

EFPP Meeting with child psychotherapists in Europe online during Covid 19 with the European Federation of Psychoanalytic Psychotherapy (EFPP)

The Covid 19 epidemic has led to an initiative by EFPP to meet online using zoom to share experiences and offer support through meetings of delegates in Europe. The first two meetings I attended in April 2020 were as part of large group of the 4 sections of the EFPP Adult, Group, Family and Child /Adolescent psychotherapists led by 2 group therapists from Israel. Over 120 people attended, mainly adult psychotherapists and group workers, who talked about their experience of the pandemic and their adjustment to therapeutic work with adults and the challenges this brought. Although this was fascinating, it did not feel relevant to our dilemmas about working with young people during Covid online. We agreed to have a child and adolescent section meeting which I describe in more detail below.

First Online Meeting of the Child and Adolescent Section of EFPP on 5th May 2020

There were 25 of us delegates attended at this first meeting of the EFPP Child and Adolescent section online. The Child and Adolescent section meeting was a response to the felt need to think about our particular experience of working with child and adolescent patients through the coronavirus pandemic, to learn from each other and offer support. Meeting this way on Zoom felt strangely intimate, seeing everyone's faces in close-up, but also brought a sense of our distance as delegates as we shared very different experiences working through Covid 19 in our home countries.

The meeting was chaired by our section chair person, Maria Teresa Diez Grieser from Germany supported by Piret Visnapuu-Bernadt from Estonia. She opened the meeting explaining that we wanted to offer a forum to share ideas and learn from each other through the pandemic. One by one, child psychotherapists talked about the impact the pandemic had had on their therapeutic work and how they had adapted to meet the need of the children and families and trainees.

Those teaching on child psychotherapy trainings talked about the need to keep their trainings going through online teaching. In Norway, for example, one training had found a way to keep infant observations going using zoom, reducing the time to 30 minute infant observation, The mother became the one taking the video, so the trainee observer is watching her observations of the baby. The students said they felt the loss as they no longer felt part of the observation, but the mothers had said they wanted them back, even online.

In Sweden where there had been no formal lockdown, the psychotherapists have continued to see their child patients in person for psychotherapy. The child therapist delegate from Greece, described how her colleagues had adapted to the change to online work with younger children by focusing parent-child work rather than seeing children individually. In Poland where they were still in lock down, child psychotherapists were seeing their child patients online. In the UK, the position was similar, as the focus was on online therapy unless they were doing risk assessments of adolescents where in person sessions were necessary.

We shared experiences of transitioning to online psychotherapy which were common to many of us. We all had faced the difficulties of this technique which did not allow us to have direct contact with children and pick up on their bodily cues or give the containment this offered. There was also the challenge of seeing and being seen in the child's home, with siblings or parents walking in. Also the need to adjust to the new experience of children and families seeing us in our home with any interruptions that can occur if the therapist has children at home under lock down too. It became clear how important it has been

to establish clear boundaries with parents at the start of the online psychotherapy , particularly with children under 10's, agreeing the limits of space for play, ideally a private space where the child or teenager can talk and play, without interruption. Many psychotherapists found that adolescents, who are more familiar with talking online managed the transition and the sense of greater distance with more ease, some requesting to work without video , using the voice only. But, with all there was a sense of loss of the familiar closeness of working together in person. Online therapy was seen as a transitional strategy, maintaining the therapeutic relationship until we could return to our consulting rooms with our young patients. A different perspective was offered by the Russian delegate who pointed out that as distances were so great between cities and therapist were few, they had become used to offering online long before Covid 19.

At the end, we agreed this zoom meeting had offered an unexpected opportunity to think together as we were unused to meeting outside the bi-annual delegates meeting. It had shown the value of sharing our knowledge and experience of online work from our work settings all over Europe, as we were all at different points in this process of living with Covid 19 and its unknown consequences. We agreed to meet monthly online using Zoom and, in the meantime, to circulate any useful publications about working online with children and adolescents. The idea was raised about opening up the meeting to our colleagues but as this could involve a very large meeting, we agreed to discuss this at future meetings.

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