely to be given. I wanted the respondents to be able to discuss their thoughts and feelings about the child and towards the child as freely as possible. I wanted to hear about their understanding of the child and his experiences and about their thoughts and feelings of being with and looking after the child.

The semi-structured interview is both focused and responsive as a research tool and thus particularly suited to qualitative data. Respondents are more likely to express their opinions in a relatively openly designed interview situation (Flick 2009) Semi-structured interviews are designed to be a two way process which allows the researcher to expand and develop her enquiry while talking to the respondent. The objective is to understand the respondent's point of view about the child rather than simply gathering information about him. It is generally less intrusive than more formal interview techniques and allows both respondent and researcher to explore ideas together about the child. Talking about the experience of being with the child and about feelings towards the child can be difficult for people working closely with disadvantaged children. Workers may feel guilty about their negative feelings about the child, which may be denied or attributed entirely to the child with consequent diminishing of the richness of what the carer or social worker might really know about the child which will be potentially of great value when permanent carers are being considered and prepared. There is some provision for addressing anxiety-provoking material arising in the nature of the semi-structured interview in that the

questions can be rephrased to allow more open exploration of difficult or complex issues.

The interview schedules consisted of questions which invited complex answers. Semi-structured interviews allow the flexibility to include further discussion with the respondent in the light of what she/he says. The questions included in the schedule therefore act as a framework of themes to be explored. The instrument allows the researcher to adapt the interview to a range of respondents who may approach and think about their work in different ways.

The themes and questions in the interview schedules were carefully put together to allow me to discuss the child's emotional, social and behavioural functioning with social worker and foster carer respondents. In particular I wanted to hear how this related to their particular experience of being with and caring for the child. I also wanted to explore the respondents' knowledge, views and understanding of the child's history and their thoughts and feelings about what the future held for the child.

The Strengths and Difficulties Questionnaire (Appendix G): this is a brief behavioural screening questionnaire which can be used for children and young people between 3 and 16 years old. Questions explore five parameters of children's functioning; emotional symptoms, conduct problems, indications of hyperactivity and inattention, peer relationship issues and social engagement.

The SDQ is a highly reliable and well validated instrument (Goodman 1997) used widely in the initial assessment of children where a deeper understanding is sought of the difficulties children experience and express, along with a more detailed understanding of the particular resources (strengths) a child may draw on to address his difficulties. What is learned about the child from the SDQ then helps to shape further assessment and intervention in a more focused way. As such the SDQ fitted well with the aim of this project to look at the way in which the information from a child psychotherapy assessment can help to understand the child and his needs, in the context of an over-arching multi-professional assessment process.

The questionnaire is available in versions for use by clinicians, parents and teachers and each study child's class teacher was asked to complete the SDQ prior to the assessment sessions. The SDQ gave another view of the child: his functioning in a universally central and ordinary aspect of his life, the educational and social world of school and gave another view of the child by an adult who often knew him well.

The information from the questionnaires, important in its own right, was used to add depth and perspective to my own assessment findings. These formal questionnaires contributed to the process of triangulating my data, as did the interviews with the children's social workers and foster carers.

The analysis of the data:

Grounded Theory

Research in psychoanalytic work and Grounded Theory are described by the Anderson (2006), practitioner-researcher, as 'well suited partners'. Grounded Theory, first developed by Glaser and Strauss (1967) is a methodology in which theory is generated from the data. In the process of enquiry, emerging theory is grounded in the data emerging from the researched experience. Glaser and Strauss stipulate the researcher should approach the investigation without preconceptions about meaning in order to be as open as possible to perceiving and constructing meaning from the data itself. As Anderson points out, this quite closely resembles the way in which psychoanalytic understanding of an event (a psychoanalytic session or part of it) emerges. However, this does not happen in a naïve framework but in the context of the sophisticated theoretical framework of psychoanalysis and through the framework of the highly trained professional mind. Charmaz (2006), a prominent contemporary exponent of Grounded Theory, departs from the stipulation of Glaser and Strauss; she concludes that emphasis on the data as the sole basis for meaning and interpretation of events is not necessarily either possible or desirable. In contrast to Glaser and Strauss' proposition that theory is discovered 'as it emerges from the data separate from the scientific observer', she diverges significantly here asserting that 'we are part of the world we study and the data we collect. We *construct* our grounded theories through our past and present involvements and interactions with people, perspectives, and research practices. My approach (Charmaz) explicitly assumes that any theoretical

rendering offers an *interpretive* portrayal of the studied world, not an exact picture of it'. This development in thinking, that data would, could and should be analysed and understood in the context of the pre-existing theoretical framework of the mind examining it, is the sense in which Grounded Theory usually functions in qualitative research, and it underpins the analysis in this study.

The processes of Grounded theory usefully generate explanatory mechanisms for the complex behaviours and phenomena central to routine practice in mental health and social care. These often elude a more over-arching understanding which might extend our clinical capacity to think about them. Nevertheless, given the complex issues and difficulties of children and young people being seen in Child and Adolescent Mental Health Services, Anderson (2006) maintains that Grounded Theory allows different ways of understanding the 'key features of groups of children and young people and informs further research'. Fonagy (2005) observes that there is often little enough evidence for what works for which patient/client. This kind of research begins to offer explanations for complex experiences and Anderson demonstrates this with clarity in her exploration of use of risk-taking behaviour in young people (Anderson 2001)

Using Grounded Theory with qualitative data requires approaching the data without an hypothesis although there is necessarily an assumption of the existence of meaning in what is observed in the clinical-research situation; it is from the careful, ongoing scrutiny of the data that ideas about the material, the experiences from which it is drawn and the subjects who provide the material, that a deeper and ultimately more integrated understanding emerges. In practical terms and in this study, this meant undertaking a 'continuous comparison' between the categories which emerge from the initial coding of the data and gradually clustering them into concepts which reflect a psychoanalytic child psychotherapy theoretical and clinical orientation. As work progressed I explicitly and implicitly (consciously and unconsciously) used this constant comparative methodology within and between the cases.

Working from the premise that 'the researcher is always working within a/their theoretical framework' (Wisdom 1968), the researcher-practitioner, highly trained in a specific theoretical and clinical model (Rustin 1991) then cannot and should not put this aside since all observations take place within a theoretical context and through the

researcher's mind. It is not possible to explore experience with a naïve mind, without such a framework (Charmaz). It is more useful to be rigorously aware of the framework within which one is working, with its strengths and weaknesses. Wisdom (1968) proposed that the framework of theory, particularly the irreducible core components of each theory which he called 'the warp and weft' of a theory, is always present. It is the given framework within which the researcher is thus able to work scientifically, without testing the core components of the theoretical framework itself. Rustin (1991) describes psychoanalytic theory as a hermeneutic endeavour, a rigorous framework of ideas which makes it possible to seek and find meaningful understanding (explanations) for complex human experiences (of feeling, thought and behaviour). He defends psychoanalysis as a rigorous theoretical framework which is developed and supported by the considerable body of evidence which is clinical work undertaken in carefully defined and maintained physical, relational and theoretical parameters. It must be acknowledged that undoubtedly the professional training, expertise and experiences of the researcher will shape the conscious and unconscious focus of the research and the particular questions the researcher seeks to explore; these researcher variables are then more likely to be kept thoughtfully in mind. Later developments by Grounded Theory methodologists do acknowledge the inevitable presence of theoretical presuppositions. Charmaz (2006) thus aptly refines the method as 'systematic but flexible guidelines for collecting and analyzing qualitative data to construct theories grounded in the data themselves rather than testing hypotheses in the framework of existing theories', describing Grounded Theory as a 'logical extension' of thinking about the work one is doing so that one moves from describing the work to thinking about it in an analytic framework. The analysis of data in this study proceeds on this basis.

Grounded Theory has proved a 'good fit' (Anderson 2006) with psychoanalytic child psychotherapy, effectively grounding psychoanalytic understanding in the close analysis of clinical and observational data it affords. There is an interesting parallel between the degrees of abstention from theoretical presuppositions recommended by Grounded Theory theorists, and those inherent in Bion and the Kleinian tradition more widely. Bion's (1970) advice to 'eschew memory and desire' asserts the benefits of complete open-mindedness in relation to approaching clinical experience. Thus one ensures, as far as possible, that elusive unconscious phenomena are not hidden by

screens of preconconceptions and conscious aims for the patient (rather than an argument that one can do without theory).

In the study the primary research data are the transcripts (process recordings) of the children's assessment sessions. These recordings are rich in detailed information although the meaning of what is observed is not always easily seen. It includes observations of what was done and what was said but it includes a great deal more. The experience and the account of the sessions affords a finely detailed picture of the child's emotional state of mind throughout the time he is with the therapist. In the psychoanalytic context of the setting and in the trained therapist's sensitive and responsive use of psychoanalytic understanding may be perceived the underlying unconscious thoughts and feelings (phantasies) which shape what is seen and heard in the moment. This takes place with particular emphasis on the therapist's exploration and use of countertransference feelings. Ongoing experiences with the child, over many moments in the assessment sessions, begin to afford a sense of pattern or integration, or indeed a pattern which includes moments of unintegration or disintegration. Grounded Theory, as a qualitative method of discourse analysis, categorises such primary data into themes or patterns of increasing abstraction which allow depth and complexity to emerge.

Using an applied Grounded Theory approach to analysing the data:
I have used a Grounded theory approach to analysis of the data from the children's assessment sessions. This drew strongly on the work of Charmaz (2006), following 'systematic but flexible guidelines' which allowed exploration through a 'logical extension' of my ordinary thinking about the work.

The process was as follows: after completion of each assessment (approximately four weeks), I read through the process recordings numerous times without attempting any analysis of the material. I aimed to read in a way which helped me simply experience the tone, patterns, rhythms, continuities and discontinuities in both the manifest and latent communications within the sessions. After this I labelled each element of the process recording according to what it seemed to reflect about what was happening in the session, emotionally, behaviourally and to some extent theoretically. Given the open-ended nature of my research question 'What can be learned…' I decided then to

move to second order reflection on each component of the session, bypassing the detailed coding of the material which is part of classical Grounded Theory technique. This second order reflection allowed increasingly rich associations to emerge in relation to the material, relating to both the conscious and unconscious content of communication in the material, and generating ideas which then allowed me to categorise each session element in a more abstract, theoretical way.

The value of this Grounded Theory approach lies in its compatibility with psychoanalytic methodology. The data analysis proceeds as the session does, on the basis of the interaction between the child and the psychotherapist, and can be thought of as a continuation of the interaction between them. However, in working so directly from the assumption of this compatibility, it is possible there were aspects of the child's communication which I did not perceive. Nevertheless, I felt the resulting accounts of the children had significant validity and integrity, and spoke compellingly to the professional network.

The development of the process in each assessment and between assessments:
While I waited until completion of each assessment before beginning formal analysis of the material I found the process of continual comparison, within the session, between the sessions and ultimately between the children, began immediately. The experiences and images of each session were vivid and alive in my mind and a dynamic relationship developed there between each session and each child. Sometimes I returned to process recordings between sessions but mostly I stayed with the internal to and fro between what happened earlier and what was happening in the moment. I became aware of how urgently and prematurely I reached for fact and certainty and came to understand this as a partly unconscious wish to get away from an unbearable sense of 'not knowing' and confusion. Waiting until the assessment was complete before beginning formal analysis of the material meant waiting to make sense of it and I felt how difficult it can be to wait, and see. This was a valuable lesson for my practice and importantly for understanding the great pressure on social workers to find answers fast. This is discussed further in Chapter 7: conclusions.

As I explored and struggled the labelling process with Danny's assessment, the profound disparity between the boy's external presentation and the very different

sense of actually being with him emerged. The contrast between the nature of the harsh, tough internal world suggested by his external presentation, his ordinary way of 'meeting life' and the powerful emotional experience of considerable sensitivity, vulnerability, hope and creativity in his internal world was humbling.

This may well have become apparent without the research methodology but it is less likely I would have been able to understand all the subtlety in the moment to moment interaction between the boy's external and internal world, and between the boy and I.

The careful and painstaking work of exploring and distilling experience is carried on from the first case to the cases following. I feel strongly that what is internalized from the conscious application of this 'labelling process' enriches the capacity for understanding what is happening in the moment and the capacity to prepare for and attend thoughtfully to work yet to be undertaken. It is helpful to keep a kind of diary of what one thinks and feels in the course of this process. This gives another space in which the meaning and the relatedness of what has been experienced by child and therapist can continue to develop, integrate and grow. In practice I did this rather unsystematically. Endless scraps of paper, endless notes on the computer were helpful in nudging me to think more deeply or to suspend premature conclusions about what happened with the children. I think it is valuable to find a coherent way of holding onto to this work literally and symbolically. It has value for the process of the work and for effective communication about it, in specific instances and in wider discussion.

The impact on practice of emerging meaning from data analysis:

While the external framework of the assessments and the research methodology remained constant my capacity to engage with and facilitate the child's communication began to grow in the light of emerging meaning. Changes in me were reflected in the ongoing analysis of the data, session by session and case by case. The material showed a slower and more thoughtful pace in my work, helping children towards greater use of the therapeutic space. This active process concerned and touched me, like being able to see in finer detail what begins as a somewhat frightening and clouded picture. The fear and the uncertainty of being in transition belong with the child but are felt also by the therapist. I became aware of how worried

I had always been by the process of assessment, with the fear of missing crucial communications or failing to see what the child needed me to see. The study offered an opportunity for deepening and strengthening my capacity for reflective practice and continues to influence my clinical practice. I did not stop worrying about being able to let go of the conscious aims of the work sufficiently to be open (Bion 1970) to be fully available to the children in the sessions. In becoming aware of my anxiety and seeing how it constricted the work at times, I began to manage the balance more effectively. It became possible to think more deeply about each of the children and about the experiences of the group of Looked after Children in transition of which they were part.

Glaser (1978) advises the researcher not to read extensively before beginning the research in order to come to the material without too many predetermined ideas. There is similarity between Glaser's guidance and that given at the start of pre-clinical child psychotherapy training, where the focus is centrally on the experience and practice of psychoanalytic observations of infants, young children and their families. The emphasis for both is therefore on learning from experience (Bion 1962) with the potential for experiencing in a very different way: 'getting to know' rather than 'knowing about'. The trainee and the researcher-clinician have to manage the anxiety of 'not knowing', so perfectly captured in the concept of 'negative capability' (Keats1994) and to be 'capable of being in uncertainties, mysteries and doubts, without any irritable reaching after fact and reason'.

Certain issues emerged consistently in the lives and the sessions of each of the children. These included the existence of serious parental mental illness and substance misuse which often these co-existed. These profoundly difficult and usually longstanding issues seem associated with some particular ways the children tried to manage massive anxiety about their parents, assuming the role of carer/protector for the parent and sometimes for their siblings. These issues are further explored in Chapter 7: Conclusions.

Triangulation:

Triangulation is an important research technique used to enhance and strengthen the validity and credibility of research findings and Denzin (1978) discusses four ways in

which research data might be triangulated. I will outline these briefly then describe the methods of triangulation which I used in this study and discuss why these methods were chosen.

Data triangulation occurs when the study is repeated over time, when it is repeated in different settings, including a range of cultural settings and when the research is repeated by different researchers. Essentially these are ways of examining the same situation/data from a range of perspectives which are different from each other but which are each valid accounts of the phenomena under study. These methods of triangulation are beyond the scope of my study but the study may prompt similar research which will contribute to increasing diversity in triangulation.

Investigator triangulation: the research is undertaken by a number of investigators allowing comparison between their data. The small-scale nature of the study precludes this as a viable technique. I considered having another Child Psychotherapist rate the data using the Grounded Theory approach and while this would have been very useful triangulation time did not permit it. The internal validation emerging from my cumulative experience of the assessments, through individual assessments and through the study group of assessments seemed high though this may have been further supported (or negated) by external assessment of the data by another child psychotherapist/researcher.

Theoretical triangulation: the data are analysed within the framework of a number of theories. This method of triangulation was not appropriate for my study since it sets out specifically to evaluate the effectiveness of working within a child psychotherapy/psychoanalytic theoretical framework.

Methodological triangulation: the use of a variety of research methods and approaches, using data from primary and secondary sources, is employed to increase the validity and credibility of the research findings. The study meets the criteria for methodological triangulation with the use of primary data (assessment sessions) and secondary data (records, interviews with social workers and carers, and completion of the SDQ by teachers).

The use of multiple data sources regarding the study children served to validate the understanding of the children's concerns and needs which I arrived at through their assessments and the analysis of the material. The methodological triangulation I used allowed me to note striking similarities in how the child was perceived from different vantage points, and some striking discrepancies. I was particularly struck by the capacity of the professional network to be strongly aware of the level of trauma the children had suffered while at times maintaining an unrealistically simplistic view of how this had shaped their development and the implications for their placement needs. This aspect of the study deepened my understanding of the need to deny the full impact of trauma and loss on the child, and strengthened my wish to understand the complexities of the network and its relationship with and to the child. This has become a powerful area of interest and the focus of subsequent development in my professional work. These issues are addressed further in Chapter 7: Conclusions.

The clinical material from the children's child psychotherapy assessments is set in the context of accompanying information about the children from other related sources made available to the researcher/clinician by social workers, foster carers and teachers. The direct work between child and therapist is central to the study while the other sources of information I gathered about the child contribute to a multidimensional picture of each child which grows from the bringing together of this information and brings the child to life.

As a clinician-researcher I drew on extensive secondary data gathered about the child in the process of becoming a Looked after Child. Referral to CAMHS from the social worker begins the process of information gathering and sharing for the child psychotherapist. Before the process of assessment begins, she will learn more about the child and his family history from case notes which include information from a number of professional and, sometimes, personal/family perspectives. I am minded here to note that information about the child from his parent(s) or other significant family members is rare, including what is lost and what might be gained if this were more regularly sought and I will discuss this further in Chapter 7: Conclusions. To this secondary information is added the data from the interviews with social workers and foster carers, and from the questionnaire responses from teachers, providing contempory contextual information about the child. All the data, direct and indirect, is

explored in supervision of the child psychotherapist/researcher's work and supervision takes place in a number of ways.

Supervision:

Supervision of the assessment work took place as part of the regular structure of good practice in the CAMHS team. This included regular two-weekly individual supervision for the clinician-researcher with a senior child psychotherapist and discussion in peer group supervision on a monthly basis. The assessments of the study children were supervised and discussed extensively with my doctoral clinical supervisors, Dolly Lush and Jenny Kenrick. Discussion of the clinical work was also included in supervision by my academic supervisor, Michael Rustin.

Finally, what came out of the generous and helpful supervision given was the development of a lasting internal supervisory structure. This subtle and profound shift grew from the experience of thinking about the work with the children in the context of thinking with others in the intensive way required by the research process and from opportunities for being closely involved in the work of other professional colleagues. The closeness of working in this way requires containment and containing and the development describes stemmed from this. This is discussed further in Chapter 7: Conclusions.

This structure, contained in the work of triangulation in the study can be represented in the following way:

Referral details

Discussion with social worker

Case files

Semi-structured interview with social workers pre and post assessment
Semi-structured interviews with foster carers pre and post assessment

Strengths and Difficulties Questionnaire with teachers

ASSESSMENT SESSIONS

Grounded theory process

Ongoing individual supervision

Ongoing peer supervision

Ongoing clinical and academic supervision

Ongoing internal supervisory process

This follows the structure of the study assessments and reflects gradual integration and deepening of what is understood about the children. An inherent parallel is evident between the emerging detailed and compelling account of the children's internal world and the developing complexity of the external structure of the assessments which triangulation contributed.

To demonstrate of the use of a Grounded Theory approach for data analysis (as described above) and in support of the validity of the approach, a detailed example is given of the use of the methodology in the case study of Danny in Chapter 5 and of its ongoing use in Chapter 6 which addresses its use in the assessments of the other three children.

The real challenge for the research keeping the complexity of the child's view of the world emerging from the assessment and then communicating it meaningfully to the network, in the context of the full spectrum of other views of the child.

CHAPTER 5: Findings from the research

Danny 9 years and 8 months

The aim of this chapter:

This chapter demonstrates the application of the research methods employed in the study through use in the empirical case study of Danny. All sessions from the other three children's assessments were analysed using the same research methods although only one session is presented from the case of each of the other children. Space does not allow the inclusion of the assessments of the other three cases but all were analysed fully in the same way as Danny's assessment. Similarities and differences are observed (in Chapter 6) between the children's assessments, noting how shared themes are expressed differently as a consequence of differences in the children themselves and their issues, and possibly as a response to development in my work as the study progressed. This is discussed further in Chapter 7: Conclusions.

Danny was the first child assessed and the material from Danny's assessment is presented in complete detail, using this case to demonstrate the sequential steps of the analysis of the sessional material from this assessment using a Grounded Theory approach.

A narrative version of Danny's assessment is not included since this would duplicate the account which can be seen by reading down the first column. The primary data, the process recording of the assessment session, is recorded in the first column titled Material. While one session only is presented showing the application of a Grounded Theory approach in the other cases the process recordings of these assessments is presented in a narrative way (in Appendix B).

Danny: an overview

Danny is a black British boy who was 10 years old when I assessed him. He was the oldest child in the study group and was referred by his social worker, with his sister

Tessa aged 8. Tessa is not included in the study but reference to her is included in discussion of my work with her brother. Issues relating to the assessment for permanent placement of siblings are further addressed in Chapter 7: Conclusions.

Danny's parents are black British though each is of different African heritage. Both parents were born in this country and have extended family here. Each parent seemed to identify themselves and were identified by professionals as British Black. Both were the children of first generation immigrants, for whom there are often particularly complex issues of identity (Dustmann and Theodoropoulos 2000).

Danny's birth mother suffers from a longstanding and severe mental health disorder; she is reported to have suffered several psychotic breakdowns while the children were living with her and continued to be seriously mentally unwell until the last few years when her condition appears to have stabilised.

Danny's birth father has been involved in criminal activity of a violent and sexual nature from early adolescence. He has been imprisoned numerous times and was therefore a transient figure in the children's lives. Danny seemed entranced by how exciting and powerful he imagined his father's adult life to be and eager to bypass what remained of his childhood to become a man like his father. Drug and alcohol abuse were significant in father's life and possibly in mother's too, though this seems to have ceased when she became mentally ill. It is understood that the relationship between Danny's parents was frequently violent and the children were often exposed to this. Father left the family some years before the children came into care, when he was imprisoned for an offence of sexual violence and this ended his ongoing contact with the family despite valiant efforts by the children's social worker to maintain letterbox contact for the children.

When Danny was eight further breakdown in his mother's mental health led to deterioration in her already precarious capacity to care for him and his sister. Through the years when mother struggled to look after them, brother and sister seemed to have been held together by the significant care and attention given by teachers at their primary school. The children were often fed at school and given individual time and attention by their teachers. Social Services were involved quite early on by the school

but little helpful intervention seemed possible; the children were emphatic that they were cared for at home and the concept of intervention, in the minds of the professionals and the children and their mother, seemed to allow only removal or remaining at home. I was able to talk with Danny's teachers, one man in particular. It was evident from how he spoke of the boy that he liked him and felt great compassion for him despite Danny also being seen in school as a little 'tough nut'.

The adult mental health professionals working with mother seemed not to have any direct contact with professionals concerned with the children. This is not unusual and criticism of such compartmentalisation of services is central to the serious case reviews following events when children have slipped between agencies with tragic consequences (Laming 2003; 2009). It seems likely that such failures reflect the limitations of what professionals can 'bear to know' about children's experiences when carrying responsibility for making decisions which are life changing for children and families (Rustin 2005).

It is unclear how long the children managed to get by in this way, in the face of their mother's increasing disturbance and breakdown and it is possible that the exceptional care and kindness of school staff unwittingly helped to camouflage the extent of deprivation in the children's home lives.

The level of commitment to the children by their teachers was very clear. What was it about the children which so engaged the adults? Does it imply sufficient earlier experience with a mother who could love and care for them so allowing them to be open to other available 'good enough' experiences? The deputy head teacher asked if he could see me in person to be sure he conveyed his thoughts and feelings about the children as clearly as possible. He said the school wished to be included in the thinking for the children's future welfare. My own first experiences with Danny found me struggling for some time to understand the strength of feeling and commitment he inspired in his teachers in a busy, inner-city school but he got through to me in the same way by the end of our work. Hearing from his teachers gave a powerful sense of something about him which encouraged adults to do as much for him as they could. In a similar way, their social worker, who has remained in post for much longer than is

currently usual for children's social workers, has shown enormous commitment to them, as do their current (permanent) carers.

Nevertheless, the considerable efforts of these professionals could not prevent the breakdown of the children's mother and she was admitted to hospital; foster placement was sought for the children. However father was now released from prison took the children with him to live with his mother. Very soon father was re-arrested and the children were left solely in the care of paternal grandmother. She refused to allow social workers to talk to the children and refused absolutely to discuss her care of the children or their ongoing and long-term needs. Once again teachers voiced concerns about their wellbeing and urged more active involvement of the social workers. Grandmother was found to have a longstanding, severe dependence on alcohol and it emerged that she took no active care of the children and rarely even spoke to them. The children seemed frightened of their grandmother who presented as an odd and unconcerned woman.

Danny and his sister were removed from grandmother's care and placed together with a Black British female single carer whom I met. Here they were physically better off but emotionally seemed left to manage as best they could. Danny appeared to respond to this lack of emotional care by setting about building a very tough shell around himself, while his sister became so withdrawn as to be described as 'autistic' by her carer and social worker.

At this point the current social worker, a black British woman, became involved with the children. No further possibilities for care within the family existed so the social worker began to gather the information she could about the children's needs, the effects of their difficult experiences upon them, the kind of placement(s) they would need and the resources necessary to support and sustain the children in their future lives. She was able to think about the children in the context of the impact of their experiences not simply in terms of their presenting behaviours.

Soon after meeting Danny he told me he longed to be taken care of by his father and it was some considerable time before he could bear to know that his father is never going to be able to look after for him. During the assessment sessions Danny often

seemed to protect himself from this painful realisation by being powerfully in identification with a hard, excited and cruel father.

I encountered first a proud, stiff little boy intensely identified with the tough, powerful dad of his internal world in brittle, full of harsh talk of superhuman men very occasionally eased by reference to Superman, a tough guy with a compassionate heart. He then surprised me by telling me that the some of these big men saved people though one, the 'Hulk', who seemed to represent the carer he most longed for but despaired of, did not. The Hulk could not do so because 'Love is his weakness'. Asked about this he said that 'loving people took the Hulk's strength away'. We were gradually able to think how unsafe it seemed to risk love if you needed to stay strong. This became pivotal in my understanding of Danny.

The assessment sessions revealed much that was not easily apparent in this 'little tough guy' and I think he worked hard to let me know about the different parts of himself. I found myself searching for ways in which he could continue the work which so surprised me, after assessment. He was taken on for weekly psychotherapy by a social work colleague, under my supervision (as was his sister, with an adult psychotherapist seeking further training in work with children). Danny's therapy continued steadily for two years through continuing vicissitudes in his outside life.

After eight months Danny's first carer ended his placement at Christmas at very short notice. It was unclear why though I think the carer, herself emotionally cut off, found the increasing emotional connectedness of Danny too hard. She managed much better with his highly defended sister. The children were next placed with another single female carer who started with high and unrealistic hopes of what could be achieved. Danny managed to remain in touch with his feelings of anger and disappointment about the rejection from the previous placement and this was probably due to the strength of the relationship he had established with his male therapist and the continued support of his good social worker. Danny's sister by comparison became more withdrawn and odd and this led to her assessment for her own psychotherapy.

Within six months the second placement broke down when the carer was no longer able to bear the pain and frustration of caring for the children. Danny in particular

seemed increasingly alive to what had happened and was happening in his life. It is likely that his therapy played a part in this development and inadvertently, the breakdown in care.

While Tessa remained in the placement, while Danny was moved to live with a new carer, Molly and her male partner Vic; Molly is British Black African and Vic from Eastern Europe. The separation of the children raised concerns but in fact allowed the needs of each child to be more effectively addressed. Danny's placement proved tumultuous, eventful in emotional and outside terms, but it ultimately seemed to work. The social worker summed it up: 'the placement has worked because she (Molly) has been able to 'keep him in mind' at all times and she cares about what happens to him. She will 'fight his corner' at school and with Social Services for extra resources for him. She has been very involved and influential in his education, working closely with school and following work through at home.' The social worker described Molly as a 'creative and naturally thoughtful woman'. Molly was emotionally real and grounded, and could love Danny. The social worker thought of Molly and Vic as 'a rock for Danny' and that once the placement seems secure enough they wanted to consider caring for Danny permanently, possibly through adoption. Danny however did not agree to adoption, feeling this would potentially undermine his relationship with his birth parents, especially his father. He is happy to be living with Molly and Vic in permanent foster care and this seems to help him think about the reality of his father's life and lifestyle, and to begin tentatively to decide that this is not what he wants for himself.

What does one see here? A boy who might easily have followed the path of his father (Hyatt Williams 1998) himself brought up by an apparently impervious and rejecting single mother and whose sister for a long time followed emotionally in the footsteps of a mother whose mind fragmented under the weight of her very difficult life experiences. A boy who elicits from some significant adults the wish to go 'the extra mile' with him. A boy who seems to have had just enough from his mother at the start of life to help him know somehow (Brenman 2006) that there might be possibilities in life other than surviving by toughness and by inflicting cruelty and rejection on others. I think the questions for child psychotherapy are: What part did the child psychotherapy assessment play in bringing these different aspects of Danny to light?

What elements of the assessment were essential to understanding Danny? What does this knowledge contribute to the wider assessment process? And how is it integrated into the multi-professional assessment process?

Danny's assessment

The introductory part of the process recording of Danny's first assessment session is shown below. This is followed by the presentation of the material in the format showing my application of Grounded Theory. The entire narrative account of the session(s) is contained in Column 1 of the charts and can be accessed by reading Column 1 straight down.

First assessment session

Arrangements for the assessment has been made in the preparatory meetings with Danny's social worker and foster carer.

I come down to the waiting room to collect Danny and I am very surprised to find him with his sister Tessa on their own, without the foster carer. Danny volunteers that Yvonne, the carer, had to do something and she would come back later. Tessa is looking at me, wide-eyed and unblinking.

Danny smiles a very bright smile, both engaging and distancing. He seems to put himself forward in an adult way, as if he is comfortably in control of the situation they are in. It seems that the carer will return for Tessa, though she assures me she will be fine on her own.

In the treatment room: Danny takes the chair near the window; he sits upright and quite close to the edge of the chair. Again, he smiles the same smile…

The analysis of the data

The data comprises of the transcripts of the assessment sessions. A Grounded Theory approach is used to examine the assessment data for themes emerging from it,

labelling and categorising the material until patterns/themes become evident. Progressing through individual assessments and through the study group, there is a constant comparison between new material and the material from preceding sessions(s), note is made of analysis which conforms with previous data analysis and that which differs. Points of difference suggest new categories which become part of what is brought to the ongoing process of analysis, allowing an emerging metacognition of the group of child/children.

As a psychoanalytic child psychotherapist the theoretical context and clinical techniques underpinning my work are essentially those inferring the existence and importance of the unconscious determinants of feeling, thought and behaviour. To psychoanalytic theory are added Child development research and Attachment theory are added to psychoanalytic theory to give the frame of reference in the clinical work.

I come to the work with Danny and the other children with the expectation that what he says and does will tell me something about his underlying emotional or internal view of the world, his place in it and the sense of himself which comes from this. Thus it will tell me about his expectations of the world outside.

My framework for this understanding of Danny is that his internal world is constructed from the nature of his cumulative experiences in the world, particularly those with the most significant people in his life. What he makes of these is also shaped by what he brings intrinsically (his character or disposition, particularly in terms of resilience and vulnerability) and how he is in turn shaped by his experiences. Fundamental to understanding what Danny makes of what happens to him is his understanding of what kind of boy he is and what kind of relationships he expects with others. I expect to see this in relation to me too and I will look for the ways in which he shows this, and how I perceive and feel it. These processes are pivotal in psychoanalytic work.

Examination of the data proceeds by conceptualising each element of it in an increasingly more abstract way. The process of labelling (or making abstract) gradually allows more general clinical and theoretical themes to emerge from my

account of the session. These themes may or may not support my theoretical framework and clinical expectations.

Examination of the data progresses from direct experience towards greater levels of abstraction about the nature of that experience (Geertz, C. 1983). This application of data analysis moves back and forth through the individual session and onto subsequent sessions which are explored purposefully in the growing framework of what emerges from the analysis of the earlier work. The data of the other assessments is similarly explored, within and between sessions in individual assessments and between each of the study assessments.

My aim is to return to where I started, a child psychotherapist assessing children in transition, but with a deeper capacity to think about the work in the light of the understanding which has come from the study.

The data are presented in the following way:

Data analysis Level 1: the material this is the process recording of the session which has been separated into discrete sections, each section representing an element of communication between the child and the therapist, in feeling, thought and behaviour; these communications may be conscious or unconscious. This is the first level of analysis and it is followed by the second order reflection on each component, at relating to directly to the child himself and increasingly then at the level of developing experiences between the child and the therapist.

Data analysis Level 2: Commentary or second order reflection the process of thinking carefully about each segment of the material occurs here. This includes focussed and free-floating attention to the material and the context in which it occurs. The attribution of meaning to the material begins here and includes ideas which aim to expand the meaning of the communication, drawing on thoughts and feelings about the child and his communications and on the therapist/researcher's wider professional experience. It may also generate ideas about clinical phenomenon and theory.

Data analysis Level 3: theoretical abstraction The second order reflection leads on to labelling which classifies the material in terms of the underlying processes which shape the material. These may relate to psychoanalytic theory, child development theory or to processes relating to the organisational context of the work. From these labels it is then possible to observe the principal themes emerging from the direct material.

The application of a Grounded Theory approach to the direct material in Danny: session 1

Material	Commentary	Theoretical abstraction
Data/Level 1	Second Order Reflection/ Level 2	Abstraction/Level 3
The assessment has been arranged with the social worker and foster carer	The network is working together. The professionals have been asked to prepare the child for the assessment as described in the preparatory procedure.	Network
I come to meet DJ as he is usually known	His nickname gives a sense of pseudomaturity, of being 'streetwise'.	Defence/pseudomaturity
And I am very surprised to find him with T, his sister, on their own.	Suggests that the adults collude with this idea of self-sufficiency, there is a lack of sensitivity to the anxieties coming to the clinic might raise for them.	External identity
T looks at me, wide-eyed and unblinking	She conveys something of the anxiety for both of them. but cannot show it directly. Her stare is slightly	

	'transfixing'	
D smiles a very bright smile	Evidence of his defence against anxious feelings which might be more appropriate. Disavowal	Defence and anxiety (ambivalence)
Both engaging and distancing	Ambivalent and contradictory. The engagement is not real, keeping his distance is more genuine.	Defence/pseudomaturity
He seems to put himself forward in an adult way,	He cannot risk being appropriately childlike, and there is no apparent support for him if he did.	Defence/pseudomaturity
As if he is comfortably in control of the situation they are in.	What has happened that he can convey this comfortable feeling? Is he cut off from his feelings? What sort of split is happening inside him? Is he in identification with a tough dad?	Defence/split off vulnerability
It seems the carer will return for T	There is some sense of an adult around but it is not robust.	
She assures me she will be alright	T feels she has to reassure the adult. Her defence against knowing how often she has to depend on herself?	
In the room: D takes the chair by the window	His apparent assurance, doesn't need me to help him choose a place. Pseudo-adult.	Defence/pseudomaturity
He sits upright and quite close to the edge of the chair.	His way of sitting conveys some of his underlying feelings of anxiety, which might accompany this meeting. Upright and on edge. Suggests he knows this is important and difficult	Anxiety (unconscious)
Again, he smiles the same smile	His defence again, the smiling face. So far these two aspects of him seem unconsciously portrayed. Sense of moving around in mode of	Defence

	functioning, from conscious to unconscious, from in touch with anxiety to out of touch (neurotic/psychotic boundary)	
I notice he is wearing new boots Which seem large and heavy	How am I noticing? Conscious/unconscious appraisal? Is he drawing attention to new boots? What I make of this external fact – links with his defences against awareness of anxiety and vulnerability	Identity

Though the colour is light	It is the association rather than the external reality of the boots which conveys the significant information?	Countertransference to his apparent toughness
He looks expectantly at me	What is the feeling here – is it defended D, adult to adult, or child D, waiting for me to help him understand what this is about?	Capacity to engage with me
I go over session arrangements, and purpose	I give information to help ground him in the framework, and help him focus on our task	
I say the meetings are for him to have time to play and talk	Setting the scene	
And to think about all the things which have happened in his family life	I tell him what our task is, keeping it broad. I have not yet given him an opportunity to say what he thinks it is for.	
I add 'Which has meant that he	I come very bluntly to a very important fact and experience.	Defence – I am not mindful enough of his need for these

cannot live at home'.		
He continued to smile, brightly and tensely	I thus elicit an attempt by D to defend himself in characteristic mode but I also provoke powerful feelings in him which seem to try to break through	Defence - stronger
I have a sense of unease	I have registered his mixture of feelings, responding to his 'tense and bright' smile	Countertransference – overwhelmed. Too much too fast it seems
Picking up a current of anger and confusion in him	I have breached his defences too quickly which is painful for him. He doesn't know what to think or feel	Countertransference anger and confusion. Defences breached – issue of technique in relation to trauma
I notice his foot is tapping up and down rapidly	Some confirmation of his emotional state, probably mostly unconscious, and of the unhelpful intervention	Anxiety. Physical expression of his anxiety
Belying his attempted smile	There is a struggle in him while he tries to get his defences in place. His smile/foot tapping indicate the conflict in him.	Anxiety elicits strong defence
I say it can be quite a big thing to come to a place like this	I respond to his confusion and distress, trying to give it a place (though this could/should have come earlier)	
He smiled more and gave a slight shrug, saying that he wasn't scared at all	He has his defences outwardly in place once more, and is distancing himself from me. Comment here on link with anxious-avoidant attachment which this process suggests	Defences effective, conscious anxiety down.

(Interestingly he doesn't feel scared at the moment, but quite hard and impervious)	Suggests defences are fully in place. Counter-transference communication, hard and impervious?	Strong defences. Countertransference reflects this
He says things are fine, everything will be sorted out soon	He is falling back hard on his defences. These seem to include an identification with a 'hard and impervious' parent ?dad, which includes losing/getting rid of his capacity to think and feel.	Defences

Then he is silent again	He seems to leave me a space where I can pursue a different point of view	Capacity to engage
I say he may be wondering just why he is coming to see me.	I use this as a way of taking up the difference between his statement in response to my earlier one about loss of family, try to create a space where both can be thought about	Shift in technique
I am a new person, in a new place	Bringing us back to the particular purpose of these meetings	Capacity to engage, corresponding shift in D.
And there have been quite a few changes for him and T	Approaching his situation in a different, less direct and painful way. Using the space he seemed to offer when he fell silent.	Capacity to engage
He said they had been to five different places	He responds without defence, to this new approach. Shows he can think and communicate if I give him space. Gives me a sense of the enormity of changes	He links with me.
Then he stopped	He seems to be waiting for my response.	Stops

	We are getting the feel of one another. Perhaps he anticipates the reciprocal nature of thinking together. What does this say about some earlier experience, and also about capacity for future development?	
I said that was a lot of moving around and asked if he could tell me a bit about it all.	We begin to think and talk together. He has been able to recover from too direct a start and has taken up the invitation to engage.	Begins again
He began by saying the first move had been a short one, to Avril	He shows he is able to think a bit about his experience and to differentiate between different parts of it.	Capacity to engage. Strength and resilience
There had been lots of good toys there	He relates to his experience through material things, suggesting emotions are much harder.	
But he hadn't liked it there.	Nevertheless, he is able to say something about the quality of his experience which belies the importance of material provision	Acknowledges loss
(Seems to be provision of respite) I asked him why he thought they'd gone there?	I want to understand what he thought the placement meant.	
And he said his dad had gone to prison, and his mum wasn't well.	His understanding that these things had prevented his parents from taking care of him i.e. circumstantial rather than lack of wish to care?	Tells about it – capacity to engage. Strength and resilience
There was quiet a	I think he was waiting for my response to	Capacity to engage

long silence	his ideas. A response which confirmed I'd understood, and reflected what this might have meant for him.	
During which he looked quickly around the room	He seems to be trying to anchor himself, feeling the absence of response from me.	And more
I wondered whether he'd like to take a closer look at things in the room?	I respond instead to him looking towards external, material things to hold him, reflecting his earlier apparent focus on material things.	Acting in

He smiled, slightly embarrassed it seemed	He has left a space for me which he hoped I'd take up, and I haven't. He's not sure where to go from here.	Sense of expectations about relatedness
And shrugged a little.	He is perhaps disappointed, but also this fits with his experience. So far I have not been much in touch with his need and possibly hope for a containing framework/mind.	
I said he might be wondering what he could do in here?	Encouraging him to use the room, rather than attending to his need for a containing mind.	
That he could play, draw, talk if he liked. That I would talk a little bit, and think	Again, I am mis-attuned to him. I am out of step with him, and responding in quite a schematic way.	Raises the question of technique in short-term work. Finding the right level and pace
He looked a bit puzzled	He seems to feel the misalignment, and it confuses him. It suggests he has an expectation of what being in touch means	Capacity to engage.

I added that the talking and playing he did here might be a way of us thinking about him, we would see.	I try to make sense of the invitation to play, and link it with the purpose of the assessment	Linking
I said too, that what he did in his sessions was private but not secret	Would this be better left unsaid, given what I go on to say? Could have been put in a different way – something about what sort of thing the network would want to know, like what sort of boy, his ideas and worries?	
And that I would talk to the other grown ups who were thinking about what would be the best thing for him and T.	Making it clear that I am connected with other people in his life – carer and social worker	Linking
He looked around the room and said he liked playing sometimes	Does what we are doing make more sense now? Or is he prepared to try it because he's expected to?	Capacity to engage
He likes the World Wrestling Federation	Toughness, strength and might seem to be important attributes which are valued by him.	Identification with powerful figures
He went on, saying that he liked the Hulk and Spiderman and Superman	He shows the importance of these big, powerful and inhuman characters, giving me a hint of his identifications and some insight into his defences.	
I said he liked big, powerful characters by the sound of it	I acknowledge his communication, making the first link between an external fact and internal reality	Linking with his identification with powerful figures
He said yes, and then	He responds to my tentative link	Linking (D).

said that Spiderman and Superman are actually human beings who can change into being very powerful	with confirmation	Depressive concern
And then they save people	Unconsciously he recognises their function for him	Major shift in my perception of Danny
I said they seem to be good at helping people	I respond to his conscious and unconscious communication, let him know I've heard him at both levels.	Linking and engagement

He agreed	We are now communicating – on both levels	
He said that Superman often looked like quite a weak person	Tells me there might be hidden grown up strengths in him, even though he appears to be a child. He is directing me to look for and notice more than I see.	Vulnerability. Capacity to engage with internal world
And not many people knew that he could be so strong.	Is this going to include me, or can I think about this aspect of him. Also suggests he needs me to respect his defences and the value and purpose they have for him.	
What about the others, I asked?	Interested, I ask for more information	He can engage me/others
He seemed to think for a moment	I am uncertain about the nature of this 'thought'. A genuine exploration or a rote answer?	Engaging in exploration of link between internal and external experience
Then said that the Hulk wasn't one who saved people.	Not all are the same. Maybe in touch with some of the complexity of identification with these characters?	Continues
He (the Hulk) gets	Telling me something about himself	Defensive response

angry		to perception of external limitations
Then Danny added 'And love is his weakness' What did he mean, I asked?	Suggests that love prevents the character-part of himself from being as tough as he would like, it is a weakness I have understood him in a particular way, but I seek some further clarification from him. I have had some experience now, that he will respond.	Understanding of the vulnerability
He said that loving people took the Hulk's strength away.	He does respond, continuing the conversation between us, and what he says seems to confirm my thoughts.	He struggles with knowing about vulnerability. Depressive pain
He now seemed able to be interested in the toys	Some evidence of our being able to communicate has been established. After a bumpy start in which he showed a capacity to recover from my premature reference to his difficult circumstances and to let me try again, he has told me important things about himself. We can become engaged in a reciprocal conversation which seems to use both conscious and unconscious means of communication. Maybe he needs now to take a break from this.	Wish to communicate in play
And moved down to explore the tray of animals (which contained wild and domesticated animals)	Feels as if he is feeling more free to explore, after these important communications (link here with what I felt about him at the start – that he was quite mad)	
He rummaged	He seems to have an idea of the kind of	The tough defensive

through them and selected some crocodiles, dinosaurs and gorillas. These quickly become embroiled in a fierce fight, accompanied by appropriate noises from Danny	thing he is looking for, and chooses these tough and dangerous animals. This actually continues our conversation in a different way, but picks up the theme very accurately. He tells me about what he has experienced externally perhaps, but also about his internal world, where these parts of him battle.	aspect of Danny.
Alongside of his play, a strong sense of mounting excitement and tension	This is important, for it gives me information about the internal struggle. The excitement suggests how complicated his identification with these character-parts is. They have a defensive function (earlier communication) but they have perhaps also developed another dimension in becoming exciting in their own right.	Evidence of the perverse quality of his tough identification

I said what a battle was going on with these big, dangerous animals	I'm just reflecting what he is showing me, keeping in touch with him.	
He turned to me with a hard, quite frightening smile Then went back to the battle in which the	An unconscious? Communication about the nature of this internal drama. Kill or be killed – a very primitive internal world. Vulnerability is dangerous? But	The seductive appeal of the tough and seemingly impervious identification A primitive and split view of the internal and external world.

animals seemed to be intent on killing each other	the accompanying smile is also worrying, and suggests pleasure in the aggression and violence. Something in what may have seemed a necessary defence seems to become perverse	
Then he stopped and simply put the animals back in the tray	A sudden abrupt cessation of play which tells me quite a lot about his internal world and his emotional state. Why?	Anxiety? Or retreat from the paranoid-schizoid?
I had been feeling rather hopeless during this play	Response to the switch from a co-operative and quite thoughtful communication? My anxiety that this will be overwhelmed by the strength of his perverse internal world?	Countertransference to the deadening quality compared with preceding sense of connection with different parts of him, and with me.
And worried by the intensely aggressive and cut off quality of his play	Does he respond to my unvoiced response to his material? If so, this seems to suggest that he is acutely tuned in to my emotional state. What does this say about his attachments and relationships with his parents	
To my surprise, he then went to the dolls' house, and the emotional feel of what he was doing changed.	He shows me two very important aspects of himself.	He engages again with the more benign and depressive parts of himself.
Now he seemed quite gentle even a bit tender	This is the part which is under attack by the tough guys, the dangerous animals	

As he opened up the house and looked inside	Seems to be a metaphor for what we are doing together and this may help him to do some of this for himself	Capacity to engage in exploring internal and linking this with external world
He looked for a while before deciding that he would like to arrange things in the house for himself	He seems to have got hold of an idea that there is something here which he can use to tell me – and him – about himself. He seems quite thoughtful	
He arranged the furniture so that there was a living room, kitchen, bedrooms.	He doesn't need any more information or approbation from me at this point. He has something in his mind which can be represented by this orderly, usefully functional arrangement of the house.	
Then he found a baby boy	Clearly this is about him. I'm not sure whether any of it is conscious.	The vulnerable infantile aspect of him.
And put him gently in a little cot	He has an understanding of what a baby Danny needs. How much is a reflection of some good experiences he has already had, and is part of it what he perceives to be happening in the session.	
Beside him, he now placed two bigger dolls in a bed together	The boy is not alone	Surprise in the countertransference. Danny shows he does not feel alone.
When I asked him about these	He clearly has an idea about an internal couple, who are at this	There is someone who will look after him

he said they were 'parents'.	stage, there for the child in a helpful and caring way.	

Next he put some children around the dining table and said that they were eating dinner.	This theme is continued. The parental presence includes an awareness of being nurtured and nourished	Parental figures who feed and look after the children
He now brought in more parents	Is something beginning to change? He has had numerous substitute carer/parents. What about the adults who have been associated with his out-of-control parents?	Aspects of the internal and external world.
And placed them so they were 'relaxing, watching TV'	Ambiguous material	?beginning to slip towards abandonment. Parents preoccupied with their own needs.
I watched and reflected on what he did. The quality of play is very different from the earlier fierce fighting.	I'm struck by the marked contrast in different bits of his material. In the session, I'm not sure I am yet feeling any uncertainty about this new development	He is in touch with both internal and external and is communicating with me
I said things seemed to be alright in the house	Reflecting his portrayal of a world predominantly depressive in character.	
The baby was looked after by his mum and dad, the children were having dinner, and people were relaxing.	I am learning to comment without direct reference to his actual family, which therefore doesn't elicit his 'tough' defences, or a withdrawal. The distance allowed allows us to think together a bit	As I attune to him I am more sensitive in my interpretations. (technique)

It was almost time and I told him and said we would meet again next week	Giving him notice, not shocking him, letting him know there will be more time.	
He then asked me 'Where did you get this house, and these people'	He is wondering about the experience in the room, what has made this possible? What is the nature of what he has experienced? These seem like important philosophical questions about the nature of experience but what is striking is that he has these thoughts.	He can be interested in the experience he has had here with me. He can be aware of different possibilities.
I reflected back to him what he said	Making a link, noting this with and for him	
He confirms his questions and asked me if I would sell them, and can people buy them off me?	How is he to get hold of these experiences we have thought about together? While he shows these are concepts which have meaning for him at some level(s), he is perplexed by the experience too, but interested in it.	He conveys both need and a primitive sense of finding an expedient way to get what he needs.
I said how much he seemed to want a house and people like these and that he is wondering if I can somehow get some for him?	Reflecting his interest and his need for something, though my response is located in the concrete. Not sure what this means to him	
He nodded	I have got his manifest message	
I said that this house and people always stayed here in the	Locating the outside house? Too concrete?	Too concrete. Technique in brief work, anxiety about not maintaining

room and would be here for him when he came again		connection to outside?
But perhaps it was very like what he would like for him and T?	Have I again come too close to reality? There is the possibility that it acknowledges his need and the quality of it, but may also seem tantalising.	Vulnerability
He didn't reply, though I thought he was alright with my reply	Difficult to say	May be more important in assessment work to separate out internal from external

Time to end, and we returned to the waiting room		
His foster mother was there though she looked cross and put out I confirmed the next session, checking that this was convenient for her.	She makes her feelings clear about the effort it is for her to come to the clinic, and that she resents this.	She may be worried that I will judge her.
She somewhat grudgingly agrees, adding that she is busy	It occurs to me that there may be particular difficulties in looking after Danny which she has not been prepared for	I may challenge the prevailing view of Danny and this may be hard for her to

		bear.
I thank her	Some recognition that her manner may be linked with caring for this complicated boy?	The carer's defences.

Key points: what emerges from the initial session is the surprising mixture of qualities in this seemingly tough little boy. There is at first a powerful sense of his identity with a tough and brutalised father and this is very evident at times when Danny seems overtaken by this identity and in play he seems to become mindlessly hard and aggressive.

There is much to support the idea that this has developed as a way of managing intense anxieties and this defensive carapace might easily be mistaken for the whole, particularly as Danny gets older. The appearance of a sensitive and creative Danny in the Hulk, who was brought down by love, suggests that the boy knows about the strength and the vulnerability of love or relatedness and this is associated with his ideas and feelings about being cared for and caring for others in a tender and meaningful way. It is the contrast between these parts of Danny which is confusing in the sense that it is initially hard to get hold of the mixture he is but this is also the experience which I think proves so vital and so challenging in our first meeting.

My countertransference feelings to the mixture he brings help me to keep my own mind sufficiently open. The feelings of hopelessness and distance I have early in the session are followed by the feeling of being utterly surprised by the tenderness in him.

In the light of the self-management evidently expected of him when he is left to cope alone with coming to the clinic, it can be imagined that it might soon become expedient for Danny himself to deny the part of him which makes him vulnerable to love and to settle for becoming a tough little guy.

Theoretical abstraction Level 3 – the identification of themes

When work began on the material generated by Level 2/Second Order Reflection towards a more theoretical conceptualisation of the direct experience of the assessment work, I remained close to the material in the ongoing, direct experiences with the child/ren while gradually pulling earlier material together towards more abstract/theoretical themes. These concepts then consolidate or add to the framework of understanding within which I am working with each particular child. Since theory is generated in a way which remains closely related to the experience of being with the child, there emerges a reciprocal relationship between the two, in which the developing theoretical conceptualisation of the work enriches understanding of the original experiences from which it comes and helps to enrich the understanding of the ongoing work.

The complex interaction between different levels of exploration of direct experiences with the child can be thought of as 'experience-near' and 'experience-far' (Geertz 1983) and will give me a sensitive and sophisticated account from which to communicate about this boy effectively and meaningfully with the professional network around the child.

The aim of the Grounded Theory approach to data analysis has been: to develop a methodology which first gives the widest and deepest exploration possible of the direct material from the children's sessions, allowing the fullest understanding of each child, describing each child in relation to the internal and external realities which make up his experiences, the complex mix of internal and external perspectives he holds including his fundamental expectations of other people and of life. With the knowledge and understanding given by multi-professional perspectives on the child, the child psychotherapist is now better equipped to understand what each child will need from a permanent placement where he can grow up to his fullest potential.

The Grounded Theory approach makes it possible to distil the wealth of information and understanding which is the account of each child, without reducing its complexity, to ensure it is accessible and meaningful to all members of the child's professional network. In time this will extend to prospective permanent carers, and

may help them also to think more deeply and carefully about the child and his needs, and their own needs as his parents.

The relationship between social work questions and the findings from the Grounded Theory approach: throughout the assessments I held in mind the kind of information social workers wanted from the child psychotherapist (Chapter xx). The social work questions did not consciously limit or focus the sessions but it is interesting to note how the emerging Grounded Theory categories reflected what the social workers wanted to know. Though these assessments followed ordinary psychoanalytic child psychotherapy practice, the detailed analysis of the sessional material was not part of ordinary practice but it helped considerably in giving the level of detail which allowed findings from the work to give evidenced answers to what the social workers wanted to know.

Grounded Theory and the selected fact: Grounded Theory is a research tool which explores and opens up clinical material, establishing patterns and links within it. In psychoanalysis, Bion (1977) proposed the existence of 'selected facts', embedded in conscious and unconscious communications between patient and therapist. These are the moments which give emotional meaning and coherence to the encounter between them. 'Selected facts' link together widely diverse elements of communication which cannot easily or logically be seen to be connected. Bion observed these facts and this coherence emerging from what the psychotherapist experiences in the room and her struggle to make sense of what she is experiencing. The process requires detailed unconscious and conscious investigation. O'Shaughnessy (1994) asks the nature of a clinical fact and proposes it is 'a truth claim which is not infallible'. The kind of careful attention to the material required by the Grounded Theory approach and by Child Psychotherapy methodology did allow such selected facts to emerge, giving depth and coherence to the whole which would not have been possible from any other kind of assessment. The combination of psychoanalytic practice and Grounded Theory methodology work well together to strengthen the claim of truth (O'Shaughnessy) and it maintains the integrity of both clinical and research methodologies; Anderson's 'well-suited partners' (2006).

The initial set of categories emerging from the analysis of the first assessment session with Danny are listed below, together with a definition of the concept on which each category is based. The categories are drawn largely from concepts central to Kleinian and post-Kleinian psychoanalytic theory. I have discussed the ways in which the theory informs contemporary analytic work (Chapter 2) and particularly the way in which the theory informs psychoanalytic child psychotherapy. Child development theory and Attachment theory also inform the categories used in the analysis of the clinical work with the children using a Grounded Theory approach since these are integral to the child psychotherapist's way of understanding and working with children.

A definition of the categories established after the analysis of the material from the first session with Danny is given here to facilitate the reader's understanding of the analysis of the material using a Grounded Theory approach. Additional categories are added to the original set as new concepts emerged from ongoing work, with him and subsequently with the other children. Shared and differing emphases emerging in the categorising of all of the children's sessions is further explored in Chapter 6, examining work with Sophie, Millie and Oliver.

The categories used throughout the analysis of data came from Danny's assessment; nothing which differs from ordinary, day-to-day child psychotherapy practice emerges.

The rationale for selection of categories:
The material is analysed within a relatively small group of theoretical concepts. These effectively define the direct material at increasing levels of theoretical abstraction without reducing the complexity or vivacity of the clinical experiences with the children. The fullest understanding of the concepts used derives from seeing each in the context of the overarching theories of psychoanalysis and child development, and their relationship to clinical practice.

The categories ultimately selected emerged gradually from exploration of the clinical material, from the first to the last of the assessments. The exploration in steps one and two of the analysis of the material was intended to be as unencumbered by

preconceptions as possible, beginning with an application of free association to the material within the clinical and theoretical parameters of child psychotherapy. A more conscious exploration occurred when the material was repeatedly searched and also in discussion between the therapist and colleagues. The process continued in the mind of the therapist beyond deliberate exploration and ideas and feelings about the work thoughts came to the therapist's mind at unexpected times and in unexpected ways, within the setting of the work and beyond. This is not unusual particularly when exploring experience in which the explorer and the explored are deeply immersed. It is the deliberate harnessing of the connections between what is generally separated into the personal and the professional which characterises this kind of research and allows it to be defined quintessentially as Action Research (McNiff 2013). See Chapter 3. The clinical work on which the thesis is based was completed in approximately eighteen months while the work of analysing and writing up the research continued for considerably longer, with frequent revisiting of the direct clinical material. Expected and unexpected ideas and insights about the work have continued long after the study was complete. The paradigm of Action Research legitimised and encouraged an invaluable and ongoing dialogue between the study and subsequent experience.

It is interesting to consider whether the Grounded Theory approach using other categories would have been as effective in allowing a thorough exploration, leading to such compelling and valid portrayals of the children, their experiences, their development and their needs. The rigour of the process itself has much to do with what came from it.

A detailed description of the categories is given below:

Network

The category **network** refers to the impact on and from the child and his experiences and the external professional network around him, direct and indirect. This includes the emotional impact on members of the network in response to the child and his circumstances. **In particular the network refers to the foster carer, the social worker, the child psychotherapist and significant teachers**, though there may be many more members of the network. The conscious and unconscious interaction

between Looked After children and those looking after them is emotionally very complex (Williams 1974, Emanuel 2006, Sprince 2000). Opportunities for direct observation of such interaction in the network (usually with the foster carer and the social worker), in the context of the clinical work with the children can reveal to the child psychotherapist important aspects of the child's view of the world and himself in relation to significant others. These are valuable perspectives alongside the therapist's direct experience of being with the child and afford an important opportunity for triangulation, comparing and exploring different perspectives, thoughts and feelings about the child from, and in relation to others. Greater depth and complexity in understanding the child is thus possible. The semi-structured interviews with foster carers and social workers aimed to facilitate this (see Chapters 5 and 7 and Appendix H).

Countertransference

In contemporary psychoanalysis **countertransference** is thought of as the initially unconscious responses of the therapist, in feeling and in thought, to the child patient. Countertransference responses may be subtle and elusive, powerful and even overwhelming. Countertransference perceptions are unconscious communications from the child to the (initially) unconscious mind of the therapist. These communications are always of great significance. They are communicating the child's fundamental ideas and expectations underpinning his view of the world and of himself – the world inside and outside. To be explored they must be thought about, that is, available to conscious awareness. Countertransference communications must be distinguished from that which belongs to the therapist. They must be clearly distinguished from thoughts and feelings which belong to the therapist and they must be explored carefully in the session if possible, and this must continue after the session. Countertransference communications come from the therapist to the child too. These communications, 'from unconscious to unconscious' (Freud 1915) are probably the most powerful tool for understanding available to the therapist and subsequently to the child, if rigorously used. The potential for rigour is developed in the therapist's firsthand experience in her training analysis and in the intensive supervision of analytic work in clinical training.

This is probably the aspect of psychoanalytic work which is most difficult to convey clearly and logically to non-analytic colleagues. Though it depends on some commitment to the validity of the unconscious mind, the more the therapist is able to describe and account for it in terms of what happens in relationships between two people, in the context of a specific and skilled way of looking, the more likely it is to have meaning for others. A 'working definition' is called for, eschewing the mystical.

Transference: the relevance of countertransference is most effectively understood in the context of the **transference relationship** between the child and the therapist. I have not categorised the transference relationship as such in the material. This is not because it is unimportant, it is central and it is assumed, as in all analytic work, that the transference situation encompasses all that happens in the work between therapist and child patient.

In assessment it is usually not helpful to take up any direct reference to evidence of the child's transference to the therapist though it is of the utmost importance to observe and think about it. Consequently an account of the relevance of the transference relationship and an indication of its central place in all psychoanalytic work is given here.

Transference to the therapist entails an evolving and complex set of relationships to her as she comes to represent the child's relationship with and to important others. Aspects of these important others and the child's relationships with them are ascribed to the therapist. When this happens, the nature of the child's underlying thoughts, feelings and expectations in relation to the important others can become powerfully available to the therapist. The **transference relationship** to the therapist is quite likely to shift and change, reflecting differing things about the child and his experience depending on which relationship and which experiences are being communicated to the therapist.

Like adults, children communicate consciously and unconsciously about their external experiences but importantly, also their internal phantasies developing in relations to their experiences with significant others. Put more colloquially, to and with the therapist, children project and sometimes demonstrate in what they say and do, their

experiences and the emotional sense they make of them (Klein 1952). These communicative processes also show how children come to see themselves, in the light of their experiences (Fonagy 1999).

Projection and projective identification: while these important concepts are not used as discrete categories in the analysis of the children's material, it is helpful to include some description of these mental phenomena since it is central to the unconscious mechanisms of transference and countertransference. **Projection and projective identification** are unconscious psychological mechanisms in which feelings and beliefs about the self are ascribed to or 'put into' another person. These are universal aspects of human emotional communication although the intention, the extent and the impact (on self and on other) of this unconscious communication varies. In its universal sense it is an intrinsic, ordinary part of the way emotional states are communicated from one person to another; when projection is very extensive it generally serves a more defensive purpose (Bion 1959; Klein 1927), protecting emotional and psychological integrity. It is then driven by a need to rid the self of unbearable, unthinkable feelings and may be used to control the other, to observe the aspects of self projected and to ensure their location in the other. What is projected into the other is regarded as intrinsically belonging there and the recipient is related to as if that is the case. There may be considerable anxiety about unwanted parts of the self being projected back by the other.

Levels of development: there are well established parameters for age and stage-dependent expectations of all aspects of development (Stern 1985; Waddell 1998) though the level of development at which children function, and importantly, communicate at any given moment varies according to what is happening in the child's external world and how this impacts on and resonates with the child's internal world. This is true throughout life; everyone regresses at times, particularly under stress. Children in transition who are trying to manage the impact of cumulative adversity and loss are likely to show consciously and unconsciously in their assessment sessions, that they may feel and function at very different levels of development from moment to moment. Children in transitional circumstances are likely to have found ways of managing great emotional demands and their defences against the considerable anxiety engendered may make it quite difficult to move

freely in and out of developmental levels in play. It is the task of the therapist to carefully observe the unconscious shifts between developmental levels, how these are expressed and the difficulties the child may have in moving between levels of development.

Attachment: Attachment theory (Bowlby 1969; Fonagy 1999) is now an interdisciplinary construct drawing on psychological theories of human development including psychoanalysis, evolutionary theory and ethological theory. **Attachment (**pattern or status) refers to the dominant nature and quality of relationships the child makes to the people who are most significant for him/her (primary care-givers). These are the people on whom he depends for emotional and physical survival. Attachment theory draws on psychoanalytic theory, particularly concepts such as Object Relations theory (the life-long necessity of emotional connectedness with others in support of ongoing development) and the centrality of a meaningful internal world in which relationships are experienced and made sense of, and so influencing the quality and expectations of all relatedness. These underlying perceptions and expectations are represented in 'internal working models' (Bowlby 1973) which shape what is seen and experienced in attachment to others. Careful observation of external attachment behaviour with others and also in play reflects the predominant underlying emotional schema each child holds about how relationships work and what to expect of them. Attachment theory originated in the work of John Bowlby (1969; 1973; 1980) and has become a concept of central importance for a wide range of disciplines concerned with children's emotional development and their wellbeing. Following on Bowlby's work, understanding of attachment has developed to allow reliable ways in which attachment status can be fairly reliably evaluated in young children. Ongoing work has led to ways of exploring and understanding attachment through the lifespan and the continuity and discontinuity of attachment status in childhood and in adulthood. (Ainsworth et al 1978; Main et al 1985; Brisch 2002; Crittenden 2005) Contemporary research in attachment has shown the part played in developmental experiences with care-givers (and the potentially remediating influence of later attachments including that of psychotherapy) in the capacity to think about relatedness; the concept of self-reflective function (Fonagy 1999) emerges as a powerful mutative tool in development.

Attachment between self and significant other(s) is primarily designated Secure or Insecure. Secure attachment depends on an internalised experience and expectation of an available, dependable and responsive other/object, particularly at times of anxiety. Insecurely attached children may also have a reliable i.e. predictable expectation of the object but the expectation does not reliably include an appropriately responsive other. Insecure attachments are associated with either an excessively entangled (and therefore emotionally restricting) relationship (ambivalent) with the other or one which is characterised by emotional distance (avoidant) to reduce disappointment in the attachment figure. In a further category of attachment, Disorganised, there are no predictable expectations, good or bad, of the object/attachment figure. This is characteristic of children whose carers are frightening and/or frightened. Their children seek reassurance and experience fear simultaneously. The nature of attachment status is closely allied with the individual's sense of identity; the working model of 'relatedness' gives rise to and accounts for the individual's sense of value and emotional relevance as worthy of love and care, or not.

Strength and vulnerability: these concepts come primarily from child development theory. These aspects of personality (the constellation of enduring psychological qualities which defines each individual) depend on several inter-related factors, including intrinsic psychological and emotional characteristics present from birth. Genetic or inherited traits are a complex concept and it is difficult to know how much is encoded in the genes and how much is learned from the first significant emotional experiences onwards. It is observed that some babies have a greater capacity to sustain life and hope in adversity and some have less. Some children fight for survival, others remain more passive. **Strength and vulnerability** in the face of challenging life experiences depends also on who is there to help and in what way, and the extent to which the child is able to make use of what and who is there. For the study children who were moving towards alternative, permanent families, indication of the capacity to respond to the presence of an interested and responsive other has considerable significance with regard to the child's potential for developmental possibilities in relation to new opportunities. Understanding of the ways in which this seems difficult for the child may be helpful in thinking about the kind of support and therapeutic work the child and his new family may need to develop the placement. (Canham 2003; Hodges 1982; Hunter 2001; Kenrick 2000)

Capacity for engagement: this refers to the ways in which the child relates, or does not relate to the therapist in the sessions. The therapist represents the potentially available object/other and the overt opportunity and invitation to communicate through playing, talking and thinking in the sessions. The therapist is emotionally available and child-focussed, bringing a wish and a readiness to be open to all the child's unconscious and conscious communications. The child's capacity to engage with the child psychotherapist and the way in which he does so is strongly reflective of his experiences with significant others. The therapist's assessment of the child's capacity for engagement comes from direct observation and exploration of him, by exploration of the feeling of what he does and does not do, the feelings elicited in the therapist by the child, and the vicissitudes of this relationship in and between the sessions. The therapist builds up a picture of the nature of the child's engagement, the extent to which it is open and receptive or tentative and defended, age-appropriate, regressed or pseudo-mature; she notes what facilitates engagement and what discourages or prevents it. In this way the therapist, and the network, come to understand better the kind of new family the child will need and the strengths and difficulties the child will bring to making and building resilient new attachments. In turn this helps to understand what support and therapeutic help the child and the new family are likely to need.

In the adapted Grounded Theory analysis of the material, the child's capacity for engagement is noted in terms of the therapist's perception of the child's capacity to engage with her in the work of the assessment. This refers first to the child's ability to be interested in the therapist's interest in him and then to the extent to which he is able to explore internal and external aspects of what happens when playing, talking, thinking and feeling with the therapist. Deeper exploration of the links between his experience in the sessions and the events and facts of his life is kept to a minimum, to avoid retraumatising the child (Lanyado 2006). However the assessment continues beyond the direct work with the child, in the work between the therapist and the network. For example, thinking of Danny, it was extremely important to show how his tough and impervious presentation was a way of protecting a very sensitive and vulnerable part of himself. An essential aspect of my work with my multi-disciplinary colleagues lay in being able to show with conviction, what lay behind the ways in

which the children 'presented' or characteristically engaged with the outside world. All four of the children were ultimately seen and thought about in considerably more complex ways than their initial presentations implied (See Appendix xx and Chapter 7: Conclusions).

Identity: refers to the child's perception of himself, the kind of person he perceives himself to be and what he expects for himself. Some components of identity are more available to conscious thought and these include aspects of cultural and racial identity and aspects of identity relating to perceptions of one's physical, emotional and intellectual attributes and capacities. The individual's fundamental sense of him/herself includes these but it is more complex than those attributes which define self 'consciousness' or self-awareness. A deeper sense of the self, much less available to conscious thought, is that which develops in response to the experiences the individual has with others, particularly the primary care-givers in childhood (Bowlby 1973). The ways in which significant others, the attachment figures, relate to the child shapes his consequent understanding of his significance or lack of significance for others, beginning with these relationships of primary importance. This beginning plays an important, though not immutable, part in the nature of all of the child's relationships (Fonagy 1999; Fraiberg 1975; Brisch 2002).

Anxiety: the understanding of the experience and meaning of anxiety is central to psychoanalytic work. This category was used to note behaviour indicative of anxiety in Freud's sense of 'signal anxiety' (Freud 1926). The kinds of anxiety experienced by the children in the study will be determined by what has happened to them and inevitably includes many instances of trauma and loss. Anxiety is most powerfully experienced in relation to the loss or threat of loss of the significant other(s) and the threat to the survival of the self which follows. Child psychotherapy with children in transition takes account of these serious incursions in children's lives. Anxiety is also understood in developmental terms. Early experiences of anxiety, before the infant has the emotional capacity to manage and modify his own anxiety, are profoundly overwhelming and need the emotional availability of another(s) to help make sense of and manage these terrifying feelings. If development goes well enough the child in turn develops his own internal capacity to bear and manage his anxiety. As the child becomes aware of the care and protection given, the quality of anxiety will begin to

change from unfathomable and catastrophic and a growing awareness of will be love and gratitude towards the important other(s) and an internalising of their care. Klein (1948) described this as the shift from primitive, paranoid-schizoid functioning to complex depressive functioning. Each child's way of expressing and managing anxiety thus reflects his developmental history and indicates the kinds of external experiences he has had. The anxieties associated with these different phases of development feel rather different to the child and the therapist. Paranoid anxiety tends to centre on anxieties about the survival of the self and elicits accordingly formidable defences. Depressive anxiety is more integrated and focuses on anxieties about the significant other(s) and may elicit different, less rigid defences. In adversity some children may be more vulnerable or more resilient in the face of anxiety. This may relate to the complex mix of the quality of their early care (Winnicott 1975) and intrinsic characteristics of the child. It can be difficult to understand the mix, at face value, particularly when children's histories are confused or lost in part. Child psychotherapy always explores and works with the internal and external aspects of children's experiences, and the complex interaction between these. This helps in understanding how the nature of anxieties is closely linked with the nature of defences children develop to manage anxiety.

Defences: or **ways of managing difficult, painful experiences**, are a universal and necessary aspect of emotional life. Defences are present from the start of life and the quality of defences at any time is to some extent dependent on phases of development (Klein 1921). The primitive and terrifying nature of early existential anxieties could not be survived without correspondingly drastic ways of managing these anxieties, such as splitting and projection (splitting: separation of experiences and of others into 'good' and 'bad'; projection: expulsion from the self of what cannot be managed, into another person or an inanimate object. At the start of life and in challenging circumstances throughout life, extreme defences may promote or preserve development, and may be life-saving. Defences in the service of survival can be very resistant to modification especially if life experiences continue to be adverse. Defences are more likely to be powerfully entrenched if they have protected the child from being overwhelmed by their circumstances or have helped the child to feel they have protected a parent from being overwhelmed by their needs as a child. What may

begin as a development strategy can become highly anti-developmental prevents the child form benefitting from different, better experiences (Williams 1974).

Perversion: the perversion of experience is associated with the distortion of the early developmental pathway and the need for powerful defences against profound external and internal anxieties in relation to experience (Freud 1905; Klein 1927). Perversion refers to the sexualisation of aspects of emotional experience which are not directly related to genital sexuality, taking precedence over it in mature development. In early (pre-Oedipal) development children are described as 'polymorphously perverse' (Freud 1905) when any part of the body is a potential conduit for sexual arousal until emotional maturity when sexuality is genitally focussed. Perversion relies on an ongoing distortion of sexuality and in the traumatised child may entail a precocious development of genital feelings as a means of denying and managing anxieties which threaten to be overwhelming. Sadism (destructive cruelty) is a central feature of perversion and perverse behaviour is generally marked by excited sexual states of destructiveness (Rosenfeld 1964). Klein proposed a link between the perversions and criminality and addictions in adulthood (Klein 1927). Only one of the children showed overtly perverse behaviour in his assessment.

Containment: in early developmental terms the concept of containment refers to the projection of unbearable states of mind by the infant into his mother/primary carer. If mother's state of mind is sensitive and attuned to her infant she is able to take in these projections of terrifying feeling, being affected but not overwhelmed, and able to think about the baby's distress. Bion described this ordinary important state as maternal reverie (1962b). In doing this mother is able to return a modified and more bearable experience to the baby, not least one which can be thought about and survived, if not by him at this time; this capacity Bion (1962a) called 'alpha function'. The concept grew from Klein's (1927) understanding of projective identification and was expanded in developmental terms by Bion (1959). Segal (1975) also describes the return to the infant of anxiety which is modified by his mother, the containing object/carer. If this goes reasonably well, the infant gradually internalises the capacity to contain of his own anxieties and eventually those of others. Children who do not experience such containment of the terrifying and overwhelming feelings associated with their vulnerability in early infancy and childhood have to manage for themselves.

The primitive emotional defences this calls for are likely to impact very powerfully on the development of the child's capacity for emotional exploration and growth.

Representation of the internal world: the internal world, or psychic reality, exists in us all. Internal life is complex and dynamic and while the nature of that world and the characters and experiences within it are largely experienced in the unconscious, it can be made sense of by systematic observation and exploration of external experience to determine the connections between this and the underlying internal reality which profoundly shapes it. The internal world and its relationships are as real and compelling as the external circumstances in which we live. The nature of our internal world is shaped by all our experience, from the moment we are sentient, and by the way in which we understand the meaning of those experiences. The way we do this owes something to our inherited, innate character, particularly our resilience and/or vulnerability. Fundamentally it is the quality of our external emotional experiences, particularly with other people, and the ways in our internal framework shapes how we cope with what happens to us which shape the nature of the individual internal world. Child psychotherapy, as all psychoanalytic work, is prefaced on the existence of the unconscious and its central role in shaping conscious experience. This category notes the expression of what the therapist perceives as unconscious thought and feeling in the communications of the children, through the perception of particular patterns of behaviour/play in the children's sessions, the quality of the play and the quality of the countertransference response to what was being communicated/enacted. This is '…an attempt to trace the unfolding of the inside story..' as Waddell (1998) observes.

Grounded Theory Level 4 – themes for meta-analysis

As discussed earlier in Chapter 4:2 the clinical material is now abstracted to the themes which are shown below. The process of so doing begins to suggest not only the essential features of each child and his emotional state but also the connections between the expression of these by the children and the theoretical concepts of interest and concern to the social worker and the child psychotherapist. Since these will be differently represented in the conceptual framework of both, this gradual refining from data to theory is a valuable tool for finding a common professional language to think and talk about the child.

Shared network concepts	**Psychoanalytic/Child Development concepts**
Issues of the external/professional network	**Network related issues**
Capacity of child to engage with therapist	**Capacity to engage** **Capacity for containment**
Explore external/internal reality View of the world Expectations of the world	**Internal world/ Object relationships**
Resilience/vulnerability	**Strengths/vulnerabilities**
Child's characteristic presentation	**Quality of Attachment** **Level of development**
Child's coping strategies	**Predominant defences**
Child's predominant concerns	**Predominant anxieties**
Sense of self	**Identity**

The themes are described in terms which are meaningful to the wider professional network around the child (left) and in corresponding psychoanalytic terms (right). It is now possible to move to and from the data so that Level 4 themes can be used to flag up the important features in an emotional and psychological account of the child, Danny. This needs to be an account which is accessible to the professionals who will make life-changing decisions for him and in a way which takes account of what the worker needs to know and what his/her capacity is to know.

Using the thematic categories of the **Level 4 meta-analysis** helps the therapist to begin a concise understanding of the child which can be further elaborated from by what is learned from different levels of analysis. This is particularly useful in assessment work, which is based on extremely close scrutiny of a relatively small amount of clinical material. Starting from a thematic account of complex material helps to develop a simple but not simplistic way of communicating with the professional network. The themes are a framework around which a picture is put together of Danny in emotional and psychological terms, based on direct experience of Danny himself. This is located in the context of a series of pictures of the child from different perspectives, from the network, which draw on a range of direct and indirect experiences of him.

The child psychotherapy account of Danny aims to draw the attention of other professionals to aspects of his emotional and psychological development which must be included in the thinking around long-term decision making for him; a dimension which can slip the net.

The Grounded Theory analysis of Danny in session 1

Thus far Danny is seen in terms of the categories above as follows:

He is a young boy who presents with a superficial but pronounced toughness and a brittle lack of concern. This external identity gives him some protection against underlying emotional vulnerability. He tentatively engages with the therapist quite quickly but swiftly retreats when his underlying anxieties are directly addressed.

His complex identity is beautifully conveyed in his discussion of the paradoxical qualities of the tough/tender characters with whom he identifies.

He expresses anger, aggression, sadness, love, tenderness, concern and confusion in the session though the links between his feelings are not at first easily followed.

He talks about the loss of his parents and how they are damaged. Thinking about them elicits a wish to help them and some sexualised excitement.

He shows an awareness of having been cared for and loved and a longing to be so again.

Danny has developed strong though brittle emotional defences against the pain of loss and the profound anxieties associated with loss. He engages very well in thinking with the therapist; he is highly sensitive to premature reference to his underlying vulnerability but he forgives the transgression .

His identity is complex and includes a relatively superficial toughness. He retains some sense of appropriate childhood vulnerability and an idea of the kind of care this part of him needs.

His internal world is complex and reflects both harshness and tenderness. There is evidence of parental objects who are damaged, damaging and loving. His internal world is alive and he communicates this in a lively, symbolic way.

His attachment to his primary (damaged) objects is strong and ambivalent.

The greatest developmental risk for Danny is that he will be increasingly drawn towards perverse excitement as a defence against unbearable emotional pain.

There are splits in the network's perception of Danny which reflect the splits in the boy. The foster carer takes his toughness at face value while the social worker is in touch with his vulnerability.

Grounded Theory categories for meta-analysis of the study children as a group: the themes emerging from Danny's first session are held in mind when the remaining assessment sessions are analysed. The themes and what they represented assumed an almost unconscious and integral place in my thinking as part of the process of assessment. New categories and themes did emerge from the ongoing analysis of work with the children and these become part of the analytic

framework brought to subsequent sessions as the process for analysis of Danny's assessment is continued with the other children.

This framework of meta-categories/themes can now be brought to thinking about the experiences of Looked After children as a group since the analytic process can rightly be described as data-driven, a representation of their experiences abstracted from original data through analysis using a Grounded Theory approach. The application of the Grounded Theory methodology to the other children's assessments will help to show the extent to which the other study children share characteristics with him and how each differs from him. Discussion of the similarities and differences between the children is discussed in Appendix xxx and in Chapter 7: Conclusions.

Danny Session 2

Session 2 11th. August 03 (three weeks later)

Material	Commentary	Theoretical abstraction
Difficulties arose in arranging the next session, which was cancelled twice by the carer	Carer's ambivalence and resentment. Assumptions seem to be made about the capacity of the children to cope with irregular decisions and arrangements	Ambivalence in the network
D is brought on time by the carer. She cancelled an appointment earlier for her individual interview with me	The carer may be anxious about being asked to be in touch emotionally with what it means to be with and care for these children	Network Professional defences
The carer greets me in a pleasant way	May feel that I understood some of her anxiety?	Network Containment

D smiles in response to my greeting	This feels appropriate and suggests he's been able to keep a link with the first meeting	Capacity for engagement
He and I set off for the room, me leading and D 'marching' behind me	Here there is a sense of D marshalling his defences in preparation for the session. I also have a feeling of being mimicked.	Defence Projection of vulnerability
He really walked in military fashion	Tough boy, taking charge – may be anxious about being in touch with other aspects of himself	Denial of vulnerability
and it felt as if he were slightly mocking me	He may be projecting his feelings of smallness and uncertainty into me. I recall that he often diminishes women.	Countertransference Child's defence
In the room he sat in the chair by the window again	He feels a bit safer here, in the place which he now knows a little.	Capacity to engage
Remained silent, and smiled at me	A mixture of his anxiety, and his coping strategies, waiting for me to begin	Capacity to bear anxiety
I smiled and said he had come very briskly up to the room	Putting him at his ease, and helping him to notice something about himself	Linking
He looked puzzled	Suggesting that his behaviour is largely unconscious, or that the meaning of it is unconscious	Link between external and internal worlds
And I said that he had sort of marched up to the room today	Describing how he walked, so that we have something we can think about it together	

And wondered whether he had wanted to come in a kind of 'Army' way	Giving him more detailed description, helping to give his behaviour meaning and significance	Linking
After a pause,	He seems to be taking in what I've been saying	Engaging
he says he has heard about his new school for the autumn	He seems now able to show that he is anxious about yet another change	

He said that he's very pleased and excited about going there	He cannot bear to think about other feelings he may have	Anxiety and defence
Then he fell silent	A sense of reciprocity is developing, he leaves a space for me to comment. He may acknowledge there are other feelings, able to let me speak about them a bit?	
I said he is excited about the new school, but might also be sad to leave his present school Where he'd gone for such a long time?	Once more, drawing his attention to other feelings he may have, which don't feel safe for him to voice (or recognise?)	Linking
He said in a cursory way 'Oh yes, but…'	Briefly acknowledges the significance of what I say, but indicates it is not something he can risk knowing too much about	Anxiety
The went back to saying how good it was to be going to this new school	He can acknowledge these other feelings, but also shows he cannot risk attending too much to them	Defence
He paused	A break – sense of taking stock, not closing off	Linking

Then says he cannot come to the next session as his carer has arranged extra maths teaching at home	Brings the conflict between his inside and outside world, where the emphasis is on the external at the cost of the internal	
I said it was alright, I would arrange a different time	Acknowledge his communication, respect the difficulties which are not of his doing	
He then said he would see the maths teacher at his home, until she leaves for another country	This seems about another loss for him, but I don't understand the reference	Link with loss of parents
What did he mean, I wondered?	Seek clarification	
He said he had known her a long time, but that he had only met her after his first appointment here	He has a particular sense of 'knowing for a long time'. Suggests how fragmented and disjointed is his experience of other people	External events reflect internal world
And this means he will be able to have about four weeks with her before she goes	(the assessment is four weeks) a reflection on what he expects of relationships – brief and limited	Internal world. Attachment
He added that she is Chinese, from USA, and she is going to China	Like him, she is a mixture, but unlike him she is going to a 'home country'	Identity
I asked if he had waited a long time to have this time with the teacher?	I pick up the sense of 'waiting', but not the similarity she carries for him	Linking
He nodded	Confirmation	Engagement

I added he had just 4 weeks with her, and that this was	Making a connection which acknowledges the

the same time we had	brief and tenuous nature of relationships for him	
He smiled and nodded	This feels right	Engagement. Link internal/external
I said he seemed sorry to have such a short time with the Maths teacher, after such a long wait	Reflecting his sadness about this aspect of his life	
He nodded	Once more, he confirms my observation	Link and engagement
I added that he has just a short time here too	Tangentially making the link between out there, and in here	
He nodded again	Seems to confirm that we have been speaking about something very important and painful about his life, in a way which he could manage	Engagement
I said his teacher seemed to have travelled a lot – she is connected with USA, with China and with here	Drawing his attention to her complex links and her movement from place to place	
He seemed interested in that	His face and demeanour indicate that this has some meaning for him	Engagement
And then I asked him 'What about you?'	I make an explicit link for him to think about his own experience	Link
He said he too was a boy from many countries – he is American/Jamaican and Irish/Jamaican	He takes up the link and relates it to his own experience	Engagement. Link between external and internal realities, feels alive

I thought he took pleasure in being asked to talk about his family origins,	A feeling of making sense, of some integration, which he finds in relation to the teacher material	countertransference
and it showed in a soft, fleeting smile	He confirms this	Attachment, engagement and linking.
I seemed clearly interested in this	I am interested and I am encouraged by his response	
And he continued, telling me that his father is the USA/ J side and his mother the Irish/J side	Encouraged by the link (teacher) and my interest, he talks about his sense of who he is and how he is made up of different parts	Identity, attachment. Link between external and internal realities. Capacity for engagement.
He said that when his dad came out of prison, he went back to Jamaica	The loss of his father	Engagement with loss (made possible by preceding integration)

And that left mum	Speaks of the loss in an ambiguous way. Mum was left but also he was left with only mum	Anxiety, ambivalence, loss
He said he thought his mum got on better with girls than with boys	He was left with mum, without his father	Attachment, defence
I wondered why he thought this?	How does he understand this? Is he lacking, or mum?	Clearly important in terms of his identity as boy
He said ‘Well she can do things, like do their hair for them’	Mothers identify more easily with girls (hair/thoughts) understand boys less	Link between internal and external. Identity
He continued saying that his dad was better with him	Dad understands him more, and he lost dad	Attachment Identity Link external and internal.

He returned to telling me about his father, and how after he left, mother had put both he and T into care	Catastrophic losses followed the loss of father	Profound anxiety, links external and internal
Because she couldn't manage	He and his sister are too much for mother	Level of development appropriate
He quickly added that she is alright now	Concerned that mother was too much damaged by him, his maleness. Also possible he hopes that she may be able to have them back?	Anxiety. Defence
She thought it was just for a short time, but SSD wouldn't let them go back to mum	He needs to locate responsibility for being in care with SSD, cannot bear to think it may be parents	Loss, anxiety, defence
Then their mum had written to dad in Jamaica and asked him to come back	Mum had really wanted to have the children returned and sought dad's help	Being cared for/about. Link
He came, then he and T lived with dad and grandmother	His parents want to keep their children, not lose them	Link external harshness (grandmother) internal parents
But dad is back in prison now	Father lost again	
I said there had been many changes, and moves and worries	Reflecting what he has told me (touched by his capacity to tell this)	
He nodded	Sense of connection, communication acknowledged	Countertransference. Engagement
He then said the social worker is coming to see	Information – interesting that the female S/W is seen as	

his sister tomorrow	there for his sister.	
She (SW) suggested he made a card for his dad and wrote him a letter which she would send to father in prison	Tells me about someone who recognises the importance of his link to father	Attachment Link external and internal
I wondered whether he can keep in touch much with his dad in prison	Rather a direct question	
And he said that no, his dad couldn't write	Answers, giving a reason why his contact is so little, an explanation which spares his father	Level of development
He said forlornly that he had hoped to have a card from his dad for his birthday, but there hadn't been one	Tells me something very important – how much he misses his father, in the sense of someone able to think about him	Loss, anxiety
I said that was a big disappointment for him, I thought.	I try to reach the feeling he conveys	
He shrugged and said no, not really, he understood	My observation is too direct, and he can't acknowledge it, since it may mean a criticism of his dad, whom he still needs to spare	Defence
I said that DJ seemed to be a boy who feels it is better not to worry too much, a little but not too much	I try to reflect his coping style (defences)	
He nodded seriously	He is listening to what I say, and	Engagement

	thinking about it	
And said 'Too much worry brings you down' I said that was a worry, that it would be too much for him	He tells me why he feels he needs these defences I acknowledge what he has told me	Defence Emotional awareness
He now looked around the room again	He needs to have a space around this important communication – that is enough for now	Countertransference Engagement
But to my enquiry he said he didn't want to use anything today – not the boats or the house	He seems to mark the seriousness of the conversation we have just had	
Then he said 'What's that?' looking at the K'nnex I said he could take a look, which he did	Having made that statement, his mind is free to explore further? I endorse his freedom to explore and he takes this up	Engagement Containment
He said he knew this game	Talking about K'nnex, but maybe also about our conversation. Something which acknowledges what we have had, but is also cynical about it – relating, a game – for what?	View of life

And he thought he'd like to make something	Even if he is suspicious of my motives, he can use what I offer	
As he pulled the box towards him, it fell, landing loudly on the floor and scattering pieces	Maybe he pulls with force, without really taking care, reflecting how he feels he is treated, and/or his mixed feelings about this exploration	

He showed no shock or anxiety at this	Suggesting he doesn't allow himself to feel the impact of things very much	Defence
But got down immediately to gather up the pieces and tidy things	No space to allow feelings	
He then put it away again	Better not to explore	Vulnerability
He did now go to the house	Here he is on more familiar territory again	
and rather tentatively approached it	Uncertain about what to expect.	Vulnerability and engagement
Asking 'Is it like I left it last week?'	What has happened here since then? Has he been kept in mind, how much is he having to share with 'others'?	Engagement, link between internal and external
He opened it up, and it was much the same (no other children since he came last)	What is his expectation?	Attachment and expectations Link between external and internal
He was very pleased	Something has stayed the same, not been changed or taken away	
And touched each of the rooms and people one by one	This is enormously important for him (very moving to observe)	Linking external and internal realities. Countertransference
In the living room, he asks himself 'What's this?' slightly rearranging the TV	He asks himself – this seems about his internal world	
Whereupon he stood back a little to	It is his world, and it has been preserved	

contemplate		
I said he seemed pleased that things were still as he he'd left them,	A reflection of his expectations and his pleasure in not being eclipsed.	
with everyone comfortable and being looked after	But I add my own interpretation of the state of things	Premature interpretation, limiting.

Suddenly he takes a father doll and has him grab hold of a girl doll	My assumption about the state of the external, dolls' house world representing an internal state (of comfort and care) is angrily dismissed	Internal world
He drags her outside and then viciously beats her for being greedy	Somebody is being punished for wanting too much. Is it him? Is it me?	
What did the father mean, I asked	Seeking clarification	
And D said she wanted sweets, crisps and a drink	The girl had wanted too much, and this deserved punishment	View of the world
The other one had only had a drink	Keeping safe	Need or greed?
I said this was what seemed to happen when a girl wanted too much	Clarifying what he is saying	
He replied with quite a sadistic tone, that it was	A cruel, sadistic and cynical part of him is foremost now, possibly a defence against the softer, hopeful part which emerged just before	Internal world, identity, defence
He returned to the beating scene, when another adult character was brought in	More to show	
I asked what he was	Clarification, I want to follow him	

doing?		
And D said that he had come to stop the father beating the girl	There is part of him which doesn't want this	
Then in a sudden rush, many more people joined the three and a great fight has broken out	Conflict now between the different parts of DJ	
D is excited and breathless	How he gets caught up in the struggle, the excitement driving out more depressive feelings	Identity, defence, internal world
And the fighting is vicious and sadistic	This now has the upper hand	
Now people begin to be killed	His internal world, when this part holds sway	
And as each one dies, he says 'This one has passed away'	Use of this euphemism seems to deny or mitigate the sadism of what is happening	

His speech is altered, the 'a' of passed is now short, where his are usually longish	This reflects a harsh toughness in his present state of mind	Identity, internal world
I comment and reflect on what is happening and on the feeling of excitement and cruelty	Offering a mirror	
I say they are cruel to each other	Putting this into words, that we might discuss it	
Gradually he calms	Possibly he finds some containment in my observations	Engagement
This time I did not feel	I am able to understand it	

unnerved by his excitement as I had when I first met him	more, bear it and think about it	
Instead it elicited a feeling of considerable sadness and despair	Having now seen it in the context of his experiences, and his other feelings	Countertransference Internal world More complex understanding
He now introduced a woman doll in a sari	A foreign kind of woman? Like me?	
This doll has grey hair, as I did	Some further confirmation of the doll's significance?	Engagement. Link external and internal worlds
She now enters the fray, trying to sort things out a bit,	How he perceives me?	
But not to much avail	Can't hold out against the sadistic scenario	
I comment on her actions and note that he is now calling her the 'granny doll'	Noting this shift	
(I am reminded of his grandmother who treated them very harshly)	The figure becomes increasingly complex	
The play now follows a pattern where some order is restored, with the granny helping, then mayhem breaking out again	This reflects the ambiguity of the granny/therapist?	Struggle in him between life and death giving possibilities
I comment on how the granny tries, but the fighting is extremely difficult to stop	The struggle in him between sadism and something more hopeful	Which will prevail?

Men are now going onto the roof of the house, and some are jumping off	Further evidence of this struggle? Trying to get into something, but giving up (jumping off)	Triumph of destruction? despair

I said it seemed they could not stand it anymore	The struggle sometimes seems too hard	Anxiety Countertransference
It is getting close to time and there is no diminishing in his agitated, violent play	I am concerned that he is able to collect himself before leaving, and not be left in a state of such turbulence.	
A woman doll is attacked and mauled by two crocodiles and she is finally killed	His anxiety about what he and his sister might do to a disappointing maternal object	Internal world, defence. Denial of vulnerability
I said there didn't seem to be much hope for things to get better at the moment	How little hope can be sustained at the moment	
He looked at me and said 'That's the end of the story'	He is saying he feels there is no room for hope	Countertransference Defence
I said it was time for today, but we would go on thinking next week.	Reminding him we can take up next week	
And I got him to help me sort things out a bit	Engaging him in the work of restoration	
This he did and it seemed to help him become more collected	The intervention is helpful	Engagement Containment
He leaves the room, once more walking in	Putting on his defences again	Defence

an exaggerated way	
Though now more of a swagger than a march	But he can allow these to be a little moderated
In the waiting room there is no-one waiting	How it is not felt important that he have an adult to contain his feelings after the session
I wait with him and he plays, seeming unconcerned	He has learned to manage without.

Analysis of session 2 using the Grounded Theory approach

The ongoing exploration and analysis of the second session material affords the following account of what is happening internally and externally here:

A prolonged gap occurred between sessions 1 and 2. This seemed due to competing external demands on Danny's carer. The carer did not come for her meeting with me. This seemed partly attributable to her ambivalence and anxiety about looking after and thinking more deeply about the child. It became clear that Danny expects relationships to be transient and unstable. The boy and his carer may function quite well at a superficial level since this is how both have learned to manage best. The brevity of the assessment relationship may support this while the deep exploratory nature of the work may conflict with it.

Danny begins by assuming exaggerated tough mannerisms and by projecting uselessness into the therapist. When the therapist talks about this, it gives way to some deeper interest in being with her again. He is interested in the therapist's observations and in the room. He seems pleased that he is remembered and that he remembers things from the first session. He begins to engage with the therapist in a clearly reciprocal way in thinking about external things and about feelings. He is initially puzzled by the links the therapist offers, then interested and begins to make links himself between his experiences in and out of the session.

A pattern of sorts emerges - denial of anxiety, projective identification of vulnerability into the therapist, containment of difficult feelings by her, reduction in anxiety in Danny then a period of reciprocal engagement until anxieties again become too much for him. When the therapist is able to contain his anxiety, Danny is able to engage in playing and talking, exploring what happens and linking up what is happening inside him and outside.

There are many references to the loss of his parents and of stability. There are references to his longing for his father. Danny seems alone in a world of fragile women who cannot protect him and he must protect father, who is both vulnerable and cruel, from anger and hate. Mother is not interested in him and as a consequence he has to force his way into the mother's mind.

Conflict is evident in the cruelty in his play and his contempt towards his own vulnerability and need and that of others. The power and the anxiety in this elicits harsh and perverse excitement in the boy and hopelessness in the therapist. When the therapist experiences. thinks and speaks about this, the boy is able to explore his own feelings of hopelessness about himself and his objects. This seems directly linked to his experience of being with someone who can feel and contain this cruel stuff, and can stand him when he is in this state of mind.

Danny moves swiftly to and from depressive concern to feelings of hatred and cruelty. He is able to respond to the links (observations/interpretations) between his different states of mind offered by the therapist.

Countertransference feelings in the therapist are frequent and vary according to the changes in Danny. These are very important in helping the therapist to follow his states of mind. As the session ends Danny assumes his defences again but these are more moderate and possibly more conscious.

What is new in the understanding of Danny from session 2?

He responds to the therapist's interventions which link his good and bad feelings. It feels possible to address the splitting which occurs in his feelings and in his behaviour

and this is a hopeful indication for the usefulness of further therapeutic work. Increased countertransference feelings in the therapist suggest a powerful and lively capacity for unconscious communication between Danny and the therapist.

The increasingly complex and vital experience of being with Danny reveals more about his underlying strengths and vulnerabilities, the boy behind his tough defences. The category **strength and vulnerability** is now included in the meta-categories.

A reflection on the Grounded Theory approach: to and from the data

As the analysis of the session material progresses, a more coherent and complex picture of the boy emerges. At this midway point in the work the experience of using the Grounded Theory approach to analysis seems paradoxical. A search for meaningful ways of labelling the data is ongoing through each stage of the analysis to achieve an understanding of the child and the engagement with him in terms of psychoanalytic/child psychotherapeutic concepts and processes. Each level of analysis and each successive experience with the child give a potentially more substantial theoretical framework for thinking about subsequent work with him (with the other study children and eventually with Looked After children in transition as a group). At times the categories seem inadequate to the task and this is frustrating; it raises uncertainty about the validity of the categories and their capacity to convey a sufficiently sophisticated account of the child. Nevertheless, there is evidence of the efficacy of the constant comparison methodology using these categories in the slowly developing and deepening understanding of the child which emerges.

Third assessment session 14th August (three days later)

Material	Commentary	Theoretical abstraction
It is necessary to offer a session so soon, in order to fit the assessment into the time available	The child has to be fitted into the requirements of the outside adult world	Network
D is brought to his session		

on time		
Though he is in the toilet when I come to collect him	Maybe he is not quite prepared for more of our work so soon after the last session?	Anxiety
His carer has already gone to the market, and it is her son (13) who is in the waiting room	He can manage without an adult, no sense of the demands assessment may make on him	Network Link with D's defences
The boy tells me where D is and offers to fetch him	The boy seems more aware than his mother, of the importance of the session for D	
D comes into the room and stands quiet and still	It feels as if he is anticipating the session, and preparing	Anxiety and anticipation In touch with this
Not quite stiff, but with a military bearing	Some suggestion of needing something of his defences	Ready to assume his defences
He is wearing his rucksack and carrying another bag	Gives an impression of needing to carry his world with him	Countertransference Link between external reality and D's defences
I say hello and he prepares to come with me	The session is beginning here	
I ask if he would like help with his bags	Share his load	
But he says he can manage	It doesn't feel as if he is rejecting my help	Defence and reality, vulnerability
In the room, he puts down his bags and sits with his usual precision, very upright	He is preparing for the work to come and needs a sense of where he is, and of some strength	
He begins to talk about	Wants to tell me about the	Engagement

living at the foster carers' home	absence of the carer	
It is alright he says	I should not be worried by her absence, since he isn't	
And he really likes Frankie (son)	Here is someone with whom he does have a relationship	Capacity for engagement and attachment

He and F get along well, and they have a lot of fun	I'm pleased and relieved to hear this	
F lives in the West Indies and comes to London to see his mother in the holidays	Things in common between D and F, being away from home and parents	Identity
He goes on to say that though it's ok at the carer's, he really wants to live with his dad or perhaps his mum	He is able to say what he would really like, perhaps by noting the similarities and differences between him and F	Attachment and anxiety
He pauses	To let me take this in, maybe to see if I will be able to reassure him? But I don't/can't	
Then says that the Social worker will be able to sort it all out when she gets back	A hope that someone will make sense of it, and make things alright for him	Level of development, appropriate dependence (disappointed I don't reassure him)
I say that he feels foster care is alright as an in-between thing, and that he hopes he can go to live with one of his parents	I try to gather up what he is saying and reflect it, but without addressing the underlying anxiety	

He nods	Confirms what I say (a circular quality)	
I say I can see how much he would like this to be	Acknowledging his wish	Attachment Addressing the anxiety
But that it hasn't been possible for quite a long time now	Bring in the reality of his situation, rather directly	
He smiles, a distant and rather tense smile	This has been too direct and painful for him	Defence
I say it is very hard that this hasn't been possible	I acknowledge the impact of my observation on him, as well as the impact of what has actually happened	
And that S/W is now thinking about what will be best for him and T	A further confirmation that return to his dad, or at second best, his mum is not going to happen	
And that part of the thinking is him coming here to see me	Reminding him of the purpose of the sessions, which may conflict with his expression of what he wishes could be	
He smiled, but there was a feeling of sadness and anger in the room	His smile may be an attempt to mask the sadness and anger of what has happened and what will not happen, and that I cannot make it happen	Countertransference Engagement
He said he knows about foster care, for a long time now	How long he has struggled with keeping his hope of going home alive, and of denying his feelings of disappointment, sadness and anger	Vulnerability Linking external and internal

It began with Avril, and he didn't like it there	He is able to say that foster care is not just 'alright'	
There was a pause	I have a sense that he uses pauses to modulate communication, turning away when he needs to rebalance himself	
Then he said that he had been doing some cooking, and he had made Chinese food	Something is being constructed which is different, foreign. Also a reference to the like-him teacher who left	Link between external and internal Identity
but it wasn't nice - it was like paper	Not only not nice, but feels fragile, insubstantial	
What did he mean, I asked	Clarification	
and he said it was crunchy, and he didn't like it	Something rather unknown, and too hard or sharp?	
I wondered why he'd chosen Chinese cooking (thinking of the teacher)	Trying to explore this association	Linking
He said he didn't know, because he prefers other food	Something puzzling for him too	
I wondered what kind of food he likes?	What does he feel more comfortable with?	
He said 'I like Dominican Grenada food, and Ireland Jamaica food'	His own, known emotional/parental food, suggesting that the idea of new things, new family is very hard to swallow	Attachment Identity
I said this is the food he would really like to have, but instead he has food he doesn't know, from strange places	I try to reflect the less conscious meaning of what he is saying.	
He seemed in touch with	This talk of family supports what I	Internal link

this and then continued talking, telling me that he has a very big family.	say	with external
He said 'I have cousins, uncles – lots of them'	The family he is part of and yet not part of	
He paused	Getting his balance again	
Then said that perhaps he'd be able to live with one of them	The pause seems to allow this hopeful thought to come to mind	

I said how much he wished and hoped this might be possible	I acknowledge his wishes but try to hold onto the uncertainty he also feels	
He shrugged and said 'Oh, well..' and looked away	He is in touch with the futility of his hopes	
I said it seemed that it had not been possible for his family to have him and T to live with them	Acknowledging the reality of his disappointment	
He nodded	Again, there is a certain pattern to our conversation, he acknowledges the validity of what I have said to him	
I said it must have been a big disappointment	Trying to acknowledge what he felt	
He shrugged	He can't acknowledge this	Defence Vulnerability
I said this (shrug) seemed to be a way of being brave about this disappointment, and not letting his worries show	An interpretation of his dismissive behaviour	Link

He said ‘Maybe’	This is as far as he is prepared to go, but it is a long way for him, I feel	Engagement
He now turned away, towards the desk, and then said ‘Is this your phone?’	He brings talk of disappointment to an end, and looks elsewhere	Defence
I said that it was	The information he has requested	
He now looked at the toy phone and said ‘Then this must be the false one’	Something real seems to imply also something false, in me	Link between internal and external experience/expectation
I wondered what he meant	I request clarification	
And he said ‘the one that doesn’t really work’	He has a notion of something genuine and something false	
I said it was a play phone, that there was a play phone and a real phone	I don’t really pick up his enquiry about real and false	
He turned now to the other cupboard, where various toys are, and picked up a little old-fashioned ‘doctor’s bag’	There is a shift in focus, and he explores inside something else	Engagement

He takes out the things inside, one by one	He is being careful, perhaps noting that they are not all the same	
Examining them and trying them out	He has a chance to look at the quality of things in a less direct way than with the phones	
Sometimes on himself, and occasionally on me	I am included in this exploration of the nature of	Engagement Internal/external link

	things, but it has to be quite tangential	
If he is unclear about the purpose of something he asks me	I can be asked, I might be helpful	
But mostly he seems to have a fairly clear idea in his mind about what each is for	Nothing so far perplexes him	
He tries the scissors and the tweezers, the syringes and the little bowls, the thermometer	He looks at everything, here he can explore quite safely	
Then he finds the stethoscope and he asks me what this is for?	He can ask me to help him with this, despite his mixed and ambivalent feelings (true and false phones)	
I say that it is for listening to a person's heart and their breathing.	I give him a functional account. I seem to have decided not to ask him what he thinks, perhaps increasing his uncertainty.	
He puts it on and quite gently puts it on his chest	He wants to see what it does	
'Here' he asks	Seeks my help	
And I suggest he move it a little, so that he might hear.		
Then he has clearly found his heartbeat, and he looks at me with a moment of pleasure on his face	He has found his heart, and what it stands for – being alive, finding that he has a heart? Like others?	
He seems thrilled for a moment	Finding evidence of something inside which is palpable	Linking internal experience with experience in the room
After a bit	Again the transitional,	

	modulating moment	
he takes off the stethoscope and looks at me	Suggesting a link between this experience and being here with me	
He said 'Did you always want to be a psychologist?'	He is wondering what I am, and how I got to be that thing which he connects with the feeling he has just had	Exploring internal object/me
I smiled and asked him what he thought?	My smile is to reassure him that it is alright to be curious, and then I try to encourage him to explore his own mind	
He said he thought I had	Conveys a sense of something reliable in me	
I said he seemed to be interested in what happened in here	Recognising and confirming what he is doing now	Linking
And I wondered if it was connected with him hearing his heart inside him?	Helping him to make the connection too	
He looked though he didn't speak.	Taking in what I say, but not quite clear?	
I said that part of coming here to play and talk was about thinking about his inside feelings, which are sometimes hard to show	I try to explain a bit about what is happening – it is probably a bit too much, making too much explicit	
Again, he remained silent	Has this made any sense to him?	
Then he said 'Where's the woman who went to the	If his internal world now seems more alive to him,	Concern for the object/me

crocodiles?'	he seems to be concerned about the fate of the object	
I said that I thought he was wondering how she is, is she ok, and did she survive the crocodile attack?	I try to give him some words with which to explore these ideas	Linking
He said 'yes'	Confirms	Engagement
He now goes to the dolls' house and looks inside	Looking into his internal world	
He also finds several animals including the crocodiles and some lions	Gathering the characters he needs to explore his internal scenario	
He puts these on one side	These are the first, essential characters	
And then searches again, bringing out the kangaroo and her baby	Now the mother and her baby	Internal world

The crocodiles first tease and tantalise the frightened baby, then eat it.	The fate of the vulnerable infant part of himself	Vulnerability Profound anxiety
The feeling in the room was one of great cruelty	What is done to him, but possibly now what he can also do to this part of himself?	Perverse excitement
I said the crocodiles were very dangerous animals, and maybe cruel too?	I give words for the quality of what has happened	
D said 'They have to eat to live'	There cannot be room for both the baby and the needy? crocodiles	Internal world. Link with harsh external reality.
I said that was true, of	I'm trying to focus attention	Countertransference

course, but that I had the feeling that the crocodiles had enjoyed eating the baby?	on the sadistic aspect of what happens	Linking Perversity.
He said yes	He's following me	Engagement, vulnerability, ?trust
I said how frightened the little kangaroo must have been, not able to stop these dangerous animals, nothing to be done	Now reflect the terrified, helpless baby-feelings which he so often denies or murders.	
He seemed more quiet, a little bit reflective	He is taking in and thinking about what I am saying	Engages, containment
And he brought out some gorillas from the box	Different powerful animals	Defence
He said that maybe these could fight back	He has an idea about struggling with something in a different way, strength without undue cruelty perhaps	
I said that there might be some help for the little kangaroo then?	I explore his new idea a little	Countertransference Linking
He now seemed to have an idea of something he wanted to do and began to arrange the animals with a sense of purpose	He takes up my line of thought, and seems really interested	Engagement
With great care he made four enclosures with the fence panels	Creating a series of containing spaces	
And into these he placed first horses and foals, the	He has clear ideas about mothers and babies, and the	

cows and calves, then zebras and finally ducks, some of which had ducklings with them Now, in front of each enclosure where there was an opening, he placed men with guns (for the ducks) and sheepdogs in front of the cows.	zebras who may represent a 'hybrid' animal, a mixture as he feels himself to be – of ethnicity, of qualities He seems to want to keep the creatures in or safe, or both	

I commented on how carefully he had placed the animals, and then asked him about the guards	Reflecting on what he is doing, and asking him to help me understand more	
He said that the ducks were trying to get away, so that they could go home again	Shows me how much he would like to go home	Vulnerability
I asked whether the men didn't want the ducks to go home	Helpful or unhelpful men?	
And he said yes	It's unclear whether this is seen as helpful or not	
He turned to the sheepdogs which were now threatened by some lions.	Something is menacing the guards. Possibly his sense of his defences being threatened?	
I asked if the men and dogs were guarding	Clarification about the function of these	
And he said they were protecting	Complicated material, which seems to be about the protective function of	Engaging with defences

	defences	
I said I could see there were dangerous animals roaming around in the world outside.	Unconsciously I seem to acknowledge this since it did not come to mind at the time	Linking his harsh external world with his internal reality
He didn't speak, but touched a little calf and moved it about a bit	He seems in touch with the young and vulnerable part of him which needs protecting and which his defences attempt to protect	
I asked what he was thinking?	The issues are very complex, since this part needs protection from his experiences in the outside world, but also from his sadistic attacks in the inside world – I seek a lead from him	
And he said that it had given up thinking about going home	Survival is the only concern? He is in touch with his despair	Vulnerability and anxiety.
I said the little calf seems to have to wait to see what is going to happen.	I don't recognise the depth of his despair, it is much greater than my observation suggests	
The field is safe enough, but there are dangerous things outside	I think I haven't caught the level of his anxieties	
He nodded	Perhaps I've conveyed something of his internal dilemma, or he's simply acknowledging the nature of his external situation – safe enough, but teasing and tantalising.	Engagement
It was time to end, but he seemed reluctant to	Something unfinished?	

take the enclosures down		

I said he seemed sad about putting things away, and perhaps there was still a lot of thinking to do?	I try to reflect his sadness and sense of unfinished business in the work we have been doing.	
I said he could leave them as they were if he liked, and I would take a photo of them, so we could think about it more next week	I wanted to acknowledge the importance of this piece of work for him	
I reminded him that next week would be his last session	Some of his reluctance and ?sadness may have related to this though I did not include this in what I said	
He gathered up his bags, and resumed his somewhat martial bearing	Putting on his defences before leaving the session	
Again, in the waiting room no-one was waiting for him.	Assumptions that he can cope alone	
I sat down	Making it clear I'll be there til someone comes	
and then he sat down and reached for a book	He follows, but makes it clear we are different from in the session	Aware of separate internal and external realities.
He said he would read and did so	Letting me know what will happen	
It was a simple book he'd chosen, for young children	He's showing me something – that there is a little boy part of him, and that he was 'behind'	Vulnerability
He did not seem troubled to	Here his vulnerability is	Vulnerable and

read aloud, and to show me that his reading was quite difficult for him	safely demonstrated (waiting room empty)	strong
Five minutes later his carer arrived, with F. Danny seemed pleased to see them, especially F. There seemed real friendship between them	D's connection is with the boy with whom he has something in common and it is to him he relates	

Danny's third assessment session again shows how much he is taken 'at face value' by the network. His apparent resilience or toughness allows him to assume responsibility inappropriately for himself, to carry his own baggage as it were.

However although he is defended at the start of the session he engages quickly and deeply with the therapist. There is a growing sense of his conscious and unconscious understanding of the purpose of the assessment and of this different way of thinking about what happens. My countertransference feelings occur more frequently and become more complex as I become more attuned to him.

Danny begins to be interested in the symbolic meaning in his communications about the external world and the fluidity of exploration between his internal and external experiences develops in this session. He is aware of the possibility of help (the doctor), of wanting to know more about the helpful object/therapist (have you always?) and of his pleasure in the possibility of being more genuinely alive (the beating heart).

Above all the session shows the child's capacity to convey the crucial drama in his internal world and the struggle in him to chose between ordinary or perverse development. At the end of the session the cruelty and destructiveness of the battle with dangerous parts of himself are followed by the appearance of the vulnerable boy who has fallen behind (in his reading) but is not afraid to acknowledge this and accept help.

A new category, perversion, is now added to Level 3 analysis as the emerging picture of Danny's internal world is communicated more vividly through play. By now Danny is communicating very freely about the nature of his internal world. At times his play shows both struggle with and pleasure in the cruelty meted out to characters in the internal dramas he shows me. The material is highly redolent with perversity but it is also material which becomes available for thought in the sessions.

The view of Danny now emerging in the assessment contrasts strongly with that held by the network around him and argues powerfully for the inclusion of this view from a different standpoint.

Fourth session 18th. August (4 days later)

Material	Commentary	Theoretical abstraction
The fourth and final session is arranged four days after the third so that the pattern has been (very unusually) 1st. – three weeks – 2nd. – three days – 3rd. – four days – 4th.	The spacing of the sessions reflected the needs of the adults, and there is little sense of the importance of the intervention for D	
The difficulties appear to lie with the foster carer's very full schedule, only some of which is related to the children	The children seem not to come first in any sense	Ambivalence in the network. Denial of D's emotional needs.
D is 15 minutes late for the session	Further confirmation of this	
and he arrives with F, the carer's son	No adult presence is felt necessary	
They explain there was a	The time is significant to the	

delay on the underground I am able to extend the time of the session to make up the time	children	
And the boys think this will be alright with the carer	No adult presence and we have to proceed without it	
D and I go up to the room; various renovations are going on in the clinic at this time, since it is the summer break and today there is a very strong smell of bleach and paint	The external world is being restored, is in a process of change	
However, this doesn't appear to strike D	His own external world is so changeable and impermanent that either he doesn't attribute any significance to this or it doesn't register with him.	Focus on the internal world. The last session. Reflection on his external circumstances
In the room, he sits in the chair he usually takes	As usual, he finds a relatively safe and perhaps containing place	
And once more assumes his firm, upright bearing	And takes his characteristic stance – defended and in readiness	Engagement. Protective defences not implacable
Smiles and looks at me, apparently self-possessed	He is waiting in expectation of the communicative encounters we have	
I say this is the last of our meetings	Remind him of ending, help him to have a framework in which to work	
And he nods	It feels as if he has taken this on	

I wonder what it has been like to come here?	Encourage him to reflect on the experience, and the process	

And he says it has been ok	It hasn't disturbed him too much. Raises question about why this is? Process ok? Has been well defended? Had low expectations?	Engagement Capacity to reflect on what he feels
I said I was wondering again what he thinks it has all been about?	What has he made of it?	
He says 'About my behaviour'	He gives me a seemingly concrete answer, in keeping perhaps with the way in which he is felt to be responsible for what happens to him	Defence. Retreat to the external world.
What about his behaviour, I ask?	I seek some clarification of what he means	
And he replies that his behaviour is bad, and he gets in fights sometimes	He is aware of the effects and consequences of his behaviour, but not why people might be concerned	
I said that in a way, coming here has been about his behaviour – what he does and how he feels	I'm trying to open up the idea of why behaviour is of concern, that behaviour is connected to feelings	Linking
He nods	I'm not sure whether this means anything, perhaps it is too oblique	
I go on, saying that I have been thinking about him and all the things that have	Again, I am trying to broaden the concept of concern about his behaviour and make a link to	

happened to him and T.	events in his life.	
That I will be thinking together with his social worker and the other grown ups about what will be best for them both	I try to extend the concern and links to the wider network, beginning with someone he knows and trusts quite well	
He said, looking down a bit	He indicates that he has something which may be at odds with the thinking I've described?	
'I want to live with my dad'	He says what he wants, and he is aware that this is linked to the focus of the thinking	Attachment Anxiety Loss
I said he so much wants to live with his dad	I acknowledge the strength of his wish	Development in my capacity to know about his feelings
And that it is really hard to think that this is not possible	But face him with the reality of his situation	
And to think about what might be best when he can't live with his mum or dad	I try to bring into focus the task with which we, and the network are engaged.	
He looked at me and said again	He ensures he has my attention so that he can try again to put his wishes	

I want to live with my dad or with my family	I think he knows he can't but needs to let me know how much he wishes he could	Attachment Engagement –using me to help bear this
I said it is hard to think	And it is hard for him to think about what I'm saying	
That although he has a big family he is not able	This very painful reality is put into words again	

to go and live with them		
He looked down I said he needs to have a family where he can live so that he can go on with his growing up	He needs time to take this in I give him an external reason why he can't go to his family, but don't address the question about why they can't take him?	
I added after a moment	Probably feeling this answer is lacking something	
That part of the thinking is about how he is going to be able to be in touch with his mum and dad, and his family	While he may not live with his family, their importance is acknowledged	
There followed a long pause	This is a lot to take in, and the silence does not feel empty, though not particularly thoughtful either. Perhaps it must simply sink in	Countertransference
DJ went to the tray of dolls and took out a male doll, with flexible limbs	He seems to know what he needed, following the 'taking in' time	Linking external with internal.
He made the doll begin to dance, in quite a frenzied way	He puts his feelings into action	Anxiety Perverse defence
I asked what was happening?	I mark his action as a communication about his feelings	
And he told me the doll was break-dancing	A cross between dancing and breaking (anger and pain) in the idiom of his culture and age?	
I watched for a bit, while the doll performed a	Conveys sensuality and aggression and I am reminded	Countertransference

sensuous and sinuous dance	of his father	
I asked him about the dancing – was it a special kind of dancing?	I'm trying to understand the significance of the dance for him at this moment.	
He said that his dad told him about it, it is a break dance called 'the worm'	Confirmation of father in his mind, not in a fatherly sense but in a sexualised way.	Identity Perversity Vulnerability

He looked up with a smile which made me feel uncomfortable and slightly worried. (D's father is in prison for sexual assaults)	He seems to have taken refuge in identification with this violent sexual father, probably against the painful things we are talking about	
He now took out a female flexible doll	Partnering this violent sexual father	
And they intertwine in a graceful though sexualised way	What sort of partnership is now being created? Does it in part reflect the partnership we have made, in any way?	
He pauses and puts the woman doll's jacket on the man doll	He is mixing up their qualities or attributes. Is there a sense that he would like some of the 'session' feelings to protect the man and/or himself?	Perversity/defence. Last session
He says that her jacket is 'old-fashioned, quite 70's'	Seems to be thinking about an older woman or maybe a woman who is no longer felt to be relevant? (mother)	Defence/denial of his good connection with me
I wonder whether this is a bit like me, old-fashioned, and/or his grandmother, but	I have some ideas about the woman doll but don't feel clear enough to ask about	Link

I don't say anything.	her. Maybe the sexualised aspect was unnerving	
The couple dance in this way for a bit and I ask what they are doing?	Seeking clarification	
D says the man is teaching the woman to dance	Something he might want to teach me?	Perversity as denial of the impending loss
Little by little the dance changes	Something is being altered	Perversity. Retreats to denial
And it is soon apparent that the man is beating the woman	From a couple where one gives the other something, it becomes cruel and violent	
I ask what is happening now	Seeking clarification and also trying to keep in touch with him as the quality changes in the room	
and he says the dancing has changed to kick dancing	his language reflects the elision from something possibly creative together, to something destructive	From tenderness to cruelty
I say it looks a bit dangerous, as if the woman is going to be hurt	I draw attention to the shift from benign to destructive and the cooperative connection changes	
D seems to be further away from me now	He expresses his pain and anger at what I have said to him	Strength of his defence
Caught up in the excitement and aggression of what is happening between the people	Drawn to the perverse world of father	Perversion

He pauses now and then to bring in more dolls who either stand looking on or momentarily are caught up in the dance	He seems now to be in a dangerous and exciting internal world.	State of excited cruelty and destruction (perversion)
The atmosphere is fraught, tense and sexually violent. I feel that the play is perverse.	And he is overtaken by these feelings, out of touch with vulnerability and pain.	Out of touch with the constructive link we have
As he plays he tells me that this is a family and I am reminded of the big family which does not have a safe place for Danny and his sister	An identification with where he belongs, at the moment A version of the external world in which he lived.	Identification with a perverse world
Danny calls out 'We shouldn't be fighting ..we should be killing!' I look on and comment on how the angry, cruel feelings are getting stronger and how no-one seems to be able to stop these awful things happening.	There is no room for the possibility of something more benign, kill it off I simply reflect what is happening here in the room.	Everything else is overwhelmed in the moment To link with his internal world
More and more dolls are brought to the scene and his feelings escalate.	Frenetic, the world becomes contaminated by the perversion.	
I say that no-one seems able to make the family a safe place at the moment.	Reflecting again	Linking. Trying to retrieve him
He pauses, stops fighting for a moment and goes to	This outside voice does bring in a pause for his own	Engagement

the doll's house.	brief reflection.	
He throws open the door and looks inside. It has changed from last time. This is very hard for him to bear.	Confirmation of his worst fears and expectations of the world.	Anxiety
He reaches in and throws out the dolls inside, yelling 'Someone did this!'	Momentary outrage and pain but importantly some recognition of 'what has been done to him'.	Linking. Painful awareness
I said someone had changed the house around and it's very hard to find I haven't been able to keep it as it was. He is showing me he feels there is nowhere he can call his own home and his own family. That is very hard	Reflection of what happens and what he might feel but cannot allow at the moment	Linking
He looks angry and hard-faced though I don't think he is going to lose control. His disappointment and sadness are close to the surface.	The split in his feelings obliterates the benign.	Defence of toughness
He looks down at the abandoned dolls on the floor and suddenly he stamps on the baby doll.	The hopeful, recently born feelings are crushed. He feels crushed and the only way to manage is to align with cruelty.	Countertransference (despair, anger and hopelessness)
I say poor little doll, no place and no-one to protect	Reflection	Linking

or care for him, it seems.		
He turns to the house and the remaining dolls there begin to fight. Depressive feelings (disappointment and sadness) retreat. Excitement and cruelty predominate again as the dolls beat and kick one another.	Immerses himself in the cruel world.	Return to perversity
The house is in complete disarray. However nothing was actually damaged.	Something remains protected	Linking. Mitigation of destructiveness
In the middle of it all two female dolls fight, a mother and a grandmother.	Mother/grandmother? Versions of good/bad mother?	

I say at the moment nothing good seems left in the house, everything seems spoilt.	Reflection	
He listens. I say he seems go have a mixture of ideas though. That there is a place kids can be looked after and grow up but things can be very dangerous and awful too.	Reflecting his great ambivalence which is nevertheless different from a totally bleak world	Engagement Linking Containment
He seems quieter and reaches into the house to take out a ‘mother’ doll. He sits her on the roof and	An expression of recognition of the ‘mother’ and the wish to have her feel precarious as he does.	Defence. Manic repair of his destructiveness.

says she can have anything she wants. I say it seems ok for her? He nods. I say yet it is not alright for him.	She is self-serving	
He smiled. I said we have come to the end of our time together and we have been thinking of his home and his family.	He is relieved his ambivalence is recognised and can be thought about	Linking
He looked at me. I said there is a lot of thinking to be done so people can understand what will be best for him and his sister.	Acknowledgement I explicitly link back to the external world	Linking

It was time to go. We went downstairs to where the carer and her son waited for him.		
Frankie and Danny were pleased to see each other. He said goodbye to me.	He is aware of returning to a different kind of space. He is welcomed.	Attachment. Level of development.

The fourth and final session is both painful and constructive for Danny and allows me to complete the work leading to what I will take to the network.

It begins with the now familiar conflict between outside requirements and Danny's needs and his emotional needs do not seem central to arrangements. It is assumed he will manage. He begins the session characteristically defended as a 'toughie' but he is very evidently pleased to engage again with me. He reviews his experience of the sessions saying it has been ok although it is clear he still feels it has been about his failings, his bad behaviour. Nevertheless, it felt remarkable how Danny seemed in touch with the momentum of the four sessions (between internal and external, love and hate) and was very much in touch with these issues in our final meeting.

He hastens to impress upon me again his urgent wish to live with his loved, violent and imprisoned father and when I again present the impossibility of this it leaves him bereft for some time of his capacity to think or even feel in any contained and integrated way. There is though an important difference here. He really is showing me what he feels, but also demonstrating for me the kind of internal world he would inhabit if he joined his father, literally and/or psychically. I think he knows at the same time how much he loves his father and how dangerously perverse his world is. I think he is aware of how important it is to get this across to me. The feeling of Danny's frenzied play is both a retreat to a fragmented and dangerous internal world and a communication about what happens inside him. The assumption that this might easily happen to him in the outside world was supported by my countertransference feelings. In strong contrast to my feelings when I first met him, despairing of any successful engagement with him and a bit daunted by his toughness, I felt overwhelming sadness but I did not feel despair about his expressed violence and aggression.

A very ambiguous representation of me/bad grandmother comes into his play and I think he is showing me the mixed feelings he has towards me. I have been a good, though imperfect object on the whole but perhaps also a tantalising one since I will not see him again. There are important implications here for issues of engagement and ending in assessment work with such extremely deprived children; these are addressed further in Chapter 7: Conclusions.

As the session draws to a close Danny's vehement assertion that 'someone did this' suggests that some sense of the shape of his life experiences is taking place. There is a

beginning of an idea that he did not do or cause all this. That he has a right to be angry and does not simply have to re-enact his awful experiences. This is a crucial moment, a vital communication and it helped to shape what was considered for Danny by way of treatment and care.

Work with the children's foster carers and social workers was very important in the process of assessment. The scope of the thesis does not allow a full exploration of this work and I have therefore included summaries of this work.

Summary of meetings with the foster carer:
The work with the foster carer included pre- and post-assessment meetings which were, with the research in mind, more structured than is usually the case and structured in a particular way. I used semi-structured questionnaires to guide the progress of these 'research meetings' to allow me to ask the foster carer to tell me about her own thoughts and feelings in relation to the child. These meetings were supplementary to the regular networking meetings with foster carer, social worker and child psychotherapist, which might be described as 'business meetings'. The following account of work with Danny's foster carer is based on the research meetings.

The carer, Mrs. F, looking after Danny at the time of the assessment was his second foster carer. The first carer ended the placement of Danny and his sister after two months because his sister's odd, withdrawn and dissociated behaviour unnerved her terribly.

Mrs. F was an older sole carer of Jamaican heritage who seemed herself rather emotionally detached from the children and she seemed to find it very difficult to be at all in touch with the children's anxieties or her own. A kind of modus vivendi evolved in which the carer and the children managed life in a detached kind of way.

Mrs. F described Danny as a tough boy who could manage himself quite well, who made people angry with him and who would probably not make much of his life although he could be a likeable boy. She spoke of him and treated him as a much older child.

Danny got on well with her son, a boy of fifteen who came from Jamaica to see his mother in school holidays. Mrs. F was unhappy in London and longed to return to her home country. She did this at very short notice soon after the assessment ended, about a week before Christmas.

Talking with her was ostensibly not difficult since she spoke in an easy pragmatic way. However, my countertransference feelings to her were of mute sadness. In many ways she shared Danny's way of defending herself against emotional pain and against emotional attachment at any depth.

When Mrs. F ended the placement at very short notice, I had already requested that Danny's sister was assessed. The children went to a short-term carer while the social worker and I considered whether Danny and his sister's needs would be more effectively met in separate placements with contact between them. This happened and proved a helpful decision for both children.

I often felt frustrated with Mrs. F and concerned about the extent to which the children's experience with her might further traumatise them. I also wonder whether, in the short-term, the emotionally avoidant climate in which they lived might have provided a transitional space which, safer than their home circumstances might also inadvertently and temporarily have buffered them from the full impact of the losses and trauma they suffered. The placement also raises issues about the emotional demands on foster carers of caring for very deprived and traumatised children, the advantages and disadvantages of similarities in the experiences of carers and children, and the training and support of foster carers.

Danny's final placement:

Danny's next placement became his permanent family placement. Following the assessment he began once weekly individual child psychotherapy which continued for two years. He made very good use of the work, which I supervised. His therapy made a significant contribution to his capacity to build strong and loving relationships with his new carers, to engage in education and to continue to make sense of the events in his birth family life which brought him into care. His relationship with his sister was

maintained steadily, in their separate family placements and she too made good progress in all aspects of her development. She was also assessed and seen for individual psychotherapy for two years. Some contact, letterbox and eventually occasional direct contact was established with the children's mother. Father could not be contacted during the time I knew of the children's progress. The perhaps unexpected success in placing these two children raises crucial questions about the kind of resources which may be necessary to initiate and sustain such progress in their lives. This is further addressed in Chapter 7: Conclusions.

Summary of meetings with the social worker:
Unusual for social workers in the area team with whom I worked the children's social worker, Ms. N, had been in post for two years and she was deeply committed to them. She had a sound understanding of the function and the risks of Danny's 'tough' external presentation and she seemed able to be in touch with both this aspect of the child and his underlying vulnerability.

The social worker worked closely throughout with the school (see below), with the foster carer(s) and with the mental health professionals working with Danny's mother. She maintained some communication with Danny's father in prison and impressively she seemed the driving force in an unusually 'joined up' professional network.

She was a social worker who was prepared to go the extra mile. She did not seem emotionally entangled with the children and yet she was alive to the cumulative tragedies which had brought them into care after prolonged and unsatisfactory community-based interventions to keep them out of the care system.

Ms. N. was herself a black woman. Some sense of identification with the children, based on broad ethnic and cultural factors seemed to contribute to her commitment to these children but there was something more, and her identity as their social worker was not compromised. Despite the damage evident in very different ways in brother and sister, these were children who had managed to 'latch on' to the positive interest and concern shown by key people in their network, beginning with Ms. N. The children did seem to have a pre-existing notion of good care which met their social worker's skilled and loving understanding of them (Bion 1962a).

Ms. N. worked closely with me and the CAMHS network for almost three years. Both children came into individual psychoanalytic therapy, supported by her and during that time separate and successful long-term placements were found for the children where they did well.

Although space precludes detailed exploration of the work and roles of the social workers and foster carers questions arise about why some social workers referred children for child psychotherapy assessment and others did not, and which factors seemed linked to the ways foster carers thought about and looked after the children and the implications this had for their future permanent care.

Summary of information from school and the SDQ:

The Strengths and Difficulties Questionnaire ((T4-16) was completed by Danny's class teacher who had known him from the start of primary school.

Scoring of the questionnaire showed:

Score for overall stress	19 VERY HIGH
Score for emotional distress	1 Close to average
Score for behavioural difficulties	6 VERY HIGH
Score for hyperactivity and attentional difficulties	9 VERY HIGH
Score for difficulties getting along with other children	1 slightly raised
Score for kind and helpful behaviour	2 VERY LOW

No diagnostic predications were indicated but the questionnaire cautions 'if you think this report has missed the point, whether by exaggerating or underestimating the difficulties, you may be right. A brief questionnaire obviously isn't the same as an individual assessment by an expert.' This suggests the tool is most useful as an indication of the need for further assessment. Some factors already well known are revealed, such as Danny's behavioural and attentional difficulties. What has not been evident is the very high level of stress he experiences and also the strikingly low level of behaviours indicating concern for others which seems likely to be associated with

his preoccupation with his own difficulties but may also be linked with a tendency to idealise cruelty and contempt for vulnerability.

In school the levels of support, interest and concern Danny elicited was impressive despite the difficulties he experienced and created in school. During difficult times for the children, when they seemed overwhelmed by anger or despair, teachers offered respite and support. They arranged meals for the children and even on occasions provided uniform or washed clothes. It was school which involved Social Services, albeit with reluctance on both parts. It seems likely that school played an important part in keeping the more hopeful and benign side of Danny alive.

Concluding observations on the assessment:

What emerges so clearly in the assessment of Danny are the dramatic differences in what is seen of him looking from a largely external point of view and what can be seen using the methodology of child psychotherapy assessment. This way of looking takes account of Danny's external presentation and his way of being in the external world (as reflected through a range of views from the outside world) alongside the picture which emerges from the assessment in which his conscious ways of feeling, thinking and behaving can be observed in the context of the powerful unconscious feelings and thoughts which underlie and shape his behaviour. The child psychotherapist's observations and thoughts about the interplay between conscious and unconscious aspects of Danny can help her and the network to think about the connections and disconnections between these aspects of him, and about implications for his future care. The child psychotherapy assessment is one part of the matrix upon which decisions for Danny's future will be made. It is the collaboration between the component parts of the network, of which this work is a part, which brings him fully alive.

To the brief intervention of four assessment sessions Danny vividly brings very diverse aspects of himself from his external experience and from his internal world. This is made possible by his growing sense of the difference and connectedness between internal and external, which supported and facilitated by the child psychotherapy method. This helps him feel reasonably free and sufficiently safe to

explore and communicate his experiences and he quickly begins to use the space and time to move between internal and external experiences, more quickly perhaps than was anticipated by the therapist. Danny proved to be a powerfully communicative boy, ready to use the opportunity the assessment offered. His wish and need to communicate with others was evident. His social worker and his teachers at school responded to his need and capacity to make the kind of contact with others which elicited their attention and concern. The patterns of his play within each session and within the assessment as a whole moved quite fluently to and from external to internal, conscious to unconscious, from the most primitive of developmental experiences to moments of integration in his thinking and feeling. In this he reflected both his awareness of love and hope and of cynicism, hate and worldly despair.

Predictably perhaps, the part which gave Danny protection against the potentially terrifying experience of his vulnerability appeared first. The tough kid who seemed destined to follow in his criminal father's footsteps and who did not really need or want to be looked after appeared first. The power and attraction of the perversity and violence in his internal and external world might have been anticipated, given his experiences. The risk of Danny becoming increasingly hardened and brutal might be predicted from his life story but this and the experiences from which it came could not have been more vividly and powerfully communicated as Danny did in the sessions. It was however, the opportunity to experience this alongside those vulnerable and tender moments in his play which captured the complexity of this boy and many like him. It may simply not be expected of 'tough guys' and therefore, not seen.

Life might have followed a predictable course for Danny; school exclusion, placement breakdowns, criminality and prison. Brutal and broken relationships, becoming increasingly perverse and damaging. The methodology of the child psychotherapy assessment sessions was able to reveal the existence and development of these characteristics; it also showed the potential in Danny to find and respond to something on the side of life, perhaps from very early maternal experience and certainly from later experiences with good objects. The rich mixture of Danny was initially rather unexpected in its poignancy and potential. It is hard to imagine the ordinary complexity of this young boy being learned so compellingly in any other way than through the methodology of psychoanalytic child psychotherapy.

Discussing the work with the professional network:

The assessment report for the professional network is included in Appendix xxx. A more detailed discussion of finding a common and clinically valid way of talking with multi-disciplinary colleagues is found in Chapter 7: Conclusions.

This chapter has explored and described two different but related processes. One is the potential for the child psychotherapy four-session assessment to give a convincingly complex understanding of this young 'looked-after' boy on the brink of puberty and adolescence, which is different from but not discordant with what is learned of him from other professionals in the network. The other is the value of the Grounded Theory approach as the methodology through which it is possible to draw deep and complex meaning from the material, helping to show this clearly to others. The researcher-clinician, an experienced child psychotherapist, used the method of analysis to grasp the essential dilemmas of Danny's story from the clinical material, including his ambiguous presentation and the tension apparent between his ambivalent potential for perverse development or an engagement with more life-enhancing possibilities. The case material, session by session, is very powerful and the fact that it is written in a way which naturally includes the emotional experience of being with the child makes it very easy for other readers to understand, intellectually and emotionally. The transcripts of the four sessions show how much can be learned about such a potentially difficult and even dangerous boy, in this relatively short time. The material also clearly shows the child's capacity to bear and explore some of these thoughts when there is someone like the child psychotherapist there with him, in thought and feeling. From reading the narrative of the sessions, the reader is shown and is moved by the plight and suffering of children like this whose experiences of being cared for are difficult and fractured and whose families are lost to them. The narrative, revealing the conscious and unconscious interaction between Danny and his therapist, shows why this boy would have made people want to help him. Presentation of the material using the Grounded Theory approach draws the reader's attention to the growing understanding of latent meaning in the material which contributed so much to knowing about the duality of Danny. The constant exploration of the material for patterns (themes) and links between themes really brought Danny to life in the mind of the network. Through the clinical and analytic

processes of the assessment he became more known and more understood. Opportunities are rare for thinking in such depth about clinical work. This way of thinking about the children became more integral to the clinical work and led to greater depth and complexity in the researcher-clinician's understanding of the children. The integration of an 'experience near' point of view (clinical) with a growing framework from an 'experience distant' (Geertz 1993) perspective (Grounded theory approach of data analysis) showed how much both were needed to reach such a detailed, compelling and accessible understanding of Danny.

The level 4 themes which emerged from this assessment are presented again below, to facilitate discussion of the continuities and discontinuities between this work and work with the other study children:

Shared network concepts: **Psychoanalytic/Child Development concepts**

Issues of the external/professional network: **Network related issues**

Capacity of child to engage with therapist: **Capacity to engage**
Capacity for containment

Explore external/internal reality: **Internal world/ Object relationships**

View of the world:

Expectations of the world:

Resilience/vulnerability: **Strengths/vulnerabilities**

Child's characteristic presentation: **Quality of Attachment**
Level of development

Child's coping strategies: **Predominant defences**

Child's predominant concerns: **Predominant anxieties**

Sense of self: **Identity**

CHAPTER 6

Continuity and discontinuity in the Grounded Theory approach to analysing the assessments of the study group:

A brief summary of each of the other three children's stories is included here. Appendix B includes a complete account along with one session from each assessment, to which has been applied the same Grounded Theory approach as used for Danny's assessment.

The aim of this chapter is to note continuity and discontinuity between the applicability of the categories emerging from the analysis of the first child (Danny). Subsequent analyses of the other assessments demonstrates the process of thematic analysis carried out in the same way for all of the children. This shows the extent to which the set of Level 4 categories/themes generated by the first analysed assessment is reflected in the analysis of subsequent assessments. It notes whether further categories were required to code and analyse subsequent assessments and observes the range communication through thought, feeling and behaviour which each category embraces.

The sessions presented from the assessments of Sophie, Millie and Oliver are selected because they appear to demonstrate the child's presentation and engagement in the work with the therapist most characteristically and allow the clearest possible application of the thematic analysis which began with Danny's assessment.

Sophie's assessment:

Sophie is a girl of eight who came into the care of her aunt following family breakdown, after an initially secure and happy early childhood. Both parents became addicted to hard drugs, leading to mother's rapid mental deterioration and to abandonment by father. Mother's family have an intergenerational history of severe substance misuse, family breakdown and loss of children to the care system. Father is from a second generation immigrant family, headed by a strong, single matriarch. Sophie took on a carer role for her mother and sister after father left and has become

prematurely parental in her self-perception. She came into care with her younger sister who, deeply traumatised by what has happened, regressed to an infantile level of dependency. The assessment led to extensive work with the extended family, by the therapist and the social worker, which eventually resulted in a successful kinship placement.

It is again notable in the second assessment in the series that Sophie has elicited great care and concern from primary school teachers and great commitment from the social worker; she was herself a black woman and her commitment and capacity to grapple with complex familial and cultural issues in ethnic minority families probably arose in part from her own cultural experiences. The social worker was determined to understand the children's emotional needs and how these should be met and she lobbied and persuaded until the assessment took place. Having done so, Sophie seemed deeply ambivalent about it; she seemed to recognise the importance of a space to think although she was not prepared to be too childlike or too vulnerable.

A summary of findings from the analysis of the first session with Sophie

The session shows significant issues for Sophie and her future care. The work begins with a sense that the child is almost secondary to the general assessment process. It suggests Sophie is not altogether comfortable in the role of child and may also reflect anxiety in the network about the potential strengths and weaknesses of a kinship placement. Sophie's aunt appears both concerned and ambivalent about the assessment, interested and anxious about this work to try to understand Sophie.

In the session a pattern of sorts emerged. Sophie is really quite anxious and understandably guarded with the therapist. Her aunt cannot be in touch **(aunt's defence)** with Sophie's deep anxieties and calls on her to assume the kind of defences **(quality of attachment; identity)** which probably helped her to manage the breakdown of her mother and her family. (The material is coded in the existing Level 4 themes of: **Network; capacity to engage; strengths and vulnerabilities; anxieties; defences and identity)**

The early part of the session shows tentative but steady attempts by me to engage her. Sophie begins to respond to my interest and comments about her and about the experience of being here with me. A 'to and fro' emerges between us, with some lessening of Sophie's anxiety; she becomes more settled (**capacity for containment)** There are moments when it difficult to manage my own anxiety, partly arising from a growing experience of Sophie's anxieties in the **countertransference**. At these times I tend to intervene too much or too quickly, without real focus (**technique)**. These moments helped me to understand her aunt's difficulty **(Network/projective identification)** in being in touch with Sophie's deepest anxieties. The richness of feeling which emerges when Sophie feels more contained is very striking despite her initial ambivalence and anxiety **(the importance of countertransference and technique, particularly modifications made in light of Danny's assessment).** In play **(levels of development)** with the dolls and the dolls' house **(facilitated by containment, countertransference and adaptation of technique)** Sophie is soon deeply in touch with her internal world and seems to explore the loss of her early good experiences in her birth family and the confusion and distress which followed **(internal world)**. This seems evident in her uncertainty about how parents and children fit together in a home which is filled with strange, odd adults **(internal world; attachment)**. She shows the collapse **(defences; anxiety)** of her attempt to be big and strong (on the horse) and her need for a dependent relationship with someone who can help her with her age-appropriate development needs for dependency **(containment)**. She seems to explore the issue of being of mixed race **(identity)**, different from either of her parents, and opens up further discussion about her perception of the part this may play in her unconscious ideas about why the family broke down **(internal world)**.

Afterwards: what is begun in the session, continues. As Sophie leaves the room she goes on searching for ways to make sense of where she fits in the external and internal worlds. Her interest in the other children who have come to the clinic seems to help her to know that she is not alone in her difficult world, that she is not altogether disconnected from the more ordinary business of growing up. The work of the session seems to reduce the splitting evident between her internal world and her external life. I take up her references to links between herself and the clinic more

directly than usual. This modification of analytic child psychotherapy technique is helpful where children are living with traumatic experiences.

Sophie is a little girl who struggled to provide containment for her mother and her sister (Williams 1997) at the expense of her own need for age-appropriate dependency. Like Danny, Sophie comes to life in the assessment in a way which cannot be anticipated from the quiet and reticent girl she is generally seen as. I meet a little girl who was able to relinquish her defences sufficiently to use the time with me to explore what she thinks and feels, without losing the sense (and reality) of resilience which her defences of denial of vulnerability and dependency have given her. Understanding this will be crucially important for her development, her future care and the resilience of her future carers.

The Level 4 themes emerging from the analysis of the first assessment are found to represent the rich and complex experiences with Sophie is this second assessment, clearly and fully. None of the material required additional categories for representation at the thematic/theoretical level. It is also evident that the experience of undertaking the first assessment influences the ways in which the work proceeds in the second, particularly in respect of use of countertransference experiences and the need for modification of standard child psychotherapy technique.

Millie's assessment

Millie is a little girl of five whose desperately deprived relationship with a very damaged mother only really came to light when her mother sent her to live with her aunt. This entailed moving Millie from the primary school where she experienced considerable love and care, and like Danny and Sophie, a good deal of ordinary looking after, keeping her clean and helping her to eat. Her mother suffers from a severe and enduring mental illness for which only 'damage limitation' is possible from mental health services; only when an integrated 'parental' mental health service became involved with mother and Millie did the full extent of mother's rejection of her come to light. Alerted by the move, school contacted Children's Services and this led to the Child Psychotherapy assessment of Millie, separation of mother and child and eventually to viable kinship placement.

A summary of findings from the analysis of the second session with Millie

The second assessment session with Millie is presented (see Appendix B) since it addresses important aspects of Millie's severely deprived experiences and the impact on her development, particularly her sense of herself and her expectations of important relationships. These indicate some of the major issues relating to Millie's long-term placement needs.

In this session, as in the assessment overall, there is a paradoxical sense of Millie. She appears and is experienced by me as a profoundly deprived and neglected little girl who sees herself as the cause of the difficulties in her life **(identity; internal world; countertransference)**. She is also a little girl who quite quickly gets the hang of the potential of the sessions for exploring herself and her life **(engagement)**. She elicits from me (as she does from important others) a wish to understand and care for her. **(engagement; attachment)**. It raises the question of how and from whom she might have had some good experience. Food is sent with her by her carer and I am preoccupied with ensuring she eats **(countertransference; technique).** She has a poor self-image, seeing her needs as secondary to those of other people **(identity; defence)** and she seems to see her mixed racial heritage as evidence of her failure **(identity)** to be the good white child her mother would love and care for **(object relations; internal world)**. She tries at times to please me **(defence compliance)** by doing what she thinks I want her to do (eat her packed lunch), showing how hard she tries to deny her own needs **(impact on capacity to know her own mind and develop)** and look after the adults in her life/play **(defence denial)**.
Millie's greatest anxiety concerns finding a way to be taken care of without causing too much bother (**defence)**. She tries to 'pay her way' by taking care of others **(attachment)**. She seems to 'swallow' her own need and her feelings about what happens to her **(anxiety; defence)**. At an unconscious level she has trouble 'digesting' this picture of herself **(internal world)** but there is a part of her which is determined to make the most of what she gets **(strength, resilience)**. This part of Millie is eager to engage with me in exploring her experiences **(engagement)**. As the assessment progresses this part feels strong enough to support some exploration of the very vulnerable parts of her **(strength and vulnerability)** although there are times when I

touch on her vulnerability too directly, for example, when I ask her what she is thinking about her play with the dolls' house (**technique)**. Managing the need to explore painful experiences without retraumatising the child, in a brief intervention, is a central issue of technique in this work; fear of this can hinder the therapist's capacity to explore what the child brings **(network: defences against pain)** Adapting technique in response to Millie's response to the chaotic aspects of the house leads to her increasing capacity to explore what she finds, in the external house and slowly, in her mind **(containment)**. I find a better fit between the level of interpretation (Alvarez 2012) I make and the child's state of mind in the moment **(level of development).** The session illustrates the difficulty of remaining steadily in touch with the painful evidence of the emotional deprivation Millie has suffered and the shocking denial of her needs as a young child, **(network)** not only by her mother but for some time, by others. This has important implications for her future care.

The complex mix of Millie's **vulnerability and strength**, the somewhat surprising **capacity to respond** she shows to thoughtful interest and concern, the issues which contribute to the absence of self-worth **(identity)** and her need to placate and almost compulsive care-giving **(defences)** are seen in a way which does not emerge in quite the same compelling way from work in other parts of the network (as is true of Danny and Sophie). In particular it is the mixture of deprivation and strength which is very hard to see elsewhere, as are the underlying beliefs about herself which contribute so much to her overtly defensive self-denial and compulsive care-giving.

Afterwards

The work with Millie in all its complexity is clearly represented by the existing Level 4 themes and no further theoretical categories are required to capture or elucidate this little girl and her experiences. The analysis of the work allows the same vivid quality of communication about her to the professional network. Millie was a profoundly rejected child because she elicited in her mother's mind her own severe emotional deprivation. She was also a child whom others (teachers, carers, her older half-brother) loved, cared for and wanted to protect. It becomes clear how easily Millie might become destructively self-denying with all the implications for the nature of relationships she might seek in the future. The work contributes much that is new to the network and leads on to crucial work with the network in preparing for her future.

Millie's future remained unsettled for some considerable time but the understanding of the child's emotional and external experiences and her needs coming from the child psychotherapy assessment continued to contribute to ongoing work which led finally to a good permanent kinship placement. Contact was steadily established with important others, notably her half-brother and her foster carer although the relationship between Millie and her mother has ended for now. The cooperative and integrated network relationships, including that between the child psychotherapist and the social worker, were particularly important in understanding and addressing the underlying issues for Millie, and for the family network; this eventually did much to contribute to the stability of her final placement.

Oliver's assessment

Oliver is a young Black British boy of 3 years and 10 months. He is in a transitional foster placement with his younger brother Tom who is 15 months old. They came into care when Tom was a few months old. They have an older sister who is five, living with their maternal grandmother. Tom is a lively baby while Oliver is affectionate with his carer but unnervingly quiet and withdrawn. His carer keeps a little distance between herself and Oliver, mindful that the placement will end. The children's young mother is a long-term drug user and suffers from periods of marked emotional confusion and depression. Life for the children has been an oscillation between short-lived times when mother can cope, leading to optimism about her capacity to care for the children, followed by rapid breakdown and resumption of substance misuse. There are concerns that Oliver has been irremediably damaged by his experiences and that he is autistic. A child psychotherapy assessment has been requested to determine his needs from permanent placement, and whether placement with his grandmother is feasible. There seems little real hope that this will be so.

A summary of findings from the analysis of the second session with Oliver

Oliver and Tom seem to be thought of a pair, their individual needs rather lost. It is always understandably difficult for professionals to think about separating siblings and this may get in the way of thinking about either at the deepest level (**Network:**

organisational defences) What I am struck by his steady watching of me, it has a monitoring quality and may say something about how he tried to manage profound anxiety in the care of his mother **(anxiety; defence)** I am aware of his quietness and his apparent lack of anxiety at being with a stranger **(defence; ?damage)**. He transfers from the carer to me without concern, possibly showing how he has tried to manage rapid switches in his mother's care. He puts his hand in mine, hands himself over, as if this is less likely to cause problems **(defence).** Though he very rarely smiles but he engages in a communicative way from the start and I find him a thoughtful and touching child **(countertransference)**. There is something disconcerting and unsettling about him **(strength and vulnerability)** and it reminds me of some pressure from outside to give a name to this, like autism. **(Network: defences against pain, and not knowing).** He is curious about being in the room with me, **(strength: resilience)** there is a richness and vivacity about his mind which is conveyed in part by what he does but very powerfully in my countertransference feelings in response to him. His play with the cars, his rather determined exploration of 'inside' and his very direct communication about the 'crashing' indicate inside liveliness in this odd little boy **(internal world)** and the state of his objects/parental figures **(internal world; quality of attachment)**. When asked if this is scary, his answer 'Yes…no' suggests his uncertainty **(anxiety; object relations)**, not about the scariness about whether this will make sense to me. The detachment of concern to the adults seems underpinned by despair and a search for meaning. The session continues, with Oliver's increasing engagement in play and with me. When I say something to him about his disappointment (in the broken bus) he seems to hear it and think about it **(capacity to engage).** He goes on and shows me more about the dangerous cars **(internal world)** and perhaps an awareness of help **(vulnerability)** (the ambulance). He becomes increasingly enquiring, asking me to tell him what lots of things are, and beginning to see some objects as symbolic of relationships **(internal world)** between big and small **(levels of development; object relations).** His anxiety bubbles up and overwhelms him **(anxiety)** at this point and he needs to retreat a bit, manage it by going to the toilet **(defence)**. But he has begun to show who he is and that he is very much alive behind his stoical defences, even showing something of the anger he might feel about all that has happened in his short life. As he leaves that day, he waved **(engagement)**. It felt very different from his automatic handing over of himself at the start.

Afterwards:

Evidence of a cooperative relationship between professionals (including his grandmother) may have allowed Oliver to use the kind of space which the child psychotherapy assessment offered. Over the course of the work, his detachment and withdrawal seemed clearly less about developmental difficulties than about the trauma, loss and grief which has overwhelmed him. Oliver continued to come alive, to be angry and sad, to inquire more and to ask for more of me and others. This was the beginning of planning for his future. Once loss can be known, by the self and others, then it can be mourned and this was the process which had not begun when I first met him. (Bowlby 1980; Klein 1940).

Oliver's grandmother though not directly involved in the assessment process, was keenly interested in it and attended post-assessment discussions with me, the social worker and the foster carer. She asked to be assessed as his permanent carer. Oliver and Tom were placed with their grandmother on a Special Guardianship Order; consultation with grandmother continued over the first year of placement and thereafter from time to time. Four years later, the placement has gone well and Oliver is said to be doing well. He gets on well at school, keeps up with lessons and has good relationships with his peers. He has not been referred for further help. The social worker and grandmother keep in mind Oliver's profound response to the traumatic loss of his mother, with whom some contact has resumed. He seems secure in his grandmother's care and some contact has been established with his mother. There are still significant intergenerational difficulties but these are more known and thought about (Fraiberg 1975).

Continuity, congruence and meaning

The Level 4 themes, the abstraction of primary data into theoretical concepts, has proved as effective in analysing the assessments of Sophie, Millie and Oliver as they did for Danny. The distribution of themes is seen to be different in the case of each child and the detailed meaning of each category is also different, as one expects. Danny's defences were different from Millie's, Oliver's internal world is rather different from Sophie's but crucially, the analytic framework makes it possible to

deconstruct a psychoanalytic, child psychotherapy account of being with the children so that they can be meaningfully and vividly brought to live in an accessible way for the multi-disciplinary network, with no diminishing of the rich and complex experiences from which the accounts come.

CHAPTER 7

Conclusions from the research

Making a Map

To begin at the beginning, this study has been about finding a way to put the children who are its subjects on the map. It is about how child psychotherapists might ensure children are understood, not only through the important facts of their outside lives but in the rich complexity of their deeply personal and relevant inside, emotional selves. It is about contributing that which is often missing, the view of the child and from the child which pulls the pieces into a three dimensional picture with the potential to begin a process of integration on which realistic possibilities for a good future can be built. Integration suggests disparate parts – of children's experiences and professional concerns; it is the drawing together of all of these parts into a coherent whole, in and around the child, that the study aimed to explore.

No Man's Land

The difficulties in achieving coherence are addressed in Chapter 2 and in the children's stories, particularly in the poignancy of the children's transitional situations. It is neither possible or helpful to reach prematurely for decisions about children's long-term care but it is extremely difficult to find genuine ways of managing the external and emotional uncertainty of 'not knowing' in ways that allow understanding and mitigation of the cost of the emotional defences to which children (and their carers and social workers) often turn. The study primarily explores how the child's eye view addresses these difficulties but shows also how the child psychotherapy view contributes to thinking in and with the professional network.

The aims of the assessments

Thus the aim of the assessments and of the study is informed exploration, with an open mind, of children, their experiences and the experience of being with the child. This is done for the child, for the therapist and for the network in different ways, in part for different reasons but ultimately it is about discovering what is not easy to see,

and is at the heart of the multi-disciplinary assessment, getting to know the child. Getting to know the child, because it is vitally important for children in transition to know someone wants to know who they are at the deepest level. Getting to know the child from the perspectives of a multi-faceted professional network so that in time his new carers will get to know who is he and go on from there. The task of working together to this end is beset with many obstacles, not the least of which are difficulties in communication within the professional network. The study set out to find a way of talking about children, as child psychotherapists see them, without reducing the complexity of what is seen, making sense of this view with other professionals, placing it in the light of their perspective.

The Level 4 Themes of the clinical work

The Level 4 themes represent the clinical work of the children's assessments, abstracted to theoretical level through the process of analysis using an adapted version of Grounded Theory methodology. The themes reflect psychoanalytic and child development theoretical concepts which underpin the work of the child psychotherapist. Detailed discussion of the themes is found in Chapter 5 (Danny) and the list of themes, which are then used in the analysis of the other children, is reproduced at the end of that chapter. The themes proved relevant and useful, highly effective in leading to the same kind of vivid, coherent and compelling accounts of all four children. The themes are shown alongside of the constructs used by social workers to describe the aspects of the child which they seek to know more about. The connection can be clearly seen between social work and child psychotherapy constructs, emphasing the similarity of concerns held and addressed by both, and bridging the interdisciplinary divide in which children themselves can be lost. The assessments of each of the children revealed so much about them, in depth and complexity, which fundamentally informed the thinking of the professional network about their immediate and long-term needs and their permanent placements. Decisions were made on the basis of the child psychotherapy assessments, not only about the nature of their permanent placements but about the kind of help both the children and their carers would need to give long-term placements the best possible chance. There were good, robust relationships between the social workers, the foster

carers and the child psychotherapist working with these children which continued well beyond the assessments.

This working validation of the themes also allowed growing confidence in their use as the basis from which to put together the reports which underpinned the ongoing discussion in the network which included the child psychotherapist. An assessment report is included in Appendix A. Here it is possible to see how the social work concerns prompting the assessment are addressed, drawing on the psychoanalytic work of assessment, in accessible language which encompasses both.

Developing a shared language

It is hard to estimate how much is lost to the child and to the network when professionals who are coming from different, sometimes inconsistent theoretical positions are unable to communicate easily. The study assessments show how much would not have been known of the children, and ongoing formal and informal conversations between social workers, foster carers and child psychotherapist demonstrate how much the particular understanding of the children contributed by the child psychotherapist, and the capacity to really think and talk together, not always easily or in agreement, contributed to the quality of placement decisions finally made. What was needed, and found was 'a platform of communication which allows the connecting of issues' (Milligan et al 1999). This fundamentally relies on a shared and inclusive language, a structure which can tolerate reality of different kinds. This did come from the work of deconstructing and translating direct experience with the children, supported through the analytic processes of the clinical work and the thematic analysis of the sessions. Social workers and child psychotherapists have complementary and essential roles for Looked After Children in transition. Differences of emphasis on internal and external aspects of children and their experiences are necessary, each is necessary for the other to be fully meaningful.

The value of the child psychotherapy assessments

In bringing a deeper and more complex understanding of the children in their outside lives and of their emotional worlds, the child psychotherapy assessments were highly

effective. As the work shows, the case material from the assessments of all four children is very powerful. It is powerfully convincing and compelling. The language of ordinary child psychotherapy practice gives an 'experience-near' account (Geertz 1983), which with attention to the readers for whom it is intended, is coherent and emotionally accessible, giving a vivid sense of each child which brings him to life, and shows how his experiences are reflected how he has been affected by them, what he has made of it and what it has made of him.

Demographically, before and after coming into care, the study children are clearly recognisable in the wider context of Looked after Children in transition. The children were 'made sense of' in unexpected ways. Danny, a mixture of deficit, deprivation, tenderness and deviance. In outwardly-tough Danny, one sees how much can be learned about such a potentially difficult and even dangerous boy, in this relatively short time, and how this brief intervention includes his own developing capacity to bear some of these thoughts and feelings when there is someone who can be with him in looking more deeply into himself and helping him to make some sense of what he sees. One understands why this boy made people want to help him. The love he felt threatened to be the 'weakness' which undermined his survival in the world. The narrative of his assessment is moving in showing the plight and suffering of children like this whose families are lost to them. Sophie, who cannot easily manage the possibility of a positive, dependent relationship, regulating emotional contact by turning away. Sophie was not a 'coper' but trying to grow up before her time. Millie, a desperately hungry little girl trying hard to deny her needs, to pacify and make up for the deficits in her object; Millie took in her severely damaged mother's projections and struggled with self-loathing. Oliver, whose surprising capacities for feeling and relating emerged so clearly and urgently in his assessment after profound grief was taken for organic impairment. It is hard to think that what is so subtle and so strikingly essential to knowing these children could have been learned in any other way.

The impact of children's cumulative trauma on those caring for them

The experiences of the children frequently lead to concerted effort on the part of both children and adult to disavow (knowing unconsciously but not consciously) the

severity of trauma and loss suffered by the child. It is simply too hard to bear but the cost of not knowing in this way can be very high indeed since the unthought trauma continues to threaten new possibilities and development remains vulnerable. The importance of understanding the complexities of how professionals manage the personal and professional demands of really knowing about such painful experiences, and the impact of this on themselves, the child and the work they do cannot be underestimated. The semi-structured interviews are a starting point for thinking in a different way.

The semi-structured interviews with foster carers and social workers

In the use of the semi-structured interviews (see Chapter 4: Research methodology 2 and Appendix H) with social workers and foster carers, before and after the assessment sessions there is a significant difference from standard assessment procedure. For a child in transition come through the No Man's Land, from statutory care to a new beginning, and remain alive to what happens in himself and his life, it is absolutely vital that he is held in the mind of someone for whom he has real significance. The child has to be someone's child (Britton 1983) and the study children were clearly significant for a number of important adults, teachers, foster carers for some, family members for others but above all these children were very much held in the minds of their social workers and this is why they had been seen for a child psychotherapy assessment. There seemed to be child-related factors in this (resilience and capacity to touch the minds and hearts of adults who knew them) and this led to the therapist-researchers desire to know more about how the children were held in the minds of those working and caring most closely for them. Shared work with these professionals is an important part of the child psychotherapist's role but usually discussions with them are based in pragmatic and practical terms and more emotionally-charged conversations are avoided or even discouraged as unprofessional. Organisational defences against the pain and disturbance of working with traumatised children are sometimes necessary and sometimes obstructive of ordinary compassionate responses to the children or to the worker/self (see Chapter 2: Literature review) The semi-structured interviews, administered before and after the assessment sessions, were designed to allow a conversation about exactly these aspects of being with and caring for the children. The interviews were confidential

although respondents agreed that the material from them would be used by the researcher to contextualise the assessment material and strengthen recommendations about future care for the child. Participants were asked to respond as freely as possible in the interviews and told that these interviews were not part of regular multi-disciplinary consultations. All the social workers and carers engaged well in the interviews, although some found it difficult, particularly when they had negative thoughts and feelings about the children. When they spoke freely of their feelings about the child, his life and his future it threw valuable light on what future carers might experience and what support might be needed to help them know the children at the deepest level. These discussions, aimed at eliciting conscious and unconscious feelings about the children, could be thought about by the therapist in the light of her countertransference feelings to the child, questioning and/or supporting her experience, always adding depth. The interviews were tape recorded; the rich material contained here has been explored principally in terms of contextualising and validating or questioning the understanding of the direct work with the child. This data source remains open to further scrutiny, particularly in exploring the unconscious communication between child and carer, child and social worker. Such understanding can feel dangerous, unsettling of established defences in child and adult. This has much to contribute to the preparation of children for new families, and new families for the children.

External adversity in the children's lives: neglect, parental mental illness, substance misuse, domestic violence, poverty, social exclusion, isolation and race and ethnicity

Neglect: all four of the children came into care on the grounds of severe and longstanding neglect. The insidious and cumulative effects of severe neglect meant lengthy periods in the children's lives when some preventive help was offered parents or when the family simply disappeared from the professional 'radar'. The pervasive and damaging effects of sustained neglect on children's development are now more clearly understood although children themselves still infrequently receive direct support as children in need.

Family structure: the study children were mostly cared for by their mothers and all of their mothers suffered serious and enduring mental illness. Families often existed

outside the ordinary fabric of the communities in which they lived and mothers in particular were almost all extremely isolated. Fathers were often absent or peripheral in the children's lives. **Domestic violence** occurred frequently between parents and children were frequently exposed to it. Prolonged and severe **drug use and dependence** was a significant and longstanding problem for both mothers and fathers. The families of all of the children were very **poor** and all parents were **unemployed**. **The impact of poverty:** the impact of poverty, parental mental illness, substance misuse and unemployment on families but more specifically on children has a prominent place in social and political thinking about their wellbeing, development and life chances. Nevertheless, one in five children now live in absolute poverty and the number is increasing (Harrison 2013); there is a pressing need for effective and accessible mental health services for parents and in particular there is urgent need for stronger and clearer links between adult health, social and mental health services and those for children. All of the study children except the youngest had fallen through the professional net between adult services and child services and this undoubtedly led to the prolonging of their trauma and suffering. The Parental Mental Health Service described in Millie's assessment (Appendix B) is a formal bridging service between adult and child mental health and social services and demonstrates what can be done. **Race and ethnicity:** the study children were either black or of mixed race. They came from an inner-city locality with a high proportion of ethnic minority families, mostly poor. In Britain today, families from ethnic minorities are twice as likely to be living in poverty than white families (The Institute of Race Relations 2013). Immigrants often struggle to become integrated in the host country and must manage the loss of all that was known in the old country. They must detach and attach at the same time, as must the study children in transition.

The loss of the birth family

For a time at least, children for whom new families are sought literally lose their birth families. Whatever has gone before, these are the people have been important for children and go on being important in the way that loss is held in the minds of others, including new carers and the way in which experiences in the birth family shape what children make of and how they can use new and different opportunities. There was a paucity of information about birth families in the case notes of the study children,

although parents and other family members were clearly in the minds of the children during the assessments. Even more rare was information directly from birth family members. During the difficult time leading to reception into care, and beyond, seek this from parents and other family members is difficult and may feel confusing, although letters for children to receive in the future, 'later life letters' begin to address this. Without it much is lost to the child, in the moment and for the future, which can be invaluable in helping children know and integrate the disparate parts of their lives.

Kinship care

An unexpected outcome of the study was the placement of three of the four children in their extended families. Kinship care placements have particular strengths and difficulties (Aldgate and McIntosh 2006) ; while an extensive discussion of kinship care is beyond the scope of the study, in brief the children placed within their families of origin seemed greatly helped by the sense of identity this gave, despite its complexity, and a feeling of being valued by the family which wanted to keep them. The losses suffered in the breakdown of their birth families seemed considerably mitigated by being wanted and loved by grandparents or aunts, and of remaining part of the family. Kinship carers struggled financially, being entitled to less financial support than foster carers, and with a sense of lesser entitlement to professional and practical support (often born out in practice). They struggled with issues of divided loyalty between the children and their parents, and of guilt about their failure as parents of their own children. Nevertheless, the study children thrived in their kinship placements though they received far more practical and personal support than would have been the case outside the study.

Powerlessness and speaking for the child

'Adults can change their circumstances; children cannot. Children are powerless, and in difficult situations they are the victims of every sorrow and mischance and rage around them, for children feel all of these things but without any of the ability that adults have to change them. Whatever can take a child beyond such circumstances, therefore, is an alleviation and a blessing.' (Oliver 2004)

The poet Mary Oliver evokes the powerlessness of children in transition. They may and do feel 'all these things' yet remain powerless to change their circumstances but children do have the power to let others know what they feel and think about what happens to them. The professional network acts as intermediary for the children but it is necessary to know where to look, how to listen and how to make sense of what is heard. Each in its particular way, members of the network is trying to do that. There is sound evidence from the study to be confident that child psychotherapy can and must contribute to knowing the child in this particular way and speaking on his behalf. This is clearly most effective in the context of a professional network who are talking and listening to each other, with a shared language embracing diversity, complexity and depth. This counts as a blessing.

Action research

The paradigm of Action Research offers a rigorous scientific model for examining experience with an explicit emphasis on the role and function of the practitioner closely involved in delivering or facilitating the experience under scrutiny. Action Research is almost always concerned with the provision of services, formal and informal, to meet social, physical, educational and emotional needs at the individual and the community level. This way of looking entails understanding the practitioner role as an integral part of exploring the experiences of those on the receiving end of the policies and practices affecting them. The researcher-practitioner is an 'informed insider' as a necessary aspect of this kind of research. One is looking at the complex interaction between practitioner and recipient, with a view to understanding what it means for the subjects of enquiry and to understanding how practice works, with what consequences. This raises questions about what is happening or not happening in the issue being researched and may pose challenges to established ways of doing or being, both in aims and in means of achieving aims. The study fits particularly well in this paradigm, evaluating the meaning and usefulness of child psychotherapy assessment for children in transition and in its intensive scrutiny of what the researcher-therapist is doing. This allows consideration of adaptations of technique for this group of children, the strengthening of therapeutic practice based on the experience of looking at it in this 'informed insider' way and gives a robust, grounded

framework for communication in the network language which encompasses theory and experience.

Recommendations for Practice

The study clearly demonstrates the value of including child psychotherapy assessment in multi-professional provision for children during the transitional time between coming into care and their placement with new, permanent carers. The highly relevant and different understanding of children and their view of themselves and their experiences the study assessments gave indicate this is not an optional extra but a vital and complementary addition to the overarching assessment process. The study flagged up the relative infrequency with which social workers made referrals for child psychotherapy consultation and assessment. While changes since the time of the study indicate that this given much more thought now, this has not been the case universally. It is also true that far-reaching economic changes have brought some reduction in specialist services and a move towards denial of the need for specialised, highly skilled services for children (and others) has had a similar impact. Child Psychotherapists must keep in mind the real need to keep on advocating for this work and to go on developing skills in communicating with a wide range of professionals about it. This means listening carefully to what others are saying and thinking carefully about how to talk to multi-disciplinary colleagues in an accessible way which lets them know what child psychotherapy is about. This became a significant aspect of the study, for without it the value of the assessments might have been much reduced. Effective communication in the study led to robust and thoughtful relationships with social workers and foster carers and paved the way for working relationships which continued effectively well beyond the assessments. Child Psychotherapy should be looking to remain with children in transition throughout the journey to permanent placement and at times, beyond. Work in the assessment of prospective carers should include child psychotherapy, as should work after placement, where possible as routine. Long-term alternative carers often find it worrying and difficult to seek help with their children after placement, for fear that they and the placement will be seen to be failing. Child psychotherapists understanding of unconscious dynamics in families, groups and organisations has a very important part to play. The efficacy of integrated services with a capacity for

thinking about unconscious dynamics is very clearly seen in the Parental Mental Health Service involved in the work with one of the study children, Millie. The kind of child psychotherapeutic work explored in the study can be effective in a broad range of community-based settings. In such contexts supportive therapeutic interventions as well as those promoting change may be valuable. There are times in children's lives when there is anxiety about their care does not lead to formal statutory intervention, nor does it lead to improvement in children's lives. Being understood in the way that child psychotherapy can offer can make a real difference to how children get by in the short-term and how they develop in the longer-term.

Recommendations for further study

Longer-term studies which evaluate child psychotherapy interventions, including those with children in transition, are much needed. Where child psychotherapy has been a central part of important decisions made in children's lives (as was the case for the study children), knowing more about how children fare, what strengths and vulnerabilities they have, how they develop, how they cope with adversity and with good fortune will do much to strengthen confidence in the inclusion of child psychotherapy during important turning points in children's lives. This might usefully include studies which continue after permanent placement in foster care or through adoption, follow-up studies following child psychotherapy involvement in legal proceedings concerning children and studies of children in kinship care.

Appendix A: Assessment report for the professional network

The aim of the assessment has been to describe Danny, his development and his needs in such a way that the essential emotional and psychological characteristics of the child can be clearly seen and understood by the whole multi-professional network. The team is working together to find a permanent home with alternative carers who really want to know about him, think about him and try to provide for all of his needs. Carers who can bear to know about the child are more likely to stay the course. There are very complex issues to observe and understand, particularly when children have developed and may continue to use ways of coping which distort or obscure the profound and complex nature of their experiences and sometimes present formidable difficulties in benefitting from new and different opportunities. This begins with the shared and multifaceted understanding of the child in the minds of those caring for and working with him and this calls for ways of sharing complex information. The assessment report aims to communicate the depth and complexity of the child's emotional world, to translate from the language of child psychotherapy to a shared meaningful and accessible account.

Child Psychotherapy Assessment Report **September 03**

CPT Marie Bradley CAMHS Parkside Clinic

Social worker D.S. - Referrer
Foster carer
Children's Services Social work manager
Fostering and Adoption Team manager
Link Social worker for foster carer
Consultant Child Psychotherapist CAMHS

Child: **Danny M. 9 years and 8 months**

Current placement: interim foster placement on Care Order

Time in placement: 6 months (second placement)

Aims of the assessment: to explore Danny's perception of his life story to date, the events in his life which are significant for him and his understanding of the reasons he has come into care.

The assessment aims to understand the ways in which he has been affected by his life experiences, the impact of this on his development, including his sense of himself and his hopes, fears and expectations of the future.

The assessment aims to contribute understanding the kind of long-term carers Danny will need and what help and support he and they might need now and in the future to support his successful placement.

The assessment aims to explore the nature of Danny's emotional attachment to key figures in his life, in particular his parents and sister but including other significant attachments which emerge. This will contribute to a deeper understanding of Danny's way of relating to others and may help in planning appropriate contact (or lack of contact) in accordance with his developmental needs.

Session dates:
I saw Danny for four assessment sessions on 21.07.03; 11.08.03; 14.08.03 and 18.07.03. Each session lasted 50 minutes. He was brought to his sessions by his foster carer.

Presentation:
On meeting Danny he presented as a pleasant and self-composed young person, considerably older in manner than his years. He assumed a highly self-reliant stance, friendly but distant. On engaging with me, he sought to show a tough and street-wise self while he also seemed, from the start, ready to engage in talking and thinking with me. In the sessions Danny worked with intensity and passion, on both a conscious and unconscious level, showing a wide range of development aspects of himself. Before and after each session he resumed his worldly-wise, self-reliant stance, though the meaning of this seemed to change over the time of the intervention.

Engagement in the sessions:

Danny soon became deeply involved in showing me what he thought and felt in vividly symbolic play. He was very sensitive the relationship between us in the sessions and to my comments. This helped me to understand what felt difficult and painful for him, and was particularly notable when he felt misunderstood. He was, however, responsive to my attempts to repair ruptures in the communications between us.

While I had initially felt despairing and impotent when faced with Danny's tough self, I became deeply affected by the powerful range of his presentation of himself – harsh, angry, tender, perverse, vulnerable, hopeful and thoughtful. Danny came through as a boy who wants to understand and who can be open to being understood.

Prominent themes in the assessment work:

Strength as a defence/toughness
Self-reliance
Vulnerability
Love
Cruelty
Some tendency to perversion in idealising cruelty
Idealisation of father
Strong sense that mother is damaged and also copes better with girls
A growing understanding of his own deprivation
A sense of having known some good early care
A capacity to elicit concern and caring in significant adults

Danny's understanding of his life story:

Danny has a fairly clear understanding of what has happened in his life, although he feels the family breakdown is largely a consequence of his mother's mental health problems; in his mind this is the significant event which lead to his coming into care . He intellectually understands his father's criminality and that he is in prison but his idealisation of father prevents him from knowing how this contributed to family breakdown.

The impact of life experiences on Danny's development:

Danny has complex feelings about ordinary vulnerability. He sees it as 'weakness', undermining the 'strength' or toughness needed to survive in life. He told me (of a character in his play) 'Love is his weakness'. Yet in his sessions, he also showed how sensitive and tender he is to the concepts of love and care. While he is strongly defended against ordinary childhood vulnerability (his tough guy presentation) he responds with a complicated mixture of deep interest, tenderness, anger and cruelty to the idea and the possibility in himself.

His idealisation of his father and his wish to emulate him make Danny very susceptible to becoming hard, cruel and amoral. However, something in Danny is able to respond powerfully to more developmentally positive ways of being, when he engages with others who see this potential in him.

Danny's sense of himself:

This is predictably complex; he sees himself as tough but he is increasingly able to experience his own ordinary vulnerability and an awareness of the loss and deprivation he has experienced. His sense of toughness has protected him from this awareness. He is becoming increasingly alive to the events of his life and their impact on his development. At times this means Danny is more angry and sad than previously.

Danny is acutely aware of his ethnicity, and the mixture of his Black African, Irish and Black British heritage from his parents.

Danny has a sense of being difficult for a mother to take care of and it is possible this is attributed by him to his maleness. This is a complex issue for Danny, given his father's sexualised criminality and the domestic violence Danny will have been aware of in the home.

Danny is boy who sees himself get by on his wits and despite school being a mainstay for survival until recently, he appears to feel he is not capable of academic work. This

is not born out by his capacity to engage and think with me in the sessions. I found no overt evidence of learning difficulties in my work with him.

Danny's characteristic ways of relating (Attachment status):
Beneath Danny's tough and self-reliant stance boy he shows a capacity for deep attachment to significant others.

He is very strongly attached to his father though this attachment is insecure and based on idealisation of harshness and criminality. His attachment to his mother is also insecure and is less apparently strong. It suggests an inversion of the parent/child relationship as a way of managing his awareness of her vulnerability and damage, and he feels she is not able to care for him. Nevertheless, given Danny's potential capacity for loving and dependent relating, it seems likely that his mother's early care of him was good-enough.

Danny appears to see his sister in a similar light to his mother, vulnerable and damaged. All of these significant attachments are avoidant, that is, he assumes a somewhat distant stance to each of them in order to manage his low expectations that they will be able to meet his needs for understanding, love and security. The nature of these attachments is fairly fixed in Danny's mind: their insecurity refers to the consistent lack of expectation that his emotional needs will be met.

Danny has made strong relationships with others beyond the family, notably his relationship with his social worker and with teachers at school. While Danny engages in these important relationships in the defensive way described above, in them he has been able to experience real warmth and some dependency.

Expectations of relationships:
Relationships with significant others are strongly shaped by the nature of relationships with primary carers. This is not a static emotional state though, and this is clearly evident in Danny's capacity to make and enjoy relationships with other, dependable adults. It is likely that Danny will keep his somewhat distant emotional presentation, to some extent, though his capacity for deeply loving relatedness clearly indicates more hopeful future possibilities. This is something very important for his future.

Contact issues:

Danny will be helped by knowing how his parents are, though this will need to be mediated by others for some time. Consideration might be given to letter-box contact, if his parents are able to engage thoughtfully in this on his behalf.

Danny's sister is currently separately placed from him and both children seem to be flourishing more freely, without the constraints of their rather different needs from a single carer. Danny's regular contact with his sister seems helpful, with the support of their social worker and carers.

Support and therapeutic help:

Danny's changing perceptions about himself and about his future will need consistent care to help him explore, moderate and manage the thoughts and feelings he has. Placement with carer(s) who are open to understanding and respecting where he has come from while helping him to engage increasingly with different possibilities for himself will be essential.

It will be important for Danny's permanent carers to be able to maintain and moderate his contact with his birth family. In time this may include direct meetings with his parents.

Ideally Danny should have a two-parent family, to give him an experience of a good parental couple, thinking about him together and separately. Should there be children in the family, it would be helpful for Danny to be the youngest child, to help him relinquish his need for toughness and for assuming responsibility for younger siblings.

Danny is beginning to understand the loss and deprivations in his life at a deep level. He will need much support to mourn these losses fully and to reduce the pull towards recreating the difficult circumstances from which he has come.

Danny has engaged well in individual psychoanalytic psychotherapy; he will need to be supported in this work now and if necessary, in the future.

Permanent carers will need to be open to ongoing professional support, though this is likely to vary in focus over time.

Conclusions:

Danny is a boy whose tough, self-reliant presentation can be misleading. He has idealised the toughness and cruelty he has experienced in his family of origin as a way of surviving the possibility that his emotional needs will not be recognised or met. He is an emotionally alive, passionate boy with the potential to engage fully and positively in a new family where he can develop to the fullest potential.

Marie Bradley
Child Psychotherapist

Appendix B: work with the other children in the study group

Sophie 8, Millie 5 and Oliver 4

Sophie 8 years

I assessed Sophie and her sister when Sophie was eight and her sister was six. The sisters are of mixed racial heritage. Their mother is White British and father is Black British, of Afro-Caribbean origins. They were referred by their social worker to CAMHS for a child psychotherapy assessment of their emotional and mental health state to help the social worker fully understand their individual and shared developmental issues and needs, and implications arising for permanent placement of the children.

There were longstanding, far-reaching personal and social issues relating to drug abuse by both parents and which also affected many of the adults in their extended family. A number of other children from their maternal family have been permanently removed from home. This is commonly known in the family but there seemed little overt acknowledgement of these traumatic losses. Sophie's father is ten years older than her mother and thought to have introduced mother to drugs. Father's family is a matriarchal Black British family, strongly bound by an authoritarian mother. All the sons of the family had periods of delinquency and criminal involvement in adolescence and early adulthood though all except father seemed to settle down in adult life.

Sophie's parents met and married when mother was about 18 and a period of family stability existed for some time before mother began the chaotic and regular use of hard drugs. Both parents were employed and the family seemed to flourish until Sophie was about four. No specific trauma seems to account for the drastic changes which the followed.

Father appeared less heavily dependent on drugs than mother though his drug use continued in a sporadic and apparently less destructive way. Father then left Sophie's

mother and he was for some time very erratic in the girls' lives. Mother was unable to halt her own serious deterioration. Her chaotic and destructive lifestyle meant she was absent from the children's lives for long periods.

There is a strong sense that the children were loved and well cared for in early childhood, prior to the breakdown of their family when they were effectively abandoned by both parents. First father literally disappeared while mother tried hide what was happening at home. Sophie recalled 'lots of people in the house, all day and night, with strange grown-ups sleeping there' and that often her mother sometimes 'could not wake up'. It seemed that Sophie looked after her mother and her sister as best she could, trying to ensure her mother ate and her sister was washed and dressed for school.

Nothing seemed evident to the outside world for some time. Teachers observed that Sophie was a 'very quiet, serious girl who looked worried' but she continued to manage in school for almost a year. Beyond this, things were clearly too much for her to try to manage. The children began to be absent from school frequently and concerns were raised by teachers who contacted Social Services. Soon both children were removed from home and placed with their paternal aunt Esme.

Their aunt worked full-time and had a child of her own, a girl of six. From the beginning she expressed firm commitment to the girls and to keeping them in the family. There is a suggestion that Esme has been told by her mother, matriarchal head of the family, she must care for the girls and the children's father, Esme's brother, at first strongly opposed the placement.

The Children Act 1989 stipulates that alternative long-term placement for children is first sought within the extended family. An important and complicating factor is that such placements often receive a lesser level of long-term professional and financial support than placement outside the family. Long-term foster placements may be the best available option for older children, particularly if there is ongoing contact with their birth family. Two of the study children were eventually placed in kinship care placements. There are particular benefits and challenges in kinship care and these are

discussed in this chapter in relation to Sophie and her sister and in Chapter 7: Conclusions.

The social worker initially requested a consultation for herself with a children's mental health practitioner 'to think about the impact on the children of what had happened to them' and to help her reach decisions about their long-term care. In particular she wanted to think about the implications of permanent placement within the extended family.

In our consultation the social worker said that permanent placement with Aunt Esme would be complex. The children's aunt would need to manage and address difficult issues relating to the impact of longstanding traumatic experiences on the girls which had implications for their ongoing development. Some issues would be shared but in significant ways some would be different for each girl. Given Esme was a single parent with no support from her daughter's father and she was in full-time work it would be essential to have the fullest possible understanding of the likely issues and how these would impact on the children's development, their needs and the needs of their aunt and her child. If Esme took on the care of her nieces she and the social worker must have a full and realistic understanding of what she was taking on.

Clarification of the social worker's concerns led to a more comprehensive engagement with the extended family. Faced with the gravity of the concerns Social Services had, the family seemed to pull together to address the children's needs, including the demands this placed on Esme and the level of family support she and the children would need. The children's father returned to the family home to care for them and there was briefly some optimism for a more settled and integrated arrangement but this arrangement rapidly deteriorated when father was unable to cope with looking after the children. It was difficult to know the extent to which arrangements in the family could be relied on as viable possibilities; however, consultation between myself, the social worker and the family led to a more realistic and painful understanding of the emotional suffering the girls had experienced. This followed the manic wish, expressed through father's return to the children, to repair the damage. This could not be sustained and the family were now truly faced with the impact of the trauma and loss on the children.

Kinship care was now seen as more realistically complex and demanding. With reservations and anxieties more available to thought by the adults, the children went to stay with their aunt. Father steadily opposed this but grandmother insisted on it. Matriarchal grandmother's power and control in the family had implications for the complexity of Esme's commitment to the children but the placement went ahead and father became reconciled to it.

The social worker described the children as follows: 'Sophie is reserved and watchful while her sister easily becomes tearful and needy. Both girls are very anxious about their mother's wellbeing and worry about who will care for her now they are not there.' She presented Sophie as watchful and withdrawn, thinking rather than feeling while her sister seemed emotionally fragile and desperate for attention. The younger child appeared to take care not to show her anger and distress to adults, fearing perhaps this might drive them away (as she may have felt happened with mother). The strength of what she felt seemed projected into other children and scenes of hostility and rejection with them seemed frequent. For example, a very distressing though apparently not isolated incident occurred, where she was attacked by other children. Sophie's sister had climbed onto a wall outside her aunt's flat and provoked other children by spitting at them and taunting them with 'loser' and 'nobody likes you' until this seemed unbearable by the children who then shouted angrily at her and hit her until she was rescued by her aunt. Both children seemed to be grieving deeply for the loss of their parents, their home and the sense of themselves as little girls who were loved and cared for. They expressed their distress very differently. The extent of the impact on each girl of the trauma and loss became evident as work progressed with their aunt towards beginning the assessment. Each child had built complex and entrenched emotional defences to manage the catastrophic breakdown in their lives and it seemed likely that they would have extensive and complex needs of their new carer/parent.

Sophie had become a pseudo-adult little girl, taking on the role of parent and she seemed unlikely to allow herself to be parented by an 'ordinary' mother; this was too risky. Tessa seemed adrift in an emotional abyss, where she accounted for the loss of

her by seeing herself as a ‘bad child’, with the consequent need to project this unbearable perception onto others.

Esme/aunt was touched by her nieces’ plight and wanted to care for them. She intuitively understood the difficulties the children struggled with and longed to help them. However over four months she never succeeded in sustaining work with me. Her anxiety about doing so seemed to resonate with earlier experiences of her own. Relationships between herself and the children and between the children and their cousin close but often fraught; had this not been a kinship placement it is unlikely to have held together. The ‘holding together’ somehow excluded the possibility of outside help and the children and their aunt seemed unable to get closer or to separate. Perhaps the children and their aunt felt too anxious or disloyal to voice their anxieties and their unhappiness and it was particularly difficult for Esme think of ambivalence about caring for the girls. Powerful family feelings which included wanting to hold onto the children also made it hard to speak about and address the trauma the children suffered. As a second generation immigrant family, the extended family had negotiated many traumas bringing both strength and vulnerability to the issue of the children’s care.

However, Esme established better contact arrangements between the children and their father although this was not possible with mother. Esme was neither critical nor judgemental of her and thus maintained a reasonable relationship with mother which was of comfort to the girls. Mother came and went in the children’s lives, with a teasing, tantalising quality, echoing a generational theme of emerging hope which is then dashed. Mother seemed entangled in the endemic issues of drug abuse, family breakdown and the loss of children to the care system.

Consultation with the social worker and sometimes with Esme continued through the first year of placement, which neither deteriorated nor improved. It was not good enough to feel confident that the children could begin to settle and grow or bad enough to contemplate ending it and a year later the children were placed in their aunt’s care on full Care Orders. This endorsed the placement and allowed Esme to receive ongoing financial support, reducing her need to work full-time. It ensured the social worker’s ongoing support and monitoring. The therapist/researcher also

remained in touch for a further year. This work remained supportive rather than exploratory and it became evident that despite the complicated family relationships, the children gained from this placement what an outside placement could not offer: a sense of identity and belonging to their birth family, which had managed, at some cost, to hold onto them.

This work continued over a long period. The social worker and the therapist remained involved through several years, well beyond the assessment process. A high level of commitment by the social worker and relative flexibility available then in the systems allowed the ongoing collaborative work between the family, Social Services and CAMHS.

Material	Commentary	Grounded Theory
S and her aunt are about fifteen minutes late	There is some anxiety about the session on aunt's part and some ambivalence	Network related issues Anxiety Ambivalence
Aunt does not refer to the lateness		Anxiety Defence
S stays close to her aunt	she is anxious	Anxiety Separation attachment to aunt
I say hello and say I'm Marie, the CPT	I place myself in the network but make a direct connection with S	Technique Containment
I say I have been thinking with aunt about all that has happened in S's family	I contextualise our work here Explicit link with aunt	Technique
As aunt E has told S she will come to see me for 4 sessions to play and perhaps talk a bit, if she would like to.	Again linking, clarifying and seeking her engagement	Engagement
So we can think together	The aim of the work	Engagement

and try to understand more about her and her life		Containment
I explain the practical things about the sessions. I suggest we could meet a bit longer today since they were delayed in arriving I invite S to come to the room with her aunt	A framework	Engagement Containment
She nods and aunt agrees too	This helps transition into the room and the session	Capacity to engage
S is mixed race , tall, thin and slender. She has light brown fluffy hair in a ponytail	She is clear in my mind. Her physical appearance contrasts with her emotional stiffness and her vulnerability. She made a strong impression on me straight away	Strength, vulnerability. Countertransference
She has a strong face, quite solemn, with a slightly pronounced nose	A sense of her strength and her slightly defensive quality	Strength and resilience Defence
She is attractive, interesting rather than pretty		Countertransference
She is wearing school uniform, brand trainers and a black quilted jacket	Like all the other kids	Normality Vulnerability
She carries what seems to be a party bag	Feels oddly out of place but needs no explanation	Anxiety Defence, her more childlike feelings in here
She smiles in a reserved way and seems clearly nervous	A mixture of expressed anxiety but also some curiosity?	Anxiety Less defensive Engagement

		Countertransference
In the room she stays close to aunt. She hold onto her, says she does to want her to leave yet	Appropriately anxious	Level of development Attachment
She begins to look around the room though	Her anxiety doesn't prevent exploration	Engagement Containment Strength and vulnerability
I say it may feel strange to come and see someone you don't know in a strange place.	Help her to know what she is feeling and why	Containment Technique
It may take time to feel ok with it	I acknowledge what she seems to feel and help her acknowledge it too	Technique Containment
I pull out a small chair for S and big one for aunt E	There are different places for children and adults different expectations	Level of development
S climbs onto aunt E's lap	She is quite deeply anxious and retreats to an earlier level of functioning	Anxiety Level of development Containment
Aunt says not to or she'll get too comfortable there	a practical observation since aunt will go soon but difficulty in being in touch with the child's deep anxiety	Network/carer issue of defence
S then takes the small chair	Moves into the child's place I have offered	Containment Engagement possibly
She is still smiling	Probably to keep herself from being overwhelmed by the anxiety she feels	Defence Countertransference Vulnerability
I say again that aunt E and S/W have talked to me	Making links again between outside and inside	Countertransference

about what has happened in S's family life	here. Trying to contain S's anxiety and protect her from feeling disappointed by her child status.	
I say there have been many changes for her	Try to address her anxieties (stirred by aunt's distancing) hoping to lessen her need to resort to inappropriately grown up managing.	Countertransference
She listens to me	Seems interested that I know a bit	Responds to containment, engages
I say the grown-ups are think it might help S with her worries to have some time here to play and think with me	Let her know people are aware it may be hard for her to manage all this	Technique Level of development
E tells S its her time. She'll take a break and go to the market	Some denial in aunt of the child's vulnerability?	Aunt's defence against child's distress and anxiety
S makes a small protest noise	her anxiety overcomes her capacity to manage	Level of development Anxiety Vulnerability
Aunt prepares to leave then sits down again	Her capacity to be in touch with S comes and goes as she is able to bear it or not	Aunt's defence fails. Age-appropriate communication between them
I suggest S might like to look around the room and get the feel of things for a while	Offer a bridge between aunt (absent) and S here with me	Therapist defence? Technique
Again E prepares to go, but asks S if she is ok with	E is more in touch with S's anxiety but needs S to	

this	endorse her leaving	
S protests and says ‘No’	In touch with her need for her aunt’s presence and feels permission to voice it	Anxiety Level of development Engagement
My countertransference feelings here are strong and confusing	Something doesn’t ring quite true	
I feel S has mixed feelings about letting aunt go. That some of the protest is not actually felt	What is the meaning of this discrepancy? As if S is trying out being able to be anxious and vulnerable	Identity Internal world
It is almost as if S is trying out what it is like to protest about losing someone. This may be a response to my intervention	Is she using the containment of the session to explore a previously unknown possibility? Loss can be felt and not simply suffered.	Containment Engagement Transference
I ask if it will help S to know where her aunt is going	Offering a link between S and E	Technique Countertransference
Aunt agrees and tells S she is going to buy food in the market outside she’ldownstairs	Aunt has taken up the link well	Response to my intervention
S asks what time we’ll finish	She seems more confident now of a beginning/end, an absence/return	Engagement Containment
When I say the time S looks blankly at me	This doesn’t meet her internal anxiety	Internal world
I use the hands of the clock to show her	Help her make the link between internal and external	Technique Containment
Now aunt goes and S		Containment

doesn't protest		Engagement
She hands aunt her party bag	Creates a link with her aunt	Strength and vulnerability Engagement
Aunt waits as if S might want to say more	The communication between them is less fraught with anxieties of abandonment (S) or being overwhelmed (E)	Containment (A process of external and internal linking is emerging)
I say goodbye to aunt	Confirm it is alright to go	
S now looks solemnly at the room and at me	Aware of absence of aunt but not too inhibited to explore a bit	Containment Engagement
I say again how strange it might feel		My anxiety now?
I ask about when she came to stay with aunt		I may be anxious about losing the link
S struggled to remember then said December		Anxiety
S looks at me.	To help her make sense of the shape of her life	Transference Engagement
I say it's hard sometimes to make sense of things. I then talk about the room		
She sharply asks me what I mean?	I may have confused her by moving on quickly, away from the anxiety of 'making sense'	Anxious Uncertain whether to trust me
I say she may just like to look and think a bit		
She shakes her head	She is still uncertain	Anxious Defence
Then asks about a collage in the hall	Where is she? What kind of place is this, what kind	Anxious Vulnerable

	of person am I?	Defended
I say it was done by local children (the name of the school is on it)	S needs to relocate herself, feeling thrown by me failure to stay with the anxiety	Technique
She says she knows some of them and asks when it was made	Making a link with herself. Maybe also anxious about loss of privacy	Engagement Technique
I say I'm not sure, it has been there a while		
S says some of the children will be at secondary school now.	Some have grown up and moved on, how is she going to manage this?	
She knows this because she was at the same school	She can place herself	
She moves to the window and looks at the garden	What kind of place is she in? She explores inside and out	Anxiety Engagement
What is she thinking I ask?	I'm looking for a link	
She says it is a pretty garden and big	A good place	Containment
Why is it big she asks?	Is she worried she would be lost in there?	Anxiety
And shakes her head when I ask again what she thinks	Too worrying to think or speak about. A profound anxiety.	Anxiety Defence Vulnerability
I say the clinic is two houses joined together so there are two gardens joined together	Needs me to talk about this place. (it has the nature of a joined up parental couple, different from her own)	Containment Technique
She turns away and looks around then turns to the	The idea of the big thing, of two joined together	Anxiety Defence

paints fleetingly	seems frightening for her. Possibly she feels lost and overwhelmed by the space and the idea of a combined object	Vulnerability
She asks if she can play with the dolls' house	From external to internal house/objects, more manageable	Internal world Anxiety
She asks me how to open it	Enlists help	Containment Engagement
She seemed immediately engrossed and begins to arrange things inside	Wanting to sort out and make sense of	Internal world
I ask about what she does. She tells me the top bedroom is for children, the one below for the parents	Wants to straighten things out. Get clear about what is for parents and what for children though the children are above the parents	Internal world
She deliberated for some time before deciding whether the parents' room should be nearer the children	How it was and possibly how things might be?	Internal world
She decided it would be best to have bathrooms next to the bedrooms instead	The need for a place to evacuate, to get rid of difficult feelings	Reference to her characteristic defences
Because people will need to get up for the toilet	Get rid of that which can't be borne.	
On the ground floor she carefully arranged the kitchen and the sitting	Careful attention to detail and order as a contrast to the external chaos and	Internal world

room	confusion from which she has come. Internal and external situation.	
She placed a TV in the sitting room	A connection with the outside world	Engagement
And another in the parents' bedroom	A link for them and a link to them. What she needs, longs for	Internal world
I remark on how carefully she has done this		
She doesn't reply	Engrossed, a bit intrusive	Technique
She chooses dolls for the rooms		
They are all white dolls	Mother is white. Anxiety that she is not white/good enough. A need to idealise mother?	Anxiety Identity Internal world
She lay them down in a row and says 'First the oldest, then the next…' with three girls and a boy	There is an order to it	
Then she lays down one she calls 'mother'.		Internal world
She now takes two dolls which she places in the bed in the parent's room, alongside the parent dolls	The confusion about a 'house full of grown up'	
Then she moves them to the children's room	The children are unprotected from these odd adults?	Profound anxiety Countertransference
She says it is morning now and gets mother doll up. Mother calls the children	An ordinary world, mother is looking after the children	Denial/defence against anxiety

The children take time to get up, mother calls again The children get up and go to the bathroom Then come to the sitting room S says the children will now relax and watch TV. Mother comes in and out, caring for the children. I observe and comment on this seemingly ordinary scene Father doll continues to sleep Then mother wakes father		Internal world, a phantasy of normal family life
Who gets up and goes to speak with the children	The feeling is of ordinary family life, contained and steady	
S now turns to the animals, deeply engrossed She takes out some fencing and makes a four sided pen outside the house	Another perspective near the house but separate from it	Internal world
S tells me the children are going out into the garden She takes some cows and horses and puts them in the pen	Which is both beautiful and made of ‘two joined together’	Internal world includes the beautiful clinic garden
Two brown horses and one	A mixed race family and	Identity

white, and a black foal Also six cows and two calves	child An extended family?	Internal world
Then she brings out the children and stands them on the fence of the pen, looking in	Observer/participants. Elements of her and I?	
She did this carefully and deftly	This seems important for her to show me	Countertransference
There are three children, two girls in pink and an indeterminate one who may be a boy	An aspect of herself, becoming responsible in her family?	Identity
One of the girls wants to ride a horse	Take control, link with power? Suggestion of sexuality?	Identity
Again adeptly, S puts a girl on a horse's back S tells me she has been riding with her aunt		
She seems to struggle to locate this event in time	She may be trying to separate the external event from the meaning of her play, the internal world.	
'Wednesday, the one before the last…'	Trying to get a sense and shape to her internal experiences through external events.	Finding a balance between internal and external worlds
Her voice is light and falters a lot, as if she cannot quite find the right voice I ask about the riding	A delicate and tentative tone, a broken sense of her internal world	Internal world Anxiety Engagement

She says it was alright though a bit scary	Finding words for experience, a link between internal and external	Engagement Containment
They will go again next week, with her sister and cousin	This new family	
I notice here that S rarely speaks directly to me	The fluidity of her play, moving between internal and external world precludes too direct a link with me?	
She more often makes remarks 'into the room'	Her own commentary on what is happening. It also seems to preserve her capacity to move between internal and external quite freely	Internal world
Her voice has a puzzling quality, difficult for me to understand	This has quite an impact on me, a sense of something shattered (not fragmented) and makes me think of her broken world	Countertransference
One of the girl dolls falls from her horse and begins to cry	Here S seems to show me the collapse of her 'coping' defences and the emergence of her grief and anxiety	Anxiety Trauma Collapse
Mother doll comforts her	An experience and a longing for maternal containment	Level of development Attachment Identity
Here S's voice is more robust		
S announces they will stop	Takes control. Her anxiety	Anxiety

now	is heightened by awareness of her need of mother	Defence
They don't want others to fall	Avoid further catastrophe	Internal world Anxiety Defence
She turns to two bigger children sitting outside the house		
I ask about them.	Who are they in S's mind? I intrude though, affected by her need to avoid further trauma	Countertransference Technique
She tells me firmly they are going to college	A big S, growing up fast.	Defence
I say they are quite big, already teenagers	Bypassing childhood anxieties	
She agrees	Feels I have understood	
She turns to the little children and sits them in a row	Order and predictability?	Ld
They are waiting to go to school, waiting for their teacher Teacher arrives and says good morning.	Appropriate dependence.	Containment
S turns again to the animal enclosure	The unpredictable aspect of her internal and external worlds.	
She takes out the cows, leaving the horses	The less predictable, more dangerous aspects? Or simply separation	
The children watch the animals	Vigilant, as she is	Anxiety Vulnerability

		Defence
It is nearly time to stop. I let S know.		
I say we will meet again next week	Create a link, keeping her in mind	
S looks carefully at the clock and continues to play up to the last moment.	The session has been helpful for her.	Containment Engagement
She closes up the house, putting all dolls in their places inside	Putting the work away until it is safe to go on with me.	
Except one bigger boy, who is pushed through a hole in the roof	A part of S, perhaps the part which has managed to be strong though defended and which she is unsure where to place.	Identity Internal world Defence
The animals are collected in groups by species and returned to their trays	These ideas and feelings are sorted out and put away until we will meet and play again.	Containment
The fences are gathered up and put away.		
I bring her coat and hold it out for her	Helping her to know the different kind of boundaries in these sessions	
I bring her coat and she puts her arms in the opposite way from what I expect (back to front)	As she has had to be	Anxiety
Silently we leave the room		
As we walk along she comments on the pictures	She is re-entering her ordinary world. She	

on the walls	maintains a link with me in a different way	
She asks who did them?	Finding her internal an external place here	Containment Identity
I say they are copies of pictures painted a long time ago	I maintain the link and the journey back to the outside world	
On reaching the reception she asks again about the collage	Children like her?	
Her aunt arrives and asks if the session was fun?	Unintentionally an abrupt intrusion into the transition from inside to outside	Aunt's anxiety and difficulty in bearing S's anxiety
S says briefly 'yes'.		She defends her internal space

Summary of sessions 2, 3 and 4:

There was some delay in completing the remaining sessions due to outside factors but Sophie keeps a connection with the work in her mind. In session 2, Sophie begins by exploring ideas of ordinary growth and strength compared with the unreliable strength of 'growing too quickly'. She becomes aware of damaged objects – toys, animals, people, parents and is able to think about the worry this causes her. The focus of her play is fear of giving up being too big and feeling unbearably little, how worried she is about giving up her 'grown up' defences. She becomes more openly fragile and uncertain, less defended, comparing the size and apparent invulnerability of the horses with a small lamb and marvels at how tiny it is. In the transference the therapist is a disappointing object into whom she can now project her own disappointment and grief; Sophie talks of her 'mixed' life with her parents and of herself as a 'mixture', of racial heritage, of strength and vulnerability. She draws a slender tree with a strong trunk and calls it a 'mixture' tree. This seems to represent her fluid and changing sense of identity and she talks about the loss of her mother and her concern that she was damaged by Sophie's ordinary childhood dependency.

Vitally important aspects of Sophie and her experience emerge in the assessment. The impact on her development of the cumulative trauma of abandonment by drug dependent parents who were once good, and the developmental cost of her premature effort to assume responsibility for them and her sister could be clearly seen alongside her capacity and interest in being an 'ordinary kid' (Kenrick 2000). The defence of pseudo-maturity helped her survive. This is often misunderstood as a long-term advantage for deprived children; with this in mind, understanding Sophie's defences and her underlying anxieties helped the network to think carefully about the difficulties she is likely to encounter in making a relationship with new carers. She struggles with dependency and this will be challenging for her aunt who may struggle similarly.

The issues of kinship care, its benefits and complexity, are raised in Sophie's assessment. It was some time before placement in the extended family could be considered a viable option. Her aunt's ambivalence and the underlying factors might have been overlooked without the extensive assessment and exploration which the child psychotherapy assessment provided. The commitment and understanding of the social worker made it possible to work together with the therapist to explore the strengths and vulnerabilities of this placement. Sophie and her sister were eventually re-integrated into their extended family and in time their ongoing development assumed a more settled and ordinary path. Their aunt sought consultation when she needed to; she got what she needed and could manage from the professionals, including the child psychotherapist.

Millie 5 years

Millie is a child of mixed heritage; her mother is White British and her father is Black British and there has been little contact with him. Her mother grew up in a very abusive and rejecting family. She has longstanding issues of drug and alcohol abuse and serious mental health problems (diagnosed with untreatable personality disorder), including severe depression and repeated suicide attempts.

Millie is a slight and beautiful child, painfully anxious and desperate to please and be loved. She was referred for child psychotherapy assessment through the Parental Mental Health Service (PMHS), part of the CAMHS team. This is an NHS/voluntary service linking adult and child mental health services in the clinic and the local community. PMHS clinicians liaise with mainstream CAMHS when working with parents with serious mental health problems. Mother's Community Psychiatric Nurse raised concerns, hearing she had 'given her daughter to her sister because she feels no love for her'. Millie was described as a 'charming and obliging little girl, desperate to please and highly anxious'. The move to her aunt's care meant leaving her primary school which had been a very secure base for her. Millie was very much liked by staff and other children, seen as a 'bubbly' girl whose worries were not easily seen but were understood by her teachers. Such was the anxiety concerning Millie's removal from school that the Education Welfare Officer contacted SSD and CAMHS. Links began to be established between professionals working with Millie and her mother.

Millie was born prematurely at 28 weeks. She was an extremely ill baby with numerous serious physical problems including an insufficiently developed bowel. She remained in Special Care Baby Unit, alone without her mother, for a week. Her bowel problems have continued and are now associated with eating difficulties. Millie sometimes eats without discrimination, until she is sick and at other times she does not eat at all. Millie is asthmatic, particularly troublesome when she is anxious. Her mother forgot to pack Millie's inhaler when she was taken into care but Millie told the social worker that if she has an attack, 'people will know because I can't breathe and my lips and face turn blue'.

Millie's life has been extremely chaotic and emotionally deprived and she has been physically and emotionally very neglected. This is powerfully conveyed by the rotting teeth of this beautiful child. The most consistently loving person at home has been her older half-brother (19) himself neglected and pseudo-mature. A boy who has tried to look after his mother, described as 'blank and despairing' outside the home. Millie has four other half siblings, all removed from mother's care. Her mother's relationships with men have been violent and Millie has often been exposed to domestic abuse.

Links between the adult and child networks enabled mother's acceptance of support with parenting Millie, including referral to SSD and individual therapeutic work and parent-child work with PMHS. Mother felt unable to 'bond' with Millie when she was born and feels no attachment between her and Millie had ever developed. She said she often screams at Millie until she cries when she seeks attention. Mother found Millie very demanding and clingy and could not bear her for more than a few minutes. She said she never hit Millie but felt if she did she would never stop. Millie 'follows her around telling her how much she loves her even waking in the night to tell her this too' and this infuriates her. She could not understand why she felt so repelled and rejecting towards Millie; she could not see the unbearable Millie might represent her own abandoned and neglected child-self. Millie had several voluntarily care placements where she had soon settled and began to thrive. At this point mother usually took her away, as if she could not bear Millie to have what she had not.

Millie loves her mother and feels that if she were a good enough girl her mother would be able to love her back. She worries that her colour makes her mother hate her and she has tried to scrub her skin white. No amount of reassurance has helped to dispel Millie's belief that she is at fault. Millie was removed from her aunt's care and placed with an experienced and warm black foster carer. She and her fourteen-year-old son have become very fond of Millie and the carer gets on well with Millie's mother although she is not hopeful real change in mother's feeling for Millie. She feels mother is 'after something' and it seems mother longs to be cared for as Millie is. During the course of this placement, from which mother could not remove Millie, mother said she could not care for her and wished her to be adopted.

PMHS clinicians were concerned about mother's vulnerability, and about Millie. Mother's psychiatrist said no further treatment will help her. She is not sufficiently at risk to be sectioned under the Mental Health Act and she is not amenable to psychotherapy. The professional network felt work might be possible with mother to think about adoption so she could to talk to Millie about it. This work included a post-assessment meeting with Millie, her mother and myself so she could tell Millie why she could not look after her and she thought a new family could look after Millie as she needed and deserved. The foster carer felt anxious about the meeting, deeply concerned that Millie might be overwhelmed by the complexity of feelings and

communications and that her fragile capacity to cope would collapse. She felt Millie was gaining a little more emotional resilience and she was responding cautiously but positively to being lovingly cared for, but fundamentally Millie continued to believe that she was a bad and unlovable little girl. The carer's protective feelings (like her teachers) towards Millie evoked the pathos of terrible neglect and deprivation but also showed Millie's capacity to communicate with others, eliciting love and commitment. The carer ultimately agreed to be with Millie at the meeting, to support her. The meeting, which was also where Millie and her mother would say goodbye was also attended by Millie's social worker and her mother was supported by her Community Mental Health worker. Mother was able to talk honestly to Millie and to show that she was very sad that she had not been able to look after her well. Millie was very upset, and cried, deeply distressed. Her mother could not bear her distress and urged Millie 'not to cry, to be a good girl' and she stopped crying. Millie is very good at 'being good' for other people. Nevertheless mother did much more than had first seemed possible and in time it helped Millie begin to mourn her life with her mother.

Eighteen months later, a sister of her father came forward to be assessed as her permanent carer. The assessment was successful and Millie was in due course placed with her aunt. Predictably Millie settled in quickly and apparently easily though her aunt is a single parent with two teenaged girls of her own and she works full-time. A year later the placement was in difficulties. Millie's aunt lost three jobs 'because of Millie's needs' including her extreme 'attention seeking'. Millie began to express deep anger and unhappiness. She brought dirt inside and spread it through the house as if trying to show how 'messed up' she feels she is. Her eating difficulties became pronounced, swinging between bingeing and starving. Teachers at her new school said she 'feigns illness' so her aunt will come for her. Millie was spending increasingly long days at school, from breakfast club to After School club due to her aunt's work, but also because she found it so difficult to be such a distressed and troubled child. Millie's aunt located the foster carer and sent her for respite there.

The kinship placement seemed certain to break down and reassessment of Millie was requested. It was agreed Millie's aunt would be paid as a professional carer rather than a kinship carer thus receiving an income which allowed her to give up paid work

and care for Millie fulltime. The relationship between them began to grow and her aunt understands and can bear Millie's distress more.

Millie and her aunt were seen by local CAMHS and each was offered five individual sessions with a child psychotherapist. Millie responded well to the work, with which she had some familiarity; aunt's work helped her understand Millie and her own responses to her. She developed thoughtful ways of knowing about and managing Millie's needs and her own. Communication between school and home is much better and Millie no longer attends clubs outside school hours. School attends carefully to Millie's needs and she is doing well in mainstream school. Millie's placement with her aunt continues to go well but her eating difficulties continue. Her aunt felt Millie might now feel safe enough to address the profound anxieties represented by her eating problems. Millie began ongoing individual child psychotherapy with a child psychotherapist with regular meetings to support her aunt.

Millie's second assessment session

Material	Commentary	Grounded Theory
Carer arrives with M, about 10 minutes late.	It is difficult to know how much of this is due to practical difficulties and how much may be anxiety or ambivalence about knowing more about M's emotional state	Network Anxiety Defences
C explains they were delayed by traffic We agree to continue to make up the time.	C is concerned, doesn't ignore the lateness She responds to my suggestion that we have the	Network Engagement Engagement Containment

	whole time, it is important.	
C says she's made a packed lunch for M as this is school lunch break.	Looking after M	Network Attachment Containment
I confirm she can bring it into the session	And this time I respond to the carer's suggestion	Engagement Technique
C says goodbye to M. Says she'll be back at the end of the session, that she's going round the corner for some coffee	The carer is mindful of the child's anxiety at separating from her.	Attachment Containment
M takes my hand and comes easily with me	And the child is able to separate and then engage with me	Anxiety Defence Strength and vulnerability
She slightly leads the way, some eagerness.	This is the second session and she appears to want to return to the work	Engagement Defence
She seems to remember where to go.	This is clearly important in M's mind	Containment
She needs a little help and she accepts this comfortably it seems.	Her anxiety is not so great that she cannot engage	
On entering the room M looks around.	She reconnects with where she was	Engagement
She is smiling, constantly	She is eager to do so but she is anxious too	Anxiety Defence
With a strained brightness.		
I say she's remembered coming last week but things still seem a bit strange.	I put her mixed feelings into words	Technique Engagement
The room, me.	Drawing her into the session	Technique

She looks at me and nods. She continues to smile tensely.	And she acknowledges this Her anxieties are great	Containment Anxiety And Defence
She looks around again. I wonder if she is bringing things back to her mind?	But she can explore Again I name (give words for feelings) what she seems to feel	Engagement Technique Containment
She nods I say she might just want to do that for a bit, it's ok.	And again she acknowledges what I have said	Engagement
I hang up her jacket and she put her bag down near where she stands.	I settle her in	Containment
I remember she is to have her packed lunch and I ask her if she'd like to take it out?	I become a bit preoccupied with her need for literal feeding	My anxiety Her vulnerability
She nods and does so. She doesn't attempt to open the lunch.	She is not very interested	Not able to attend to external and emotional needs together
Still smiling, she turns to the toys and seems quite interested in exploring.	She is more interested in exploring her internal world	Engagement Internal world Strength and vulnerability
She looks at a pink plastic box and asks me what is inside?	And she show me this	Internal world
I tell her it is for making things, it's called K'nect.	I'm still caught up in the external world	
She finds the lid stiff. She	She struggles insistently to	Internal world

manages to open one side but struggles with the other.	get to the stuff she really wants to know about	
I ask if I can help her with it?	I remain rather externally focussed	Technique My defences
She says I can.	This is more promising	
Now she looks inside the box and pokes around the pieces	She begins to explore	Engagement Containment
She looks puzzled, possibly a bit disappointed.	The mass of bits quite probably reflects the state of both her internal and her external world.	Internal world
I say it might seem quite hard to know what you might make with all these bits?		
She turns to me and gives her bright smile. She nods	I've managed to catch up with her a bit. I feel I'm talking at a different level	Transference Countertransference
This feels a more genuine smile.	And she seems relieved, pleased	Containment Engagement
Then she turns to the dolls' house and seems interested in a more free way.		
I comment on how interested she is and I show her how to open the door.	I continue to feel I cannot leave her to struggle and puzzle on her own	Countertransference Vulnerability
She now opens it herself and seems pleased with having done so.	But she uses my help to begin her own exploration, using her strength	Strength and vulnerability
Her manner is considered and thoughtful.	She is immediately on the inside as it were.	Internal world
She now looks inside and	She seems to be finding her	

does this for a moment or two, without speaking.	way	
After a bit I ask her what she is thinking?	I think my question is prompted in a different way from my earlier preoccupation with her external state.	Containment Countertransference Internal world
She turns to me and smiles with a small rather plaintive shrug.	There is something which jars, causes M distress	Technique – intrusion?
I look into the house and say that it seems quite upside down and muddly in there.	The state of the house is probably too close to home, external and internal.	Internal world
She seems rather relieved at this and smiles – a more real smile again.	The helpful effect of naming a frightening feeling	Containment
Now she turns the house in earnest.	Helps M to manage it	Containment
She takes out the furniture and begins to rearrange it.	She wants to sort it out	Strength, potential
She makes a living room, kitchen and bathroom.	And creates an ordered world	Hope Capacity to imagine something different
As she places the furniture she seems to think about what she's doing in a careful way	Her capacity for creative thought emerges	Not anticipated in the frightened little girl
And I say she can see a different way for the house to be	She has communicated something very important to me which is acknowledged between us	Transference and countertransference
She acknowledges my comments	We are of a mind here	Containment

And remains absolutely absorbed in what she is doing.	She feels free to work.	
I note how she is sorting out all the muddle and making a house where people can live together quite alright	This is a very important moment	
She takes great care arranging the kitchen and she tells me it is nice to have the telly on while you are cooking.	A place where nourishment is available, where it is safe to eat and relax	Internal world, a reference to her eating difficulties?
I say I remember C telling me M sometimes likes to cook.	A connection with outside and the carer. Is she creative or does she try to provide for herself and others?	
She smiled and said she had sometimes cooked things for her mum and her friends.	Possibly the latter	
I said she has been taking care of her mum a bit and doing some looking after her.	I don't speak of the important point of her need to feed in lieu of being fed. Feels too close to the trauma	Technique
She nodded.		
She continued to play with the house and now noticed there is an attic which opens up.	Another space which could be thought of as a 'head' space, a thinking space	
She lifted the roof and remarked with pleasure on the two rooms inside.	A couple of rooms. Two minds thinking together, as she is doing with me?	Countertransference
She began to prepare two bedrooms and placed a large	First she makes a place for the adult, her mother possibly	

bed in one.		
She said she needed to find a small bed too.	But there is now an idea of a child's place too	
I said she seemed to be thinking about a place for grown ups and maybe for a little girl too?	I give words to her symbolic play	
She nodded and continued rummaging through the furniture, searching for what she wanted.	We are on the same track and she continues.	Transference and countertransference
I said there seemed to be an idea that little girls could be looked after too.	I don't say that she specifically can be looked after but keep it slightly distant	
She nodded		
I realised now she had not eaten her lunch and this bothered me.	Her deprivation	
(C had told me the most difficult thing about M was her need to eat constantly if she could.	Her sense of emptiness and deprivation brings this thought into my mind	
M would eat and eat, without discrimination and without knowing when she had had enough.)	Desperately deprived	Countertransference
C thought it was because of 'starvation'.	Physical hunger but profound emotional deprivation	Countertransference
I drew M's attention to her lunch.	This is an acting out in response to unbearable thoughts	Countertransference
'Oh yes' she said without	It is her internal world which	Internal world

much apparent interest.	preoccupies her	
She came over and took out half a sandwich and took a bite. She smiled	As if she is addressing my need for her to eat	Defence (please others)
I found it difficult to understand her smile.	The discord between what her face says and what I am thinking	Countertransference
She showed me the sandwich.	She may be trying to please me and to nudge me back into more symbolic thinking?	
It looked rather meagre, not very sustaining.		Countertransference
The absence of real nourishment for her But she was again absorbed in her play	I am finding this difficult, painful	Countertransference
Which did seem nourishing. M continued to arrange the house and took out some people to put in it.	This is the important stuff and she has a capacity to take it in	Strength, potential for development
She picked up a white female doll and placed her on one of the beds.	Her mother is white	Anxiety, damaged mother
Then she brought in a number of both black and white dolls.	She is mixed race	Identity
She began to make some makeshift beds for the influx of people, pushing chairs together.	The child who is trying to accommodate needy adults unaware of her own unmet needs which are crowded out	

She looked at me and said you could make beds like this.	Shows how she has tried to hold things together in a very chaotic home life	
I agreed and said it could useful to do that when there were a lot of people in the house.	Defences, ways of managing can be useful in difficult circumstances	Transference Countertransference
She looked at me.	She feels I have understood something important	
I said perhaps there were times when lots of people had been at home?	I try to acknowledge her anxiety in a rather literal way	
She said her mum's friends had come to their house and she had made things for them to eat sometimes.	She tells me about her attempts to look after the grown ups	
I said it sounded as though she had tried to do quite a lot of looking after	I acknowledge what she is telling me.	Engagement Containment
She said yes, her mum had been sleeping quite often.	A very absent mother	
I said that sounded quite hard		
She said her mum was quite often tired and not well.	A very depleted mother	
I said perhaps her mum had not been well enough to look after M?	What this had meant for M	
She nodded		
I said little girls needed to be looked after too.	I introduce an external note, mindful of the purpose of the assessment	
She looked at me and smiled	This feels intrusive,	Technique

a little.	discordant	
I said that now, at C's house she might have some looking after too.		Technique
(Though C tells me M still likes to look after everyone).	This thought from outside reminds me how difficult it may be for M to allow herself to be looked after as a child	Defence
She smiled more widely and nodded.	It feels as though she is evading me	Technique
It was nearly time to stop		
M hadn't eaten very much.	Preoccupation with what she has taken in literally	
I asked her if she'd like to have some more lunch?	May get in the way of staying with the importance of the communications in her play	Countertransference
She picked up the sandwich and took another unenthusiastic bite.	To please me	Defence
She looked into the bag and showed me an apple and a drink.		
I wondered if she'd like some of these?		
She said she'd like her drink, it was her favourite.		
She showed it to me as she had done earlier with the sandwich.	She is reassuring me	Defence
I said it was almost time to finish for today and said she would come again next week to see me and then one more	Structure of a brief intervention	Technique

time the week after.		
I said we would meet four times altogether and today was our second time.	So that she can be clear about what there is and what there is not. It seems so little to me	Technique Countertransference
She carefully closed up the house	M seems to have has a sense of the different way of thinking which happens here. Taking care of it	Engagement
She seemed pleased with how it was now arranged.	The representation of her internal world, in a way which makes sense to her, is helpful and nourishing.	Internal world Containment
She took another bite of her sandwich and put her lunch in her bag, keeping out just the orange juice.	Pleasing me but holding onto what she wants, her favourite	
I helped her on with her coat		
We went downstairs		
A moment later C arrived and asked M if she had fun?	It is often difficult for the adults to understand what the sessions are for	
M nodded	Pleasing C? but also, pleasure if not ‘fun’.	Defence Engagement Containment
C mouthed to me ‘Alright?’	But this suggests the carer I sensitive to the demands of the work for the child	
I said Millie had worked hard	Helpful for the carer to know this is work, and that M had been able work here	Containment Network linking
And that I would see them next week.		

Oliver 3 years and 10 months

Oliver is a mixed race child of three years and ten months. His mother is a young Black British woman who became deeply involved in drug use. As a consequence he was taken into care when he was nearly three, almost a year before I saw him, and placed with a temporary foster carer. He has a younger brother Tom who is fifteen months old. He has no contact with his mother, and his father seems never to have been a significant presence in his life or his mother's. Oliver and Tom do not have the same father; they have an older sister, now five and a half years old, who lives with their maternal grandmother. Oliver seems to have settled well into his foster home and has an affectionate relationship with his carer. She is thoughtful and warm and responds to him affectionately, keeping in mind that his placement with her is a temporary one; this creates a little distance which she feels she needs, to be able to manage the inevitable parting. The carer has a son of eighteen who lives with her and he is also fond of Oliver and his brother. They found Oliver a 'little odd' at times, and observed that he could be withdrawn and isolated, retreating into 'a world of his own'. The carer feels that while these seem understandable responses to coming into care and the loss of his mother, all is not quite right with him. Oliver never spoke of or asked for his mother.

Oliver sees his maternal grandmother regularly and he seems comfortable though slightly distant with her. She is trying to decide whether she can take on the care of Oliver and his brother, along with their sister; she wants to but is not sure whether she can manage all three and how she would manage financially. His mother has irregular contact with his older sister since she was placed with grandmother at the age of three, although no contact over the past fifteen months. His mother's life seems again very chaotic and she is heavily addicted to cocaine. A pattern is emerging where mother's erratic capacity to care for her children falls apart when a new baby is born.

The health visitor noticed worrying signs of neglect of Oliver when Tom was born, and both boys seemed poorly cared for. Oliver became silent and watchful, difficult to

engage in talk or play. This led quickly to the involvement of Social Services and the removal of the children followed fairly rapidly. Mother seems to have made little protest thus supportive interventions were not felt to hold much hope for change.

In response to the foster carer's concerns about what were perceived as Oliver's developmental difficulties, his social worker requested help from CAMHS in understanding the worries about him, in support of decision-making for his long-term care. Given his grandmother's understandable anxieties about caring for three young children the social worker needed the fullest possible assessment of this little boy before making plans for permanency. She was very concerned by Oliver's very restricted engagement with other people, saying he often seemed 'in a world of his own'. His carer described him as an 'untroublesome child', and that does not seem right.

Oliver 3 years and 10 months

Analysis of the first assessment session

Material	Commentary	Gr. Th.
O arrives at the clinic with his foster carer and his brother T (1 year) who is in a buggy	O and his brother are considered as a pair. How might this impact for and against his individual needs	Identity Attachment Vulnerability
He stands close to the carer And regards me silently	He's appropriately anxious about this new experience Observant, weighing me up	Vulnerability Anxiety Strength Defence
Mrs A and I say hello and its clear we've met before	Some evidence for O of a link between carer and me; there is a co-operative feeling	Network Containment
Mrs A tells O who I am, that I am the person he is coming to see To talk and play with.	Carer sensitively makes a link to me, telling O what is happening. She endorses me. Prepares him for what will	Containment Engagement Attachment Containment

	happen, helps him make sense	
He gazes at me but doesn't speak	He doesn't accept or reject her endorsement, but continues to monitor me. He communicates his uncertainty to me	Str. And vulnerability Countertransference
I smile and say hello	Responding to this, I make a direct link with him now	Technique Engagement
And tell him we are going to go to my room	Building on what carer has said, a parental couple	
When he is ready	Let him know things are partly structured around his needs. Acknowledge his need to take his own time, and his anxiety about me	Containment
He comes straight away without any evidence of overt anxiety	Suggests that being in touch with his feelings for very long is too painful or scary.	Anxiety Defence
Or anticipation	Something automatic about his action, he avoids reflection	Anxiety Defence
He simply takes my hand and comes with me	He shifts from one position to another, bypassing uncertainty, not allowing ambivalence	Defence
I endeavour to get a sense of how he is coming	I am disconcerted by his complete shift, and the underlying powerlessness it conveys.	Projective identification Countertransference
Is it compliance?	He may feel he has no say, no choice. Or it may be defensive	Defence
Passivity?	Resisting is pointless? Despair makes him indiscriminate?	Countertransference
But I remain	None of these possibilities quite	Projective identification

somewhat puzzled	fits his response	
Before we leave Mrs A, I explain that O will come to see me four times altogether, same time each week	I try to create a sense of the framework for him, which might relieve anxiety and uncertainty a little.	Containment Technique
To talk and to play	Let him know what he can expect, using concepts which have some meaning for him	
And for me to get to know him a bit, to think what's best	Declare my interest in him, and why	Technique, stating clearly what we are doing
We walk together up the stairs and into my room.	There is something a bit detached about this – together but not connected	Projective identification
O remained seemingly impassive	Sense of keeping himself apart from what is happening to him, protecting himself from me and from his anxieties too?	Pr. Id
He was a little black boy with a solemn, attractive face	Both a child yet not a child. Not quite there as a child	Countertransference
He had a squint of his left eye	My attention is drawn to this weakness, vulnerability. Do I notice a physical representation of his hard-to-reach quality?	Countertransference Vulnerability
I found him touching	His ucs communication of an internal world which is both rigid and fragile.	Projective identification
He looked around the room	He's able to be curious about what's happening – his projection of his emotional state and my thinking about it may	Engagement Containment

	free him a little?	
And I said that he might want to play with the things here	I acknowledge his curiosity, his first apparently spontaneous communication, and let him know it is welcome	Engagement
If he wanted to.	But I try to give him a sense of having choice too.	
Silently, he went to the box containing toy vehicles	He seems to have a fairly definite idea of what he wants.	Strength
And rummages around	He explores, with some spontaneity. The framework of the joint thinking and of my attention to both conscious and unconscious aspects of him is helpful?	Containment

He picked out one	He seems to have an idea about what he wants to do	
Which he showed me, by putting his finger inside,	Seems to want to communicate. Has an idea that I'm receptive, from his experience so far, or a shot in the dark?	Engagement Strength
had a hatchback which lifted up	Something which has an inside which can be explored here.	Internal world/self
He then found another which didn't open at the back (though he tried)	A confirmation of his wish to explore 'inside'	Engagement
And he placed a finger inside the window of this one	He is interested in, and tries different ways in which to get inside. Some determination to do so?	

He said 'They crash into each other'	The objects he wants to explore can be violent or dangerous to each other. Is this his predominant expectation of a relationship between two things/objects	Internal world
I reflected what he showed me	I acknowledge his communication with me, I'm trying to reflect my interest and wish to understand and communicate with him.	Engagement
And asked if the crashes were a bit scary?	I offer him a comment on the crashes rather too soon? Maybe I restrict his opportunity to explore the feeling of the crashes.	
He replied 'Yes…no'	He seems to think about the nature of the crashes, acknowledges and then denies it. Maybe my comment was a bit intrusive, though it elicits ambivalence too?	Some anxiety, confusion &/or ambivalence
I said perhaps sometimes the crashes were scary	I acknowledge his ambivalence about exploring the crashes, and his need to draw back a bit, to reduce the emotional temperature.	Engagement Containment
He then searched out other cars	In moving from the particular to the general he modulates the emotional interaction between us to something more bearable, but he is not inhibited from continuing to explore.	
And examined each one carefully	He seems interested in the qualities of 'cars', especially in 'inside' and 'outside'.	Strength, resilience
After a bit	Give him time, take his pace - responding to his need to modulate the interaction between us	
I said he seemed to be thinking about which parts of the cars opened	And I again comment on his interest in exploring inside the cars, giving words for what he is doing	Engagement
He continued	This seems more comfortable to him,	

	doesn't interrupt his play. He has had an experience of being able to affect the relationship between us, and there seems more possibility of reciprocity in the communication between us.	
Examining the cars and poking his fingers into the insides	He is very absorbed in this, which may now include exploring what it is like to be with me.	Engagement
I said he seemed interested in what its like to be inside the cars	I reflect his interest to him, drawing his attention to what he is doing and feeling.	
He then picked up the London bus	Something familiar to him? Something which has a lot of 'inside space'. Something which has room for a number of people.	A container Internal world
And examined it	He feels absorbed and free to explore	
Then he seemed to note that the wheels did not go round	The bus is damaged or ineffective, and O particularly notes the damage.	Internal world
And then he put it down	Has the evidence of damage worried him?	Anxiety
There was a fairly comfortable feeling in the room although this was O's first session	Nothing to indicate what he felt about the bus – where do the feelings go? Something again about rather seamless transitions to which is perplexing	Countertransference
I felt it was alright to say	I don't feel he will be disturbed by my comment, but its not clear whether this is evidence of a capacity to manage what I say, or a	

	capacity not to be affected by it.	
that he might be disappointed in the bus which had wheels which didn't go round	To touch upon the possibility of his disappointment in a damaged and non-functioning object	
He now moved away from the box	Is this a response to the idea of damage as too painful for him	
And began to push some of the cars around quietly.	He seems comfortable, unperturbed. Has he again modulated the interaction between us? Is the shift ucs?	
He then found a red racing car	An exciting, possibly dangerous object, maybe a manic response to the idea of the damaged object?	
And asks me if it races?	What kind of object is this? Fast and dangerous, a contrast to, and denial of the broken bus?	Defence Internal world
I said it did	I confirm and leave open	
O then pushed the car a bit faster for a little while	He's exploring the qualities of the car in a tentative way.	Identification?

Next he looked out an ambulance	Very different kind of vehicle which the speedy car brings to mind?	A container, repairer
And asked me 'What is this?'	Expectation that I can help him to understand?	
I wonder if he might know what this was	I feel more able to let him explore his thoughts	Level of development
And he replied 'Yes, It's a police car'	An idea in relation to the red car's dangerous qualities?	
I said he seemed to be telling me that it is a kind	Though I probably curtailed his exploration by this	Mismatch

of helping car	definition and therefore didn't get his association to the police car	
He now returned to the cars and made them race about	He seems now filled with some anxiety. Is it to his play or is my error, muddling him? misses important aspects of police car in relation to red car?	Defence
Driving them hard at the door	Aggressive.	
One got stuck under the door	An angry and vehement response which now leaves him stuck	
And he said 'All the cars crash'	An inevitable outcome, all objects collapse	Anxiety Internal world
Then he took the police car and brought it to the crash	He has another go at showing me what the police car is about	
Making a 'nee-naw' sound as it came	A warning, a sense of danger and damage	A containing object, damage limitation
He made this sound for quite a while, though in muted way.	Something exploratory and reflective in his manner.	
I said there was a crash and the police car had come to help sort things out	I seek help with understanding what he's communicating	
O now turned from the cars to the table with drawing things on it	Once more he makes a very definite change when something might be too worrying to pursue?	Anxiety
He picked up the glue and asked me 'What is this?'	An ordinary object in an unusual setting; it's the	Enquiring, using his mind

	meaning of the setting he's asking about	
I said it was for sticking	This time I give him the information he asks for. Why sometimes and sometimes not?	Technique
He now cut some small pieces of paper from a sheet, half cutting, half tearing	He has an idea about little bits detached from the larger whole	Engagement
And he then glued these three pieces to the same sheet	detached but they remain connected?	Internal world Attachment
He seemed adept at cutting and sticking	Strengthens the idea that it's the process he needs to know about	Level of development
And said 'Like glue'	Likes the stuff which holds the bits together	
I reflected his skill and pleasure to him	I reflect his pleasure in mastery, but miss the underlying communication	Anxiety (about things holding)
And he seemed comfortable with this	His sense of mastery has probably helped him manage through the collapse of his objects and his family life.	Level of development
He then took the sellotape and asked me 'What is this?'	Again he has another go at asking about the process	Engagement. (asking me makes a connection with me)
I wondered if he knew	Get him to explore his own ideas	Strength, resilience. Has a mind
And he said he did	Suggesting that the purpose of asking me is not for	

	information, but rather am I someone whom he can ask about what he doesn't know?	
I asked if he did sticking at nursery	I'm still off track here, and I don't reflect the deeper purpose of his asking	Connecting inside here and out there
And he said he did		
He now stuck some pieces of tape onto a piece of paper	Again attaching little bits to a larger whole, holding things together	Attachment Anxiety
One long piece, one shorter and three small pieces	A large and a small – adult and child? and a repetition of the earlier three small pieces	
He then took a red pen and made a dot on the opposite end of the paper	The colour of the fast and dangerous car?	Internal world

He said 'Not rub away'	Something, or somebody which won't be erased or lost? Something he can't get out of his mind	Something which can last, be sustained – Attachment
I said the red pen would not rub away	Reflect his sense of the importance of something not being rubbed away	Technique, a bit off the mark
And the tape was stuck to the paper	Another thing which is held together?	Holding together. Very important for O
He now explored the pencils and said he wanted to sharpen them	What kind of sharp feeling is elicited by anxieties about these things which stick together and cant be rubbed out?	Anxiety Also – a sense of being able and wanting to make a good mark
Looking to me	Have I picked up on the sharp feelings? Is it alright?	Engagement

I took the sharpener and showed him how to use it	I make an assumption he wouldn't know how to do this	
And he then did it himself, very well	He is competent and capable	Strength, resilience
I said 'Well done'	Acknowledge this capable aspect of him	Engagement
O then replied 'Good boy'	It is important for him to hold onto being a good boy	Identity
I said O was showing me how well he can do things	How capable	Engagement Containment
And what a good boy he can be	Acknowledge his capacity and his great wish to be a 'good boy', his necessary defence	
O by now was watching me a little more	He's aware of my interest in him, and my wish to understand the outside O, and the inside one too	A live connection (attachment)
And appeared to take in what I said	Helped by my understanding of the good boy, and what he's for	Reciprocity between us Attunement
He began to make more eye contact with me when asking me things	He's a little bit interested in me, and what I'm doing	Growing
And I had a slightly stronger sense of being in contact with a little boy	Something between the child and I comes more to life. Contrast with the impassive puzzling O at the start	Coming to life

He now looked around the table and asked me 'What are those doing?'	Asks a question about an interaction between two things, one big and one little	He feels contained enough to be curious

(these were two rulers, one long and one small, lying on top of each other)	Again, big and small. But also an ambiguous aspect to the lying on top	The way in which things/people are together
I wondered what he thought they were doing?	Feels safer now to get him to explore his own mind	Engagement
He says he doesn't know.	He is still puzzled by what we are doing here together	He can say when he does not know
I say they seem to be lying one on top of the other	Reflect what may be confusing or worrying him	
He looked more closely at them	If I look, he can bear to take another look, to explore	Containment
Then asked me if one was broken-	An object has been damaged in the relationship between big and little?	Attachment (his mother?)
I said he was wondering if one was broken – or was it a small one	I seem anxious about the idea of damage he may fear here? and offer a more concrete possibility	Technique, intrusive, limit his thinking?
He said 'Small'	And he takes this option (which has an outside validity)	
I said there was a small one and a big one – like him and me	I move away from the idea of damage and focus on he and I together, which is a safer place to start	
He regarded me solemnly	What are we doing together here?	Attachment Containment: he thinks about how we are together
Now he went to the window and looked into the garden	He needs to break away at this point, once more. Needs time to take in what's been said.	Anxiety Engagement O can modulate his feelings

What did he see there, I ask?	I follow his pace	
And he said 'Train rails, and there is a big crash'	What's in his mind, not outside. Will there be a big crash if he and I get together?	Internal world. Following from 'together' he is reminded of the big crash and broken
He continued to look into the garden	Needs the distance?	Modulating his feelings
And I joined him there and looked out too	I come to where he is, trying too much to see through his eyes?	Technique Engagement
While we are beside the window	But I'm trying to follow his feeling	
We hear several people passing in the corridor outside the door	There's a sense of my not being well defined as separate from him. Why? Too hard to recognise his anxieties about me as a damaging object?	Countertransference Transference
He looks worried	The unknown people outside? The momentary loss of separate experiences	Anxiety Internal world
I reflect this and say the sound seemed to worry him a bit	Now our separate existence is re-established	
He says 'No'	Perhaps it was the apparent loss of distinct boundaries which frightened him	Anxiety Defence
Shortly after this, though, he tells me he needs to do a wee	Some evidence of his anxiety	Anxiety Internal world Vulnerability
I take him to the toilet, where he manages to use it	Again, evidence of his capacity to manage and do for	Strength and resilience

by himself	himself	
Then he washes his hands	He knows what he should do	
And asks me to give him some soap	A very thorough washing	Getting rid of a feeling. Projecting it into his hands
He does all this carefully	Composing himself	
And takes the opportunity to look around the toilet	Once composed he is interested in where he is	Modulating Containing.
He manages the flush by himself	Capable, competent. Not needing my help	A little defensive?
We go back to the room and he makes for the sink	A link between places, the water	
Where he fills a cup with water, then the teapot	Two containers, one big and one small. He and I?	Big and little, adult and child. Attachment
He places a big lid on the tea pot instead of the right sized one	Something discordant?	Internal world. Too much for the small pot/head
I said he does seem interested in the things in the room, and in looking around at this new place	Observing and endorsing his curiosity and exploration	Miss the mark, my anxiety?
He continued to play quite comfortably	He's comfortable, I am less so	Projective identification into me
But didn't reply	Feels like an acknowledgement of my observation, not a rejection	
And I wondered if he knew why he'd come here to play with me?	Now I get to the underlying anxiety. Did I accept his managing self too readily? And is he now more able to let me bring it up?	Issue of technique
He went on playing and didn't speak	The feeling is as before, that he is taking in what I say to	Attuned and alive

	him	
I said he had come to play so that I could think about him	This seems to have some meaning after experience of being together, and he's had the experience of being attended to and thought about	Technique, give words to what we are doing. ?risk intruding?
And all the things which had happened to him	And this is what its for	Necessary. Do earlier? My anxiety?
He looked briefly at me	This catches his attention, the 'what for' is what's worrying him	
I said he would come again three more times to play	Reminding him of the limitation of our time together	
And I would think some more	He goes on being in my mind	He has a place, he matters
And would be thinking with his social worker and Fatima and Granny	Reminding him of the links between myself and the network, and of our shared task	Connecting with the adults who go on being there for him Containment
About what will be best for O	Raising the fact that this is still to be decided, acknowledge the uncertainty for him	Tangential, is this clear enough?
He said 'I live with F. Nice'	He responds by telling me he is settled and happy where he is, and the idea of more change is very worrying	Anxiety Attachment
I said he is living with F and his brother now and it is nice for him	Confirm what he told me without addressing the underlying anxiety (because its near the end of the session?)	Technique
He turned again to the cars	Which he has used to show	Internal world

	me how he wonders about the qualities of his objects	
But simply lay down beside them saying 'I'm tired'	Shows me how very worrying and exhausting all this is for him	Anxiety Vulnerability
I say it is alright now, but he's tired	He feels safe at F's, but what has happened has left him very weary	Containment
(I am thinking there have many crashes)	Many catastrophic events in his short life	
There are only about three minutes to go	Need to be careful what I bring up with so little time left	Technique
I tell him he has done a lot of playing and thinking here with me today	Acknowledge his hard work	
And that he's tired here too	Acknowledge this is enough for now	Containment
I say it's almost time to stop today	Help him to get ready to return to F	Technique
And that he'll come to see me next week	A chance for more, and that I know there is a great deal in his mind	
He gets up quietly	He seems to have managed to take in what I've said – doesn't feel as disconnected	
And lets me help him with his coat	Allows me for a moment to treat him as a little boy	Strength and vulnerability
He demeanour is much more similar now to when he first came to the room	A sense of him getting back inside his defences	Internal world Defence
Slightly detached	Helps me to understand his way of being when I experience it being put in	

	place	
We go down to the waiting room where his carer waits with his baby brother		
O doesn't look at T at all	Has nothing to spare for his little brother just now	
But smiles at F	Establishes his link with her	
As he leaves I say goodbye to F and then to him adding that I'll see him next week	Reaffirming the framework, and the link with his carer as parental couple (corporate parent)	Containment Network
He waved his hand as he left	He acknowledges me, now something more meaningful	Engagement
And this felt unusually touching	a powerful communication of the shift from disconnected	Countertransference
As if it suggested a connection between the boy and I	I have a sense of relief and pleasure that a live connection may exist	Countertransference

Appendix C (i): Ethics Committee Submission

NORTH WEST LONDON Str HEALTH AUTHORITY

ST MARYS LOCAL RESEARCH ETHICS COMMITTEE

Mailbox 121, St Marys Hospital, Praed Street, London W2 1NY
Tel: 020 7886 6514 Fax.1529 Email: Ros.Cooke@st-marys.nhs.uk

DATE SUBMISSION is sent to LREC office
21st. February 2003……

1. FULL TITLE OF PROJECT: No man's land? Making a map: The Contribution of Child Psychotherapy to decision-making for Looked After Children in Transition

What do you regard as the most important ethical issue that necessitates review of your project by the LREC?

Of paramount concern is the effect of the intervention on the children included in the study: while the study group will not experience an intervention which is in any way different from normal procedure, consideration must be given to the use of the data from the individual psychoanalytical psychotherapy assessment sessions with the children.

Confidentiality is crucial; the researcher will ensure that children cannot be recognised in any discussion of the work and will ensure that names are changed and any identifying features or circumstances will be appropriately altered.

The researcher has given considerable thought to the question of telling the children about the study. Because the children have very complex issues in their lives, it is felt that the child should be allowed to feel confident that this work is undertaken with them and their needs foremost in mind, while the information will be made available to others concerned with their future. Permission is therefore asked of the social

worker, in loco parentis, for appropriately anonymised sessional material to be included in the study.

The study is intended to contribute to and inform multi-disciplinary professional thinking about the needs of children in transition, and about consideration of the resources needed to meet their needs.

Is the research being done at other centres? NO

If YES, where else is it being done?

The research is being undertaken for the degree of Doctor of Psychoanalytical Psychotherapy. The academic institutions are jointly the Tavistock Clinic and the University of East London.
The researcher's supervisors are:
Professor Michael Rustin – University of East London
Dr. Dora Lush – Tavistock Clinic

Is St Marys the Lead Centre? NO

If NO, who is the lead centre?
The Child and Adolescent Mental Health Service at Parkside Clinic, 63-65 Lancaster Road, W11 1QG

Main research question:
What can the child psychotherapist's individual assessment of children in transition contribute to the resources of the professional network when considering the long-term care and developmental needs of the child, in planning for the child's future?

Brief methodology:
Approximately four individual assessment sessions for each child will be carried out to explore the child's primary concerns as well as his personal strengths and

difficulties and his defences/strategies for coping with difficulties. A psychoanalytical psychotherapeutic methodology is used, as is standard clinical child psychotherapy practice.
The study seeks to show whether children are helped by the intervention towards greater understanding their thoughts and feelings and towards more integrated understanding of the emotional and circumstantial issues in their lives. The individual sessions will be process-recorded and this content will be analysed using Grounded Theory techniques to elicit the predominant themes in the children's communications.

A standardised questionnaire, the Strengths and Difficulties Questionnaire (Goodman 1997) will be completed by key professionals before and after the assessment (social workers, foster carers and teachers).
Semi-structured interviews will be carried out with social workers and foster carers before and after the assessment.

Proposed start date:
(this must be after LREC approval.)
Approximately end March 2003
End date: (for gathering of clinical material) approximately Autumn 2004

Number of participants/subjects in research: Up to10 children, and supporting professionals

Brief outcome measure description:
Content analysis of individual assessment sessions according to categories derived from the application of Grounded Theory analysis.
An independent child psychotherapist will also rate the sessions.
The SDQ questionnaires and semi-structured interviews with social workers and foster carers will allow triangulation of data from the children's material.
Some evaluation may be possible in terms of the extent to which placement decisions are informed by the child psychotherapy assessment.

Name/address/tel no. of Drug Company sponsor (if applicable): N/A

Amount be granted by drug company: N/A

2. INVESTIGATORS

Principal Investigator(s): Marie Agnes Bradley

Name: Marie Agnes Bradley Signature

Designation: Child and Adolescent Psychotherapist

All other Investigator(s):

Name Signature Designation

Head of Dept/consultant/GP/Community Physician, etc, in overall charge if different from above:

Name: Gabrielle Crockatt Signature

Designation: Consultant Child Psychotherapist

Name, address, tel. No, fax No & Email of investigator to whom all correspondence will be sent:

Marie Bradley: Parkside Clinic, 63-65 Lancaster Road, London W11 1QG. Tel(work) 0208 383 6123; fax 0208 383 6166

Tel/fax(home) 01865 873522

Email: marie@bradley144.fsnet.co.uk

3. AIMS OF PROJECT

There are two main aims:

(i) to evaluate the effectiveness of a brief psychoanalytical child psychotherapy intervention (the assessment) in helping the child to understand his external circumstances (life events) and his emotional responses to these (his internal world)

(ii) to evaluate the extent to which the intervention informs the professional network about the child, his perception of his life events and his emotional responses to these with a view to contributing this additional dimension to understanding of the multi-disciplinary network when planning for the child's long-term care.

4. BACKGROUND OF PROPOSED STUDY:

(Please include selected references in your text)

There is now known to be a high level of emotional and behavioural disturbance among Looked After Children (Wolkind and Rushton 1994) though few of them receive help with these difficulties from mental health professionals (Lewis 2000). Multi-disciplinary professionals concerned with their care increasingly seek to understand what the disruption of ordinary childhood experiences means for the children concerned, and how to help the children think about these difficult experiences and their responses to them (Boston and Szur 1983; Dept of Health 1991; Dept of Health 2000; Kenrick 2000; Hindle 2000; Hunter 2001).

The professional network concerned with the child has begun to work together more coherently (Dept of Health 1995d) so that a broader understanding is sought of the factors which predispose to a child's reception into the care system (Bebbington and Miles 1989). A more carefully detailed and individual account of the child's perception of his external circumstances and his emotional responses to those circumstances is sought, to help the child make sense of his experiences and to guide planning for his future care (Lanyado 1999).

As the multi-disciplinary network develops stronger and more effective links, so an awareness is developing of the impact of the 'caretaking' network on the child, and of the child on the network (Emanuel 2002; Cooper and Webb 1999).
The study will explore the effectiveness of child psychotherapy as an intervention for furthering understanding of the external and emotional circumstances of Looked After Children, for contributing to the thinking of the professional network and of contributing to the development of mental health services for Looked After Children.

5. DESIGN OF STUDY:

Give a brief description of what will be done and how it differs from normal practice:

Up to ten Looked After Children between the ages of 4 and 9 years will undergo a child psychotherapy assessment of their emotional and psychological state of mind, including their perception of what is happening in their lives and their emotional and behavioural responses to this. Children will be included in the study after referral to the Child and Adolescent Mental Health Service in the ordinary way.
Key professionals – social workers, foster carers and teachers will be consulted before and after the assessment sessions, using a standardised questionnaire for teachers and a semi-structured interview for social workers and foster carers. Professionals would ordinarily be consulted throughout the assessment process though in a less formalised way.
The children included in the study will not experience any difference in treatment from normal child psychotherapy practice.

6. POTENTIAL BENEFITS AND HAZARDS: If the patient is to be given a placebo or to be deprived of active treatment, or if the patient's regular treatment of known efficacy is to be changed for the purpose of the study, describe the justification for these intentions. For questionnaire studies, state what steps are to be taken to ensure reliability and to minimise anxiety or embarrassment.

There are no changes in the children's direct experience of the child psychotherapy assessment. The assessment feedback will include the therapist's opinion about the need for further interventions, including psychotherapeutic work if necessary and indications of the timing for such work. Where further work is indicated the therapist consults to the professional network about ongoing referral, as is usual practice. The

professional respondents will complete the Strengths and Difficulties Questionnaire (Goodman 1997). The questionnaire is widely used to assess children's experience of emotional and behavioural difficulties and it is very widely validated. Many professionals are already familiar with its use.

The semi-structured interview schedules have been devised in consultation with social work and foster care colleagues. The interviews do not contain requests for information other than that which is usually requested about the child and his needs but the schedules are designed to elicit how the respondents feel about the children in greater depth.

7. LOCATION OF STUDY: Parkside Clinic, 63-65 Lancaster Road, London W11 1QG

a. Laboratory/Hospital/other:

Work with the children will take place in the researcher's consulting room at Parkside Clinic; the room is equipped with a range of appropriate materials to facilitate work with young children.

b. Name & address of responsible organisation if not St Mary's NHS Trust, or ICSM (Remember you need the approval of the establishment before starting the research)

Permission for the research has been given by the Trust Manager for the Central and North West London Mental Health NHS Trust.

Permission has also been received from Alistair Pettigrew, Social Services Director for Children's Services for the Royal Borough of Kensington and Chelsea.

8. **RECRUITMENT OF SUBJECTS:** NB: Volunteers must be over the age of 18 years. Investigators must ascertain that volunteers are not involved in other studies where a combination would either be disadvantageous to their own health or the benefit of the study. All medical students taking part in any study must register with the St Mary's Medical School Office

Children will be included in the study as they are referred to the CAMHS team for child psychotherapy assessment, through the ordinary referral procedure. Children will not be specially recruited to the study. Social workers, acting in loco parentis, will

be asked to give formal permission for the children and their sessional material to be included in the study and they will be asked for permission for material from the semi-structured interviews with themselves to be included. Foster carers will be informed that the child's assessment is to be included in a research study and will also be asked for permission to include material from the interviews with themselves. Teachers will be informed that the material from the questionnaires which they complete in relation to the child will be included in a research study.

a. Will they be patients, staff, students or other volunteers?

The subjects for the study will be child patients of the CAMHS at Parkside Clinic. Social workers, foster carers and teachers will be consulted in their professional capacity.

Record inclusion and exclusion criteria (e.g. medical status of patients)

Children will be included in the study if the multi-disciplinary CAMHS team decides at referral point that a child psychotherapy assessment is an appropriate intervention. Children between the ages of 4 and 9 will be included in the study; by defining the age range in this way it is anticipated that the children will share some common developmental features specific to that age range. Children with physical disabilities, with learning difficulties, or with features of psychiatric disturbance will not be excluded from the study just as they are not excluded from the service in normal practice.

Record any ethnic or social class implications

No factors relating to ethnicity or social class will affect the clinical decision to carry out a child psychotherapy assessment in normal practice. It is intended that the study population should reflect the ethnic and cultural diversity of the clinic population as far as possible. The population served by the clinic where the study is located is very diverse and careful thought will be given to any differences in the data which suggest that ethnicity and social play a part in either selection for assessment, or in the social, familial and personal issues underlying the difficulties the children have experienced.

How many will be recruited?

Up to 10 children; the final number will be determined by the number of children referred for assessment in the time allowed for collecting data, estimated at 18 months.

How is recruitment to be achieved?

Subjects will be children referred to the CAMHS team in the ordinary way.

Will medical/nursing staff or students be involved as volunteers? **NO**

If YES, please attach an approval letter from General Manager, Principal of Nurse Education/Maternity Services Manager or Dean (as appropriate)

b. *If recruiting patients who are not your direct clinical responsibility, has the* ***permission of the consultant in charge or the co-ordinator of research in your patient group*** *(e.g. Prof Weber for HIV) been obtained?*

Name Signature

c. Is the patient's GP to be consulted over an individual's recruitment?

NO

GPs would not ordinarily be consulted about referral for child psychotherapy assessment though medical advice may have been sought in relation to the child's mental health issues by social workers and foster carers. GPs will be informed of the child psychotherapy assessment and outcome as is ordinary practice.

If YES, please complete the following

At what stage will the GP be informed?

Once the referral is accepted and arrangements have been made to begin the assessment and again after the assessment depending on recommendations.

Do you intend to send the GP a copy of the patient information sheet?

YES

If you don't intend to inform the GP, state why not:

d. ***Will recruits be paid an honorarium?*** ***NOT APPLICABLE***

If YES: how much?

e. Will travelling expenses be reimbursed: NOT APPLICABLE

If NO please give reasons

9. ADMINISTRATION OF STUDY

a. Insurance / Indemnity cover

What arrangements will be in place to cover subjects/patients

This has been discussed with Donna Twyman and the usual NHS insurance practice will cover the subjects/patients for inclusion in the study.

(If you are unsure about this please contact Donna Twyman, Research & Contract Office, Medical School, W2 Ext 020 7594 3664)

b. If this is a drug study, at what stage is this in its evaluation?

c. Is this drug being supplied by a company with a clinical trial certificate in response to an investigator with a clinical trial exemption.

d. If the drug is licensed but being used in a non-licensed context *which is not being sponsored by the pharmaceutical company concerned, investigators must obtain a DDX from the Medicine Control Agency (020 7273 0327/8). Clinical Research must not be undertaken in patients unless a CTX or DDX is in operation.*

Give the Clinical Trial Certificate (CTC) or Clinical Trials Exemption (CTX) numbers if relevant.

e. If this is a company sponsored trial, are the investigators free to publish their results (subject to a reasonable period of consultation with the company)?   **NOT APPLICABLE**

g. If any form of radiation is to be used (e.g. X rays, radioactive isotopes, heat, UV, laser, etc) this form must be signed by the Radiation Protection Advisor, or a separate letter attached.

Name: Signature:

10. SUBSTANCES TO BE ADMINISTERED. *The Committee must be informed immediately of any severe or unexpected adverse side effects.*

a. Please give details of substance to be administered, route, amount, frequency, risks to subject and others, and side effects.

11. WHAT WILL BE DONE TO SUBJECTS BECAUSE THEY ARE TAKING PART IN THE STUDY?

Describe *briefly* under headings below, what will be required of subjects; indicate if anything is additional to normal clinical management; indicate discomfort and risk to subject & others.

a. Are any treatments or procedures being withheld, which would otherwise be given?

NO (If YES please give details)

b. Samples to be taken:

i. venous – how, where, frequency, amount

ii. arterial

iii. other

c. Tests to be undertaken: (Please circle appropriate test and give details)

X rays: Radiation: Ultrasonics: NMR: Scanning: Imaging/Spectroscopy: NIRS

Biopsies: (site, method, size, number, frequency)

Anaesthesia: (local, general)

Other invasions: cannulae, catheters, probes, endoscopies, lumbar punctures, electromyography, evoked responses, insertion of devices, etc

Non-invasive tests: EEG, ECG, Nerve Conduction Studies, Lung function testing, etc

Physical Stress Tests.

Psychological Tests.

Psychiatric evaluations

A child psychotherapy assessment will be carried out; the theoretical framework is based on psychoanalytic theory and child developmental theory. The child is seen on his own, for approximately four sessions of fifty minutes duration with the child psychotherapist.

Foster carers and social workers are consulted before and after the assessment sessions.

Questionnaires

The Strengths and Difficulties Questionnaire (Goodman 1997) will be completed by social workers, foster carers and teachers before and after the Child Psychotherapist's assessment of the child.

Hospital admissions for purposes of project – likely duration/study period

Outpatient visits

Generally four appointments will be arranged for the child at the community-based CAMHS clinic; occasionally additional sessions are required.

Describe what results you expect and how they will be analysed

It is anticipated that the children will be helped to have a clearer understanding of their what has happened in their lives (external circumstances) their understanding of these and their emotional responses to what has happened and is happening. These will be evident in the material from the child's sessions. Information regarding the views of these issues will be sought from key adults in closest contact with the child, via the semi-structured interviews and the questionnaires described.
Process recordings of sessional material will be analysed as described above, and findings may be supported or supplemented by the material available from the professional informants.

List discomfort, inconvenience, possible side effects and dangers, untoward signs or symptoms.

In the ordinary practice of child psychotherapy, including assessment, there are times when material arises which is painful for children to experience and to think about; this will be addressed in the ordinary way.

List precautions which are to be taken with regard to above, and what arrangements will be in place for medical cover. If relevant indicate whether patient information sheet will include name(s) and phone nos. of investigator(s) to be contacted in the event of unexpected reactions of incidents.

The methodology used by the child psychotherapist ordinarily strongly emphasises the need for steady, reliable parameters for the work to create an environment of physical safety and as much emotional security as possible, to support the fullest expression of thoughts and feelings possible for the child.

All those involved with the child will have contact details for the clinician/assessor throughout and beyond the assessment process.

12. OTHER RESOURCES (Contact your Directorate General Manager to discuss)

No additional resources are required

a. Will this project make use of hospital resources? (e.g.,. beds, X rays, NMRI, ECGs, operating time, blood tests, etc?)

NOT APPLICABLE

b. List departments / Outpatients / Inpatient involvement

Parkside Clinic; Community-based NHS Child and Adolescent Mental Health Service

c. How much will they cost?

No additional costs will be incurred

d. Is the cost being met by a research grant?

NO

e. Obtain signatures of approval from head of each department involved

Name Gabrielle Crockatt

Signature

f. If a compound/drug/device is to be used/tested as part of the study, state the source of funding for its provision.

g. Will a questionnaire be used?

YES

If YES, and less than 4 A4 sheets, attach a copy with each form copy. If questionnaire is standard, validated, and / or longer than 4 sheets send 2 copies only.

f. Will a semi-structured interview be used?

YES

13. HAVE YOU HAD STATISTICAL ADVICE?

YES (If YES please complete the following)

a. From whom did you get it?

Professor Michael Rustin
Dr. Dora Lush

b. …in preparing the protocol? YES

c. …in designing the analysis? YES

d. …in deciding the power of the study and number of subjects needed?
YES

14. SENIOR NURSE OUTPATIENT / WARD

The senior nurse should be supplied with a copy of patient information sheet relating to studies on patients under her supervision.

a. Do you plan to ensure this is achieved? NO (If NO please say why not)

Not applicable

15. CONFIDENTIALITY

a. What steps will be taken to safeguard the confidentiality of patients' records?

All names of children and respondents will be changed to ensure they bear no resemblance to original names. In discussing arising from the study all identifying details of children's circumstances will be changed to ensure anonymity.

b. Is data to be recorded automatically? NO

If non coded information is being collected, provide copy of your data registration form. It is necessary to comply with the requirements of the data if in doubt contact District Data Protection Officer (020 7594 5535)

c. If the study is a company sponsored trial, will the company require access to the patients' notes? NOT APPLICABLE

If YES provide documentation to the effect that confidentiality will be respected.

16. CONSENT AND PARTICIPANT INFORMATION SHEET

Inadequate or incomprehensible information is the most common reason for delay in projects being approved by the LREC. Information for participants must be fully comprehensible by lay individuals. Read the Guidelines carefully and make sure your sheet addresses appropriate headings, e.g. opt out clause, researcher's name/tel no., invite to do research, risks and benefits, etc.

a. IS CONSENT REQUIRED? YES

If YES, will consent be: **WRITTEN**

If WRITTEN is the LREC Consent form to be used? If you are customising this form please send a copy with each application form copy.

Social workers will be asked to give their written consent to the inclusion of children in the study for whom they stand in loco parentis.

Social workers and foster carers will be asked to give written consent to the use of material from the semi-structured interviews with them.

Teachers will be informed that material from the Strengths and Difficulties Questionnaires they complete will be included in the study.

Please see Appendices C and D for the customised LREC Consent forms

If NO, explain why consent is not required, or explain any difficulty that might arise in obtaining consent.

b. IS A PATIENT INFORMATION SHEET TO BE MADE AVAILABLE?

YES If YES please enclose a copy with each application form copy. Consult the guidelines carefully for necessary headings.

* *Ensure this includes statements to the effect:*

* *Entry to the study is entirely voluntary*

** Failure to enter, and subsequent decision to withdraw from the study will not effect the patient's medical care.*

* *Paragraph about indemnity cover is included: (e.g. ABPI Guidelines for drug sponsored studies)*

- *Risks and benefits*

Please see Appendix

c. What arrangements will be made for subjects for whom English is not a first language?

Normal clinic procedure would be followed where an interpreter speaking the child's language would attend the sessions.

d. Who will obtain consent?

The researcher – Marie Bradley

e. Will participants be informed of the nature and risks of their participation?

Children will be informed of their participation in the child psychotherapy assessment in the ordinary way. They are told at the start of the work that the sessions are a time to play, to think, and to talk if they wish about the things that are happening in their lives (this would be personalised to some extent for each child) and they will be advised that sometimes it is hard to think about such things and that the therapist will be trying to think and understand too.

f. I confirm that the following will be placed in the patient's records and in the case of research volunteers these will be held by the named investigator for the study:

The signed consent form: on behalf of the child (social worker)

from the social worker (self)

from the foster carer (self)

The information sheet for social workers on behalf of the child to be made available to other relevant professionals as necessary.

Name(s) of those who will be obtaining consent Signature:

Marie Agnes Bradley

17. PAYMENTS / SPONSORSHIP

a. Are any / all of the investigators in receipt of any payments / sponsorship?

NO If YES Please complete a separate sheet giving details

b. Who is funding the investigation? *Give details of sponsor*

The researcher Marie Bradley is funding the academic costs relating to the study.

c. How much money may be provided for this project alone? Give details, specifying whether this funding is part of a larger sum granted for a number of projects.

Not applicable

18. WILL THE INVESTIGATOR(S) / DEPARTMENT RECEIVE GRANTS/ NO

PAYMENTS/SPONSORSHIP FOR THE WORK UNDERTAKEN? NO

If YES complete the following

a. How is the money to be spent? (List major items of equipment, staff, etc)

Not applicable

b. Please give details of any other related payments

Not applicable

19. WHAT PROBLEMS MAY HINDER A SUCCESSFUL COMPLETION OF THIS STUDY? (This may include ethical problems that may arise during the course of the project).

It is possible that the study may take longer to complete than anticipated at the start. Since it is based on work which forms part of the normal remit of the CAMHS team collection of data is unlikely to fail to reach completion but depending on the rate of appropriate referrals may take longer than the time allotted (18 months)

20. OTHER FACTORS Please indicate any other factors relevant to approval from LREC.

*Please send **11 photocopies** of this application form + additional information as specified, to:*

Rosalind Cooke, Mailbox 121, R&D St Marys Hospital, Praed Street, London W2 1NY

Tel: 020 7886 6514 fax: 1529

References to Ethics Committee submission document

Bebbington, A. and Miles, J. (1989) 'The Background of Children who enter Local Authority Care.' *British Journal of Social Work,* Vol. 19, 349-368.

Boston, M. and Szur, R. (1983) *Psychotherapy with Severely Deprived Children.* London: Karnac.

Cooper, A. and Webb, L. (1999) 'Out of the maze: Permanency Planning in a postmodern world' *Journal of Social Work Practice,* Vol.13, No. 2.

The Department of Health (1991) *Patterns and Outcomes in Child Placement.* London: HMSO

The Department of Health (1995d) *Child Protection: Messages from Research.* London: HMSO.

The Department of Health (2000) *Framework for Assessment of children in Need and their Families.* London: HMSO

Goodman, R. (1997) 'The Strengths and Difficulties Questionnaire: A Research Note' *Journal of Child Psychiatry* Vol. 38 (5) 581-586.

Hindle, D. (2000) 'The Merman: recovering from early abuse and loss'. *Journal of Child Psychotherapy* Vol.26(3) 369-391.

Hunter, M. (2000) *Psychotherapy with Young People in Care. Lost and Found.* Hove: Brunner-Routledge.

Kenrick, J. (2000) 'Be a kid: the traumatic impact of repeated separations on children who are fostered and adopted. ' *Journal of Child Psychotherapy* Vol.26 (3) 393-412.

Lewis, H. (2000) 'Children in Public Care: overcoming barriers to effective mental health care.' *Young Minds Vol. 46*

Lanyado, M. (1999) ‘Traumatisation in Children’ in M. Lanyado and A. Horne (eds) *The Handbook of Child and Adolescent Psychotherapy* London: Routledge.

Wolkind, S. and Rushton, A. (1994) ‘Residential and Foster family care’ in *Child and Adolescent Psychiatry. Modern Approaches*. (eds. M. Rutter, E. Taylor and L. Hersov) Oxford: Blackwell Scientific Publications.

Appendix C (ii): Letter of Acceptance from the Ethics Committee

letter of acceptance from Ethics Comm

EC No: 02.196
R&D No:
Registered Date: 24.2.03

St Mary's NHS
NHS Trust

Local Research Ethics Committee, R&D Office
Mailbox 121, St Mary's Hospital, Praed Street, London, W2 1NY
Tel No: 020 7886 6514: Fax No: 020 7886 1529
Email: Ros.Cooke@st-marys.nhs.uk

March 10, 2003

Ms Marie Bradley
Parkside Clinic
63-65 Lancaster Road
London W11 1QG

Dear Ms Bradley

No man's land? Making a map: The contribution of Child Psychotherapy to decision making for looked after children in transition.
Ms A Bradley, Ms L Gross, Child & Adolescent Psychiatry
EC no: 02.196 R&D no tba

On behalf of the members I am pleased to say that the Sub Committee of St Marys Local Research Ethics Committee (LREC) reviewed the above project. The following grid shows the documents reviewed.

Research documents approved	Original date	Decision date
LREC form	21.2.03	10/03/2003
Information sheet and consent form	21.2.03	10/03/2003
Interview questions Appendices F(a) F(b) F(c) F(d)	21.2.02	10/03/2003

The members of the Committee present agreed there is no objection on ethical grounds to the proposed study, I am therefore happy to give you the favourable opinion of the committee in accordance with the ICH Good Clinical Practice Guidelines.

This decision is given on the understanding that the research team will observe strict confidentiality over the medical and personal records of the participants. It is suggested that this be achieved by avoidance of the subject's name or initials in the communication data. In the case of hospital patients, using the hospital record number can do this; in general practice, the National Insurance number or a code agreed with the relevant GP.

Vice Chairman's initials RN.

EC No: 02.196
R&D No:
Registered Date: 24.2.03

No man's land? Making a map: The contribution of Child Psychotherapy to decision making for looked after children in transition.
Ms A Bradley, Ms L Gross, Child & Adolescent Psychiatry
EC no: 02.196 R&D no tba

It should be noted:

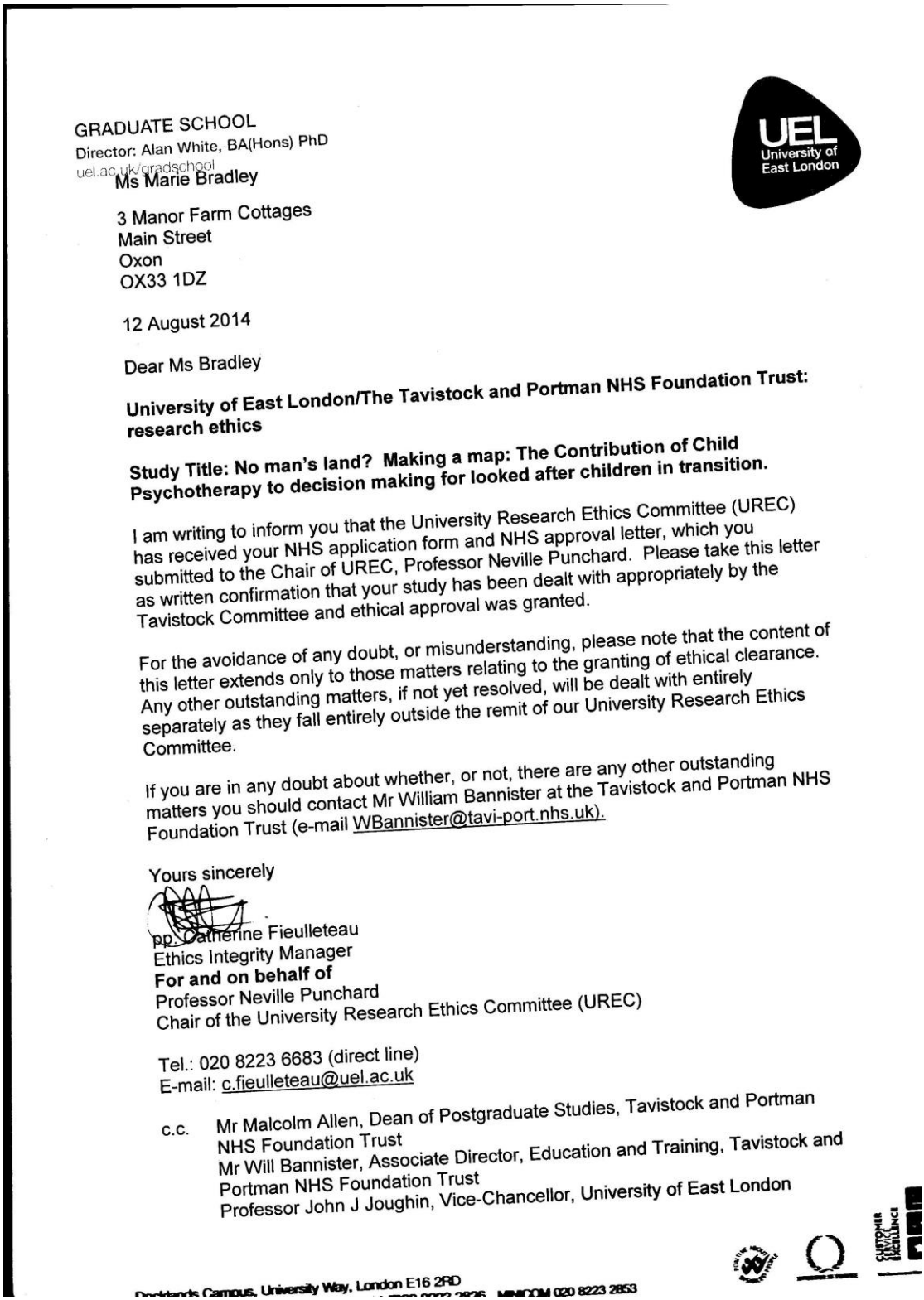
The Committee's decision does not cover any resource implications, which may be involved in your project. **Approval by the REC does not automatically mean that the study may proceed.** It is the responsibility of the NHS body under whose auspices the research is to take place to decide whether or not a study should go ahead, taking account of the ethical advice of the REC. Therefore, investigators should seek Trust approval before proceeding with the study.

Although the Committee's decision is for the life of the project, the LREC must be sent an Annual Progress Report. We also need to be informed of any adverse events, amendments or changes to the study that may occur during the course of your investigations, quoting the Ethics Number in any correspondence. Where research involves computer data, this may be subject to the Data Protection Act. The GPs of any volunteers taking part in research projects should be aware of their patients' participation. Every care should be taken to obtain the volunteers' informed consent to participate in the research project with the necessary help being provided for volunteers with language difficulties.

Yours sincerely

Barrie Newton
Vice Chairman
10 March, 2003

Appendix c (iii) UREC (University Research Ethics Committee) letter of confirmation of ethical approval



GRADUATE SCHOOL
Director: Alan White, BA(Hons) PhD
uel.ac.uk/gradschool

UEL University of East London

Ms Marie Bradley

3 Manor Farm Cottages
Main Street
Oxon
OX33 1DZ

12 August 2014

Dear Ms Bradley

University of East London/The Tavistock and Portman NHS Foundation Trust: research ethics

Study Title: No man's land? Making a map: The Contribution of Child Psychotherapy to decision making for looked after children in transition.

I am writing to inform you that the University Research Ethics Committee (UREC) has received your NHS application form and NHS approval letter, which you submitted to the Chair of UREC, Professor Neville Punchard. Please take this letter as written confirmation that your study has been dealt with appropriately by the Tavistock Committee and ethical approval was granted.

For the avoidance of any doubt, or misunderstanding, please note that the content of this letter extends only to those matters relating to the granting of ethical clearance. Any other outstanding matters, if not yet resolved, will be dealt with entirely separately as they fall entirely outside the remit of our University Research Ethics Committee.

If you are in any doubt about whether, or not, there are any other outstanding matters you should contact Mr William Bannister at the Tavistock and Portman NHS Foundation Trust (e-mail WBannister@tavi-port.nhs.uk).

Yours sincerely

pp. Catherine Fieulleteau
Ethics Integrity Manager
For and on behalf of
Professor Neville Punchard
Chair of the University Research Ethics Committee (UREC)

Tel.: 020 8223 6683 (direct line)
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Mr Will Bannister, Associate Director, Education and Training, Tavistock and Portman NHS Foundation Trust
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Appendix D: Letter to Social Work Team Leaders

15th November 02

The contribution of child psychotherapy to decision making for Looked After Children
in Transition

Dear

I am planning a research study which will look at how child psychotherapists in local Child and Adolescent Mental Health teams can contribute to the decision-making process for Looked After Children in transition.

The study will include children aged between 4 and 9 who are unable to return to their birth families and for whom the Local Authority is considering permanent placement with long-term foster or adoptive placements.

Through the process of a child psychotherapy assessment the study will look at the child's perceptions and feelings about what is happening in their lives and why; it will also look at how the children have been affected by their circumstances and how they see themselves. The assessment will take place in the ordinary way, through approximately four individual therapy sessions which take place in the context of multidisciplinary work and liaison between yourselves and the CAMHS team.

The material from the children's sessions will be supported by information from their social workers, foster carers and teachers.

I would very much like to meet with you and your team, to discuss the study in greater depth and to hear your thoughts about it. This will help me to understand more about what you would like to gain from child psychotherapy assessments of the children you are working with.

I can come to talk to you on Tuesday or Wednesday mornings; if these times are not convenient I will be happy to try to fit in with your schedule.

I look forward to meeting, and talking with you.
Yours sincerely,

Marie Bradley
Child Psychotherapist.

Appendix E: Research Information Sheet

Research Information Sheet for Professionals

This information sheet tells you about the research I am carrying out. It will help you to think about the aims of the study and about what involvement will mean for both children and professionals.

- ***Looked After children in transition, between 5 to 11, will come for an assessment of their emotional state and related issues***

- ***I am exploring child psychotherapy assessment as a way of helping children to think and talk about their circumstances and their feelings***

- ***I am interested in the impact of working with children in transition on the professionals who care for them***

- ***I am interested in how the multidisciplinary team works together for children in transition***

- ***I want to understand and improve the contribution of child psychotherapy to the care of children in transition***

- ***The work is completely confidential***

- ***Children are not involved in any additional work***

- ***Professionals have a confidential conversation with me about their thoughts and feelings regarding the child before and after the assessment***

- ***All use of research findings will be absolutely anonymous***

- ***You can always talk to me or a colleague, at any time, if you have any concerns***

If you have a child who you think could be included in the study, I will be delighted to hear from you. My telephone number is 0208 383 6123

Thank you – Marie Bradley: Child Psychotherapist

Appendix F (i):

NORTH WEST LONDON HEALTH AUTHORITY
ST MARY'S LOCAL RESEARCH ETHICS COMMITTEE

CONSENT FORM

AGREEMENT TO PARTICIPATE IN RESEARCH PROJECT

I, (name of social worker) …

Of (address) ……

Agree that the Looked After Child for whom I stand in *loco parentis* may take part in the research project:

No man's land? Making a map: The Contribution of Child Psychotherapy to decision-making for Looked After Children in Transition

I confirm that the nature and demands of the research have been explained to me and I understand and accept them. I understand that my consent is entirely voluntary and that I may withdraw the named child from the research project if I find that it is not appropriate or possible for the child to continue for any reason and this will not affect his/her mental health care.

Signed: ……. Print Name: …….

Witness: …….. Print Name: ……

Date: ……..

Investigator's Statement:

I have explained the nature, demands and foreseeable risks of the above research to the subject:

Signature: …….. Date: …….

2003

Appendix F (ii)

NORTH WEST LONDON HEALTH AUTHORITY
ST MARY'S LOCAL RESEARCH ETHICS COMMITTEE

CONSENT FORM FOR SOCIAL WORKERS AND FOSTER CARERS

AGREEMENT TO PARTICIPATE IN RESEARCH PROJECT

I, (name of subject) …

Professional capacity

Of (address) ……

Agree to take part in the research project:

No man's land? Making a map: The Contribution of Child Psychotherapy to decision-making for Looked After Children in Transition

I confirm that the nature and demands of the research have been explained to me and I understand and accept them. I understand that my consent is entirely voluntary and that I may withdraw from the research project if I find that I am unable to continue for any reason and this will not affect mental health care given to the child for whom I care.

Signed: …….. Print Name: …….

Witness: …….. Print Name: ……

Date: ……..

Investigator's Statement:

I have explained the nature, demands and foreseeable risks of the above research to the subject:

Signature: …….. Date: …….

2003

Appendix G: Strengths and Difficulties questionnaire for teachers

Strengths and Difficulties Questionnaire T 4-16

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour over the last six months or this school year.

Child's Name ..... Male/Female

Date of Birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	☐	☐	☐
Restless, overactive, cannot stay still for long	☐	☐	☐
Often complains of headaches, stomach-aches or sickness	☐	☐	☐
Shares readily with other children (treats, toys, pencils etc.)	☐	☐	☐
Often has temper tantrums or hot tempers	☐	☐	☐
Rather solitary, tends to play alone	☐	☐	☐
Generally obedient, usually does what adults request	☐	☐	☐
Many worries, often seems worried	☐	☐	☐
Helpful if someone is hurt, upset or feeling ill	☐	☐	☐
Constantly fidgeting or squirming	☐	☐	☐
Has at least one good friend	☐	☐	☐
Often fights with other children or bullies them	☐	☐	☐
Often unhappy, down-hearted or tearful	☐	☐	☐
Generally liked by other children	☐	☐	☐
Easily distracted, concentration wanders	☐	☐	☐
Nervous or clingy in new situations, easily loses confidence	☐	☐	☐
Kind to younger children	☐	☐	☐
Often lies or cheats	☐	☐	☐
Picked on or bullied by other children	☐	☐	☐
Often volunteers to help others (parents, teachers, other children)	☐	☐	☐
Thinks things out before acting	☐	☐	☐
Steals from home, school or elsewhere	☐	☐	☐
Gets on better with adults than with other children	☐	☐	☐
Many fears, easily scared	☐	☐	☐
Sees tasks through to the end, good attention span	☐	☐	☐

Do you have any other comments or concerns?

Please turn over - there are a few more questions on the other side

Overall, do you think that this child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No	Yes- minor difficulties	Yes- definite difficulties	Yes- severe difficulties
☐	☐	☐	☐

If you have answered "Yes", please answer the following questions about these difficulties:

• How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
☐	☐	☐	☐

• Do the difficulties upset or distress the child?

Not at all	Only a little	Quite a lot	A great deal
☐	☐	☐	☐

• Do the difficulties interfere with the child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
PEER RELATIONSHIPS	☐	☐	☐	☐
CLASSROOM LEARNING	☐	☐	☐	☐

• Do the difficulties put a burden on you or the class as a whole?

Not at all	Only a little	Quite a lot	A great deal
☐	☐	☐	☐

Signature ..... Date .....

Class Teacher/Form Tutor/Head of Year/Other (please specify:)

Thank you very much for your help

Appendix H (i) Semi-structured pre-assessment schedule for foster carers

(approximately 60 minutes)

Please describe the child

What do you like most about him?

What do like least about him?

How do you think the child sees himself?

How much does the foster carer/family know of the child's history and experiences?

Is the knowledge you have sufficient for your task of caring for the child?

What are the child's greatest strengths and personal resources?
Please comment on both external (circumstantial) strengths and emotional strengths.

How are these observed and experienced by the foster family?
(Please give examples)

What do you feel are the child's greatest difficulties?
Please comment on external (circumstantial) difficulties and emotional difficulties.

How are these observed and experienced by the foster family?
(Please give examples)

Do you feel well prepared to manage the child's needs and difficulties?

What has contributed to the sense of being or not being well prepared?

What other kind of help might be useful?

To whom is the child most strongly attached?

How is this attachment observed in the child?

Does the child have good relationships in the foster family?

Does he have any difficulties in relationships in the foster family?

What will help the child make new relationships with permanent carers?

What sort of family will the child need?

What help will new parents need?

What are your hopes and worries for the child's future?

Is there anything else you would like to say?

Appendix H (ii) Semi-structured interviews with foster carers (post-assessment)

(approximately 60 minutes)

Has the assessment changed your perception of:

the child's greatest strengths, external and emotional?

the child's greatest difficulties, external and emotional?

the child's capacity and difficulties in making relationships in his new permanent family?

The child's needs from his new permanent carers?

Do you think the assessment process has helped the child to make more sense of what has happened in his life and of how he feels about it?

How have you observed this in the child?

Has the assessment helped with your/your family's management of the child?

Please describe how you feel the assessment helped (or not).

Has the assessment helped you/your family to understand the child's emotional responses to what has happened in his life?

Please describe how you think this has helped

Do you feel the assessment was difficult for the child?

If so, in what ways?

If you were concerned that the assessment would trouble the child, do you feel that was so?

Has the assessment changed your/the foster family's hopes for the child's future?

If so, please describe.

Has the assessment changed the kind of family you think the child needs, and the help new parents will need?

If so, please describe.

Do you have comments about the way in which the assessment has been carried out with the child?

Do you have comments about the way in which the assessment has been carried out in relation to yourself?

Thank you

Appendix H (iii) Semi-structured interviews with social workers (pre-assessment

(approximately 60 minutes)

Please describe how you see the child.

What do you feel are the child's greatest difficulties?
Please comment on external (circumstantial) difficulties and emotional difficulties.

How are these observed in the child?
(including examples)

How do these reflect aspects of the child's experience to date?

What are the child's greatest strengths and personal resources?
Please comment on external (circumstantial) strengths and emotional strengths.

How are these observed in the child?
(including examples)

What do you like most about the child?

What do you like least?

How do you perceive the child makes relationships with significant adults in his life?

Do you feel this is influenced by the child's life experiences?

What do you think about the child's capacity to make developmentally helpful relationships with new key adults?

Do you think that there will be difficulties in finding appropriate permanent substitute carers for the child?

(Please describe concerns)

How will you make provision for ending or continuing contact with the child's birth family?

Why did you request a child psychotherapy assessment?

What information do you most want from the child psychotherapy assessment?

Is there any other comment you would like to make about any aspect of the assessment?

Thank you

Appendix H (iv) Semi-structured interviews with social workers (post-assessment)

(approximately 60 minutes)

Has the assessment changed your perception of:

the child's greatest difficulties, external and emotional?

the child's greatest strengths, external and emotional?

How do you think the child sees himself?

the child's capacity for new attachments?

the needs of the child from new permanent carers?

the difficulties in finding permanent carers for the child?

the needs of the new family for preparation and support?

the needs of the child with regard to contact arrangements with his family of origin?

Do you think the assessment process has helped the child to make sense of the events of his life, and his understanding of how these have affected him?

how have you observed this in the child?

What are your hopes for the child's future?

Does you think that the multi-professional network has found the information from the child psychotherapy assessment useful?

Please say in what ways?

Do you have comments about the way in which the assessment has been carried out with the child?

Do you feel the assessment process was worrying for the child?

Do you have comments about how the assessment has been carried out in relation to yourself?

Do you have any other comments?

Thank you

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