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Child and adolescent psychotherapy: longer-term and more intensive work

Introduction

The Department of Health recommends that a range of treatment is provided in Child and Adolescent Mental Health Services (CAMHS), including child and adolescent psychotherapy. Many children and young people referred to CAMHS are helped by short term interventions or family therapy. But for a small number whose difficulties are more severe, long-term or intensive treatment is a vital option.

Long-term psychotherapy is a highly specialist treatment which ACP–trained child and adolescent psychotherapists are uniquely placed to provide. A thorough assessment is always completed and before long-term work is agreed it is usual for a multi-disciplinary collaborative view to be taken on the decision to offer such a specialist clinical resource. This rigorous clinical decision-making process ensures that there is a clear rationale for undertaking the work.

> "I think that all children and adults who have a difficult start to their lives should be offered therapy, because it will give them a chance to talk and to express their feelings about what has happened."
>
> *Girl in therapy, aged 15*

What is long-term psychotherapy?

Long-term psychotherapy is a psychoanalytic mode of treatment that ordinarily lasts for at least a year. Sessions are weekly. This is the most frequent form of longer term treatment that child and adolescent psychotherapists offer within CAMHS. Long-term psychotherapy is also increasingly offered in other settings, such as schools.

What is intensive psychotherapy?

Intensive psychotherapy is when a child or young person is seen at least twice but more usually three times a week for at least a year and often longer. Within CAMHS a referral for long-term or intensive psychotherapy is often only made after other treatments have been considered or tried first. Weekly or fortnightly sessions for parents and carers alongside a child's therapy are considered to be an essential component of long-term work. Research has confirmed the importance of this parallel input (Trowell et al, 2003).

Case example: Peter, aged seven, had been removed from his birth family at the age of three due to severe abuse and neglect. He was the only one of his siblings who had not been placed permanently with a family. He was referred because he provoked fights between other children and showed no capacity for warmth. In **once weekly therapy** Peter worked through his feelings that no-one would want him and his hatred of adults and other children who he felt had more than him. After two years of therapy he moved to a long-term placement and was able to express warm feelings towards his new family who were then also able to show affection to him. He stopped causing fights, had friends and was praised at school for helping other children to see that enjoying a football game was more important than winning. At the end of his therapy his SDQ [strengths and difficulties questionnaire] scores had significantly improved in every category. His score for the impact of his difficulties on his life had halved.

Who is referred for long-term psychotherapy?

Long-term therapy is a treatment for children and young people with the most complex and severe mental health problems. Typically these are clinically vulnerable children or young people who may be known to several agencies. They are often a cause for concern because of a range of serious, long-standing difficulties.

Outcomes:

- An audit of referrals in an inner city CAMHS team found that children had been seen by an average of **3.7 professionals** before being referred for long-term psychotherapy (Kam and Midgley, 2006)
- Another audit of 93 children and young people in intensive psychotherapy linked to the Tavistock and Portman Clinic found that over two thirds were referred for intensive psychotherapy **after receiving other treatments** (Robertson, 2007)

A large number of the children being seen in long-term psychotherapy in CAMHS have histories of severe maltreatment in their early years. Many are in families where parents have mental health problems or where there has been a history of drug and alcohol misuse and/or domestic violence. These serious difficulties are known to have a severe impact on child development and the capacity to manage social relationships and school life. There is good evidence that it is precisely these children and young people who are increasingly being referred to CAMHS (H Meltzer, 2005; Rutter and Smith, 1995).

Long-term once-weekly work is often provided as part of an integrated, specialist package of care. Family court proceedings can also result in a care plan which requires such long-term treatment.

Examples of the kind of presenting difficulties might be:

- social communication delays/deficits e.g. ASD
- attention, behavioural and impulsivity problems e.g. ADHD
- issues with identity and eating problems
- risk taking and self harming behaviours
- sexualised behaviours
- aggression and violence
- anxiety disorders
- severe depression

Children or young people who have endured less severe life circumstances, for example children in families where there has been a bereavement or divorce, also benefit from long-term treatment.

Intensive psychotherapy is offered to the small proportion of cases with the most intractable and severe difficulties for whom shorter or less intensive work would not facilitate sufficient engagement and change.

Case example: Megan, aged 15, was referred to CAMHS with low mood. She was self-harming and had stopped attending school. A range of clinical interventions were tried but her mental state continued to deteriorate. Megan described how she couldn't trust herself and how terrified she was about what she might do. Megan and her parents pushed for an admission to an inpatient unit.
Intensive psychotherapy took place for two years with three sessions per week. Alongside this there were regular parent sessions, risk assessments and anti-depressant medication. In her early sessions, Megan described feeling overwhelmed, stuck and very bleak. Along with regular self harming (cutting, drug and alcohol binges and promiscuity), the distinction between reality and fantasy was often blurred. The collaboration with the child psychiatrist, Megan's parents and the multi-disciplinary team created a strong and consistent structure around Megan which meant that admission to hospital was avoided. Gradually Megan started to see her feelings from different perspectives. She showed a greater capacity to feel concern for herself and there were moments when she could tolerate support and bear her ordinary imperfections. Aspects of her personality that had been closed off - her love of music and interest in learning - began to re-emerge. Tentatively, she explored the possibility of returning to education. An ending to psychotherapy was negotiated with Megan, her family and the clinical team. By the end of her therapy, although she still struggled at times, Megan was able to manage times of depression with more resilience. Her risky behaviour ceased.

Children and young people like Megan make a high demand on resources within children's services, schools, the NHS and partner agencies. In a recent audit of intensive cases, the therapists estimated that the level of risk had decreased in 57% of the cases during treatment. This indicates that intensive treatment can significantly reduce dependency on other services (Robertson, 2007).

What is the aim of long term and intensive psychotherapy?

Long-term psychotherapy aims to address multi-faceted, entrenched mental health difficulties within a psychoanalytic relationship that facilitates mentalisation. This

enables children and young people to transfer developments in therapy to other relationships which breaks previously established maladaptive patterns. By addressing not only the symptoms but the underlying dynamics, there is more possibility for greater resilience against the recurrence of difficulties. Research shows that working at this deep level facilitates **sustained change** (Green, 2009; Trowell et al, 2007; Shedler, 2009).

Sessions for parents or carers also help to provide the necessary framework for understanding a child's difficulties in the unique context of early experience, the child's personality and family life.

Outcomes:

• In an audit of intensive cases, a third of children or young people seen were **looked after or adopted**; a third had a parent with **diagnosed mental health problems**; two thirds had **families with multiple, severe difficulties**; a fifth had been **excluded from school**

• Most of the adolescents were referred for **depression, self harm or suicidal ideation** and one third of the cases had psychiatric involvement (Robertson, 2007)

• In another study nearly half (47%) of the cases referred for **once weekly psychotherapy** had the involvement of a psychiatrist (Urwin, 2007)

What is the nature of the treatment?

- In psychoanalytic psychotherapy, sessions take place at the same time in the same room with the same therapist each week. The regularity and frequency of sessions offers a containing structure for a child or young person. This in itself is important for children who have had disrupted and chaotic lives.

- A psychoanalytic mode of treatment is based on detailed observation and an understanding of what lies beneath the presenting difficulties. The whole experience of being with a child (for example, can they play, how they play, how they make use of the therapist) and the feelings evoked in the child's sessions are used to make sense of the child's experience.

Intensive psychotherapy is considered when a weekly gap between sessions might be experienced as too long. For example some children and adolescents shut themselves in to help them to manage pain or anxiety. Where there are these rigid defences more frequent therapy may be indicated. Disorganised attachments or difficulties in self regulation may also be an indicator for intensive treatment because they indicate very early damage. The therapist meets regularly with parents and often with other professionals in the network to ensure that the effectiveness of long-term or intensive work is continually reviewed and monitored.

"I feel we have evolved from being nervous, new parents to confident, forthright, seasoned parents who instinctively make good choices."

Adoptive father

Current issues

The availability of child psychotherapy resources within CAMHS means that these treatments need to be targeted to the children and young people who can make best use of them. Long-term psychotherapy is often decided on by core professionals involved with the patient but this decision is based on careful assessment and is closely supervised and regularly evaluated. Clinical formulations and developments are articulated to the family

and professional network to ensure that the efficacy of the work is understood. This includes being clear at the start how and when the work should come to a close. This allows for planned endings which are an important part of the therapeutic work. This kind of forward planning also ensures that specialist resources are well used.

Short-term psychotherapy sometimes fails to address difficulties and effect change. In such cases a limited intervention can negatively impact on a child or young person, who may experience feelings of failure or disillusionment which lessens the capacity for effective clinical engagement in the future. Target and Fonagy (2002) identified possible adverse affects when an inadequate length of treatment was given. This can also risk children and adolescents becoming the 'revolving door' service users of the future.

Child and adolescent psychotherapists' practice-based doctorate level training equips them to carefully target long-term treatment. Continuing professional development which requires child psychotherapists to keep up to date and practiced in these specific interventions is also a way of ensuring quality. Clinical audits, systematic clinical evaluations and research is an expanding element of child psychotherapists' practice.

Case example: Joseph had been with his adoptive parents for almost two years when he was referred to his local CAMHS clinic. Before living with his adoptive parents he had been placed with foster carers for eighteen months who could not make an attachment to him. He had been removed from his birth family at 12 months of age due to life-threatening physical and emotional abuse. Joseph was referred to CAMHS when he was four as he was aggressive towards his new mother, distant from his father and managed to set his parents against each other. He also had night terrors and often fell over and hurt himself.
After nine months of **intensive treatment** there has been a dramatic change in Joseph. He is able to show loving feelings towards his father and his aggressive behaviour has decreased significantly. These improvements enabled the parents to go ahead with the adoption. Joseph was very frightened about the final adoption hearing and used his sessions to help him through this momentous event. He worked through his terrors and was able to make a distinction between an internal monstrous father and his adoptive parents. This has helped Joseph to feel trust in his adoptive parents' loving care and to feel protected. Joseph is still in intensive treatment.

What does the research tell us?

Despite popular views to the contrary, psychodynamic therapy now has a substantial evidence base. The evidence base for child psychotherapy has been increasing in significance over last ten to fifteen years. With a complex clinical population with co-morbid difficulties the research design and development of an evidence base is challenging. The profession has engaged with this challenge with robust energy by:

- undertaking systematic and thematic reviews of child psychotherapy research (Kennedy, 2004; Kennedy & Midgley, 2007; Midgley & Kennedy, 2011)
- intensifying research training alongside a rigorous clinical training at doctoral level and opportunities for post qualification CPD in research
- taking part in major research projects such as RCTs (for example the large scale IMPACT study on the effectiveness of psychoanalytic psychotherapy with adolescents with depression), as well as conducting qualitative research
- taking part in routine outcome evaluations as part of CAMHS Outcome Research Consortium, a national database to evaluate the effectiveness of treatments

- the Hopes and Expectations Treatment Approach (HETA), which continues to explore using parents' and patients' experiences of treatment and incorporating these more systematically into evaluation (Urwin, 2007 & 2009)

The results of these activities are enabling child and adolescent psychotherapists to more accurately target long-term and more intensive interventions to those clinical populations that are best indicated by the evidence. Research is also highlighting areas where psychotherapy can offer cost savings and better outcomes in the long run. For example there is good evidence of a 'sleeper effect' in psychoanalytic work where clinical improvements are sustained months and often years after the end of treatment (Trowell et al, 2007; Maat, 2009).

Research examples

Studies following up adults who were in long-term treatment as children show evidence for the **long-term impact** of longer term and intensive psychotherapy in childhood. A retrospective study at the Anna Freud Centre compared siblings of children who had received intensive treatment with siblings who had not and found that the untreated siblings were doing less well in the field of intimate relationships than those successfully treated in childhood. This was in spite of the treated siblings being assessed as having more marked difficulties in childhood (Schachter, 2009). A retrospective controlled trial, also at the Anna Freud Centre, showed that the benefits of intensive treatment were particularly beneficial for younger children including those with disruptive disorders (Fonagy and Target, 1994).

Studies of children presenting with severe disturbance also show **evidence of improvement** with long-term psychotherapy. A study looking at severely deprived children who were adopted, fostered and in residential homes showed considerable improvements in once weekly therapy over less than two years (Lush et al, 1991).

Single case study research is an important tradition within the field of psychoanalytic psychotherapy. Increasingly these are being systematically analysed using qualitative research methods. Such investigations provide rich, in-depth understanding and insight into the processes involved in psychotherapy interventions with particular clinical populations. This work is helpful in trying to understand the complex factors involved in the efficacy of long-term and intensive psychoanalytic work. The data also enhances the information derived from large scale RCT trials and addresses the need for both quantative and qualitative research to be more closely integrated to best serve a complex, high risk and often resource intensive clinical population. Case study research:

- enables development in therapeutic technique and improved clinical practice
- provides valuable evidence as to the efficacy of particular treatments for particular clinical populations e.g. looked after children and under-fives
- has been used successfully as evidence for suggesting improvements in mental health services for children and adolescents

Commissioning child and adolescent psychotherapy

If you are interested in commissioning long-term and/or intensive psychotherapy, please call the ACP office on 020 8458 1609 or email contactus@childpsychotherapy.org.uk. You can access further information on our website, including further briefing papers on the work of child and adolescent psychotherapists with children with disabilities, with parents and with fostered and adopted children and in schools, hospitals and the court system.

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