Association of Child Psychotherapists
BRIEFING PAPER SERIES
www.childpsychotherapy.org.uk

Child and adolescent psychotherapy with fostered and adopted children

The traumas experienced by children and young people who enter the care system include the breakdown of primary caring relationships, and may be compounded by maltreatment, domestic violence, and the impact of mental illness. Foster care and adoption provide new relationships and opportunities for recovery, but life in the care system can also face children and young people with the stresses of prolonged uncertainty and disrupted relationships.

Understanding the impact of early experience and disrupted attachments is central to supporting children's capacity for recovery from trauma. Children who cannot rely on consistent parental care develop ways of managing uncontained anxieties and fears in order to cope. These defences can then prevent children from making the new relationships which are essential for recovery.

"[The child psychotherapists] were supporting my foster son to see how he is developing and what skills he has. They tried to play games with him and they wanted to know how I feel when things go wrong. Carlos was a very challenging child so it helped me to think how I feel and help me to cope with his tantrums. You need support and I am very thankful."

Foster carer

Untreated mental health and psychosocial problems in childhood lead to emotional disturbance and difficulties with learning and relationships that have long-term effects in adolescence and adult life. Childhood conduct disorders cost the economy more than £3,000 per year per child and this escalates to £70,000 as the young person reaches adulthood**.** Over two-thirds of young people leaving care have no educational qualifications and half of all prisoners under the age of 25 have been in care. Teenage pregnancy, homelessness and substance abuse are also significant risks for care leavers. Child and adolescent psychotherapists can provide interventions tailored to the needs of the individual child and young person. This work can prevent costly placement breakdowns and the need for residential placements.

How do child psychotherapists work?

Child psychotherapists bring knowledge of therapeutic modalities and an understanding of unconscious processes to teamwork around children in care. They provide individual and group therapeutic work and support for professionals in social care, health and education to recognise and respond to trauma in infants, school-age children and adolescents. The six-year training in child psychotherapy equips clinicians to offer early intervention, long term support, and advice informed by observation, a psychodynamic conceptual framework, and child development research. Personal psychoanalysis during training provides the foundations for self-reflective clinical practice and teamwork.

Most child psychotherapists work as part of multi-disciplinary teams. In many localities, specialised teams for looked-after children are staffed by clinicians from a range of disciplines including psychiatrists, psychologists, social workers, family therapists and child psychotherapists. These teams offer a range of interventions for children and young people, parents, foster carers, adopters, social workers and their wider networks.

> ***Getting it right for children and young people: Overcoming cultural barriers in the NHS so as to meet their needs, Sir Ian Kennedy (2010):*** *Early years are absolutely central to the developmental of a child… Doing nothing to combat mental health problems in children and young people is not, therefore, the cheapest option. It is the most expensive option.*

Supporting relationships

Wherever possible, child psychotherapists work with other professionals to support care within the family of origin. Sessions for parents often focus on difficulties in the parental relationship and on parents' own experiences in childhood that may have got in the way of relating to a new child in the family. Meeting with children together with their parents allows miscommunications to be noticed and repaired.

When parents can be helped to attune to their child, the process of recovering and rebuilding relationships develops its own momentum. Parents become more confident in reaching out, enjoying interactions and setting appropriate limits; children start to relax their defences and communicate in more ordinary ways; and trust can develop.

Case example: Syrah, aged 18, and her four-month-old daughter Ferzan were placed in a residential mother and baby unit for assessment because of concerns that Syrah might not be able to protect her baby from her violent boyfriends. Social workers were also concerned about the impact on Ferzan of Syrah's depression and mood swings. A child psychotherapist arranged regular weekly visits to observe mother and baby interacting together, share Syrah's interest in her baby's development and be available as a familiar figure for both mother and child. The visits continued when Syrah and Ferzan left the unit. Over the next six months, Syrah developed confidence as a young mother and became thoughtful and responsive to her baby. Her moods stabilised and she developed better relationships with her health visitor and social worker. With ongoing support, Syrah was able to keep her baby.

No simple answers

Around 60,000 children and young people are in medium- or long-term care in the UK. Sadly, most cannot return to their families of origin because of maltreatment or severe family dysfunction. Social workers have to make complex and often painful decisions about substitute care and contact arrangements for children. Trying to balance the needs and wishes of children with those of parents is a complex task with no ideal solutions.

The child psychotherapist's task, often as part of a multi-disciplinary team, is to provide a developmental and mental health perspective to inform social work planning. Training in group dynamics helps child psychotherapists to process the heightened emotions and confusion that often surround children with experiences of trauma and disruption.

Case example: Holly's primary school teachers called social services in after she joined the school. They were shocked by her obvious neglect: she hungry, dressed in dirty clothes and desperate for attention. Holly's violence and aggression to children and defiance towards adults made it hard to believe she only five. During care proceedings a child psychotherapist offered sessions for with her foster carers, met with her class teacher and learning mentor to work out strategies to help her stay in the classroom, and joined social workers to advise on her long-term needs. Thinking about Holly's early experiences helped workers to recognise that although she looked older, she was often functioning at the level much younger child and her angry attacks were triggered by panic and high unregulated anxiety. When a care order was granted, Holly, now aged seven, moved to long-term foster care. The child psychotherapist provided ongoing support for new foster carers, school and social worker. A year later, the new placement was stable and Holly had engaged in mainstream school.

Maintaining effective communication and co-working in large, fluctuating multi-agency professional networks is difficult and time-consuming. 'Secondary trauma' can block communication and get in the way of thinking and planning centred on the child's current needs.

Child psychotherapists offer support to social workers in order to:

- *facilitate child-focused care planning in multi-agency networks*
- *make links between early experience and behavioural difficulties*
- *provide guidance around transitions and follow-up support to long-term foster carers and adoptive parents*
- *provide state of mind assessments, sibling assessments and other reports to inform care planning*

Many looked-after and adopted children present with a complex combination of deficits and difficulties rather than one clearly defined disorder. Child and adolescent psychotherapists work with children who have attachment or autistic spectrum difficulties, sometimes combined with learning or behavioural difficulties. For co-morbid presentations where medication is indicated, psychotherapists work with child psychiatrists so that children can access the full range of treatments and benefit from a holistic approach.

Working together

Many children and young people are hard to reach following years of abuse and deprivation. Some children have their first experiences of feeling safe, well fed, clean, and being able to play when they are placed in foster care. Caring for children who have no experience of routines, age-appropriate stimulation and relationships with trusted adults can be very rewarding but, inevitably, is also challenging. Looking after children with such extreme difficulties tests carers to the limit and can put relationships in the foster family under strain.

Child psychotherapists work with foster carers, social workers and teachers to make sense of distressing emotional states and disturbing behaviours, working out together how best to help each child or young person. Foster carers need support to go on meeting the needs of children who may reject and undermine their placements - because unpredictability is all they know.

> ***Every Child Matters, Department of Education & Skills (2003):*** *Mental health services are increasingly provided by specialist teams within CAMHs whose members have expertise and experience in the effects of complex trauma for children and young people, and of 'secondary trauma' for foster carers, adoptive parents, social workers and professional networks*.

Contact with birth parents and siblings stirs up painful conflicts of loyalty for many children and young people. Child and adolescent psychotherapists provide support and guidance for social workers, contact supervisors and family support workers and meet with birth parents to explore and process painful feelings that may be impacting on children's experiences of contact with their birth family members.

Understanding what children may be communicating through their behaviour, and why, is essential for foster carers to help children who communicate disturbance through their behaviour. This allows carers to process experiences of 'secondary' trauma that might otherwise lead to placement breakdown and burn out. Foster carers may have individual sessions about a particular child, sessions alongside a child's therapy, group meetings or sessions together with the child. It can be helpful for the foster carer's supervising social worker to attend some sessions with the carer to add to the support they give to carers between sessions.

Support sessions provide a space to:

- *draw on knowledge of the child's early history and relevant research*
- *help make sense of the child's behaviour and expectations*
- *share worries, celebrate progress and acknowledge the impact of the child's state of mind and behaviour on carers and their families*
- *explore with carers how their own issues may interfere with their ability to parent and to look at different parenting styles*

Direct work with infants, children and young people

Attachment and brain research have shown how making meaning ('mentalisation') underlies emotional and cognitive development. Finding meaning behind disturbing behaviours and overwhelming feelings can become a lifeline, allowing children to connect with others and to reconnect with their own minds. ACP-trained child psychotherapists work to build a therapeutic relationship with the child by focusing on the 'here and now' relationship.

NICE/SCIE guidance on promoting the quality of life of looked after children and young people (2010). Recommendation 17: *Ensure there are specialist services for babies and young children; Ensure that all frontline practitioners have access to specialist services (including dedicated CAMHS teams) to help them meet the emotional and physical wellbeing needs of looked-after babies and young children. These services should have practitioners who have:*

- *a good understanding of the emotional, physical and developmental needs of babies and young children, including those with complex emotional needs;*
- *a high level of understanding of attachment theory, and the impact of trauma and loss on child development and the forming of attachments;*
- *are skilled in observing and understanding the behaviour of babies and young children, and parent–child interactions.*

Regular psychotherapy sessions provide children in care with a containing structure for their week. Gradually the therapist can become someone with whom early infantile relationships can be re-created and worked through. Research shows that the earliest interactions between infants and their caregivers go on shaping expectations throughout life, even though they are not remembered. For a child in care, some of the earliest interactions may have been very disturbed. Getting to know a therapist allows a new relationship to develop that allows unconscious expectations to be recognised, spoken about, and gradually changed. When therapeutic work progresses well, there is a reduction in anxiety, acting out behaviour, and placement breakdowns.

Case example: Byron and Bianca came into care aged seven and eight after they were found wandering in the street at night. Later, they described watching pornographic television channels when they were alone at home. Neither child was toilet trained and they had never had a family meal. They had several changes of foster placement before settling with a family who were able to keep them long-term. Although there were huge improvements in their physical health and hygiene once they had been in care for six months, the children were still unable to focus at school or make friends. At times of particular stress both children soiled themselves and they had to be monitored closely to prevent recurrences of sexual activity between them. A child psychotherapist began by meeting Byron and Bianca with their foster carers, then each child was seen individually for two years. Clinicians also met regularly with the foster carers, social workers and teachers. The children settled into their long term placements and gradually were able to turn to their foster carers for help, to make friends, and to learn. Having a regular space to think about the children helped the carers to respond to the needs for care and comfort the children had not had as infants. Over time the carers were able to support age-appropriate activities for each child that helped them to separate and develop their own identities.

Complex difficulties that children and young people can be helped with include:

- depression, suicidal thoughts and deliberate self-harm
- loss and bereavement
- anxiety and low self-esteem
- trauma and post-traumatic stress
- mood swings and regulation difficulties
- attachment and relationship difficulties
- eating disorders
- emotional aspects of physical difficulties, including soiling and enuresis
- school difficulties and emotional aspects of learning
- attention difficulties
- behavioural difficulties and conduct disorders

Studies of depression have found that improvements following child psychotherapy treatment are longer term, with adults who were treated as children or young people still feeling its impact many years later.

***Intensive psychotherapy**:* This is the treatment that meets the needs of children with the most severe difficulties. Three sessions of individual psychotherapy per week during term-time are combined with regular sessions for carers and reviews with the professional network.

Case example: Dinesh entered foster care he was six. His mother was clinically depressed after the suicide of Dinesh's father while in prison. There were also worries about her new partner's psychotic episodes. A sibling assessment recommended that Dinesh be placed separately from his sister, because of his sexually abusive behaviour, fire setting and violence towards carers. Residential options were being considered. Dinesh engaged in intensive psychotherapy, three times a week, for two years. The foster placement stabilised and he made good progress in his mainstream school. There were no further incidences of sexual acting out or fire setting. A child psychotherapy colleague engaged with the foster carers and their supervising social worker. Dinesh at times 'got under the skin' of his carers, and the opportunity to think about his behaviour helped the carers to respond to his more infantile needs without feeling provoked. He was unconsciously repeating a pattern first experienced in his birth family and then in previous foster placements. The regular setting of the child psychotherapy play room allowed unconscious conflicts to come to the surface and be addressed in the context of the new relationship with his therapist. Network meetings were also held regularly and the school became less in need of extra input to manage anxieties about acting out. With the right level of support for his learning needs, Dinesh began to fit in to his social group.

Individual therapy sessions with children and adolescents allow therapists to:

- come to know each child's internal world, their creative resources and their defences through repeated observation of play and interactions
- address internal barriers to progress that compound external deprivation
- combine direct therapeutic support with multi-agency consultation and liaison
- act as advocates for children's mental health and developmental needs
- provide guidance to professionals in health, education and social care

Work with teenagers

Young people in care face some of the toughest challenges. Lacking the stability and security that most teenagers take for granted, they face the prospect of losing the support of foster carers and social workers at the same time as undergoing the upheavals of adolescence.

For many young people in this situation, committing to regular therapy or counselling feels difficult; child and adolescent psychotherapists often start by offering one or two sessions at a time. Sometimes a period of brief work is enough to help a young person take up a place in college or maintain an important relationship. For some young people on the threshold of adult life, a longer period of counselling or therapy helps to create foundations for greater stability later in life.

Adolescence may be a time when the consequences of early experiences and the impact of conflicted loyalties flare up. The prolonged exposure to trauma of late-adopted children makes them particularly vulnerable at times of transition. Child psychotherapists provide long-term follow up and support for adoptive families, who may come under particular strain around changes and separations.

Work in residential settings

Many child psychotherapists are employed by local authority or voluntary sector residential units to provide consultation and reflective supervision for staff. Therapy for children and young people in residential settings, who have often experienced the extremes of abuse, trauma and multiple placement breakdown, can help them begin to make use of the residential setting, form relationships and learn.

In conjunction with ongoing work with staff, therapeutic provision can help children with the most severe mental health problems and behavioural difficulties to access mainstream education and develop their own capacities. Over time they can become young people with something to offer society, while the risks of entering the criminal justice system are diminished.

> "Part of my role was to support the foster carer to ensure that the placement is maintained and that the children's needs are met. Being able to work with [the child psychotherapist] on the needs of children was very helpful, especially when a child has very complex needs. Because I worked with [her], I felt I wasn't on my own and I was part of a team."
>
> *Supervising social worker*

Training, teaching and supervision

Trainings by child psychotherapists focus on helping participants to hold in mind the effects of early experience and disrupted relationships and to make links between children's experiences, feelings, and behaviour. Topics include infant and child development, attachment, relational trauma and the emotional and behavioural effects of trauma, observation, play and therapeutic communication.

Child psychotherapists also provide specialised supervision and teach on courses for education, health and social care professionals. These help workers to process the emotional impact of their work in order to go on helping their clients and patients.

Specialised supervision and consultation can reduce turnover and burn-out in front-line staff and meet professional development needs.

NICE/ SCIE guidance on promoting the quality of life of looked after children and young people (2010). Recommendation 18:

Ensure carers and frontline practitioners working with babies and young children receive specialist training; Ensure that all carers and practitioners who care for and work with babies and young children (including foster carers and prospective adopters) receive training on the:

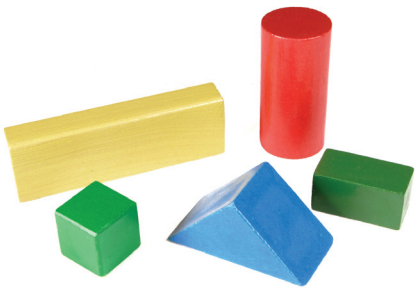
- *development of attachment in infancy and early childhood*
- *impact of broken attachments*
- *early identification of attachment difficulties*

Wider work

Child psychotherapists also provide consultation for social work and fostering teams, mainstream and specialist schools and learning mentors, sit on adoption and other panels, provide a mental health perspective to policy development, and contribute to policy consultations. Research by child psychotherapists includes studies of therapeutic processes and outcomes, experiences in the care system and foster carer support.

In summary

Stability and predictability in relationships are fundamental to ensuring positive outcomes for children in care. Children need continuity so that they can form supportive emotional attachments with their carers and make use of educational provision and opportunities.



The disturbing facts of the lives of children and young people in care are hard to hold in mind. Child psychotherapists draw on their own experience of psycho-analysis, observational skills, knowledge of child development research, and understanding of group dynamics to work with and support children, young people, parents, carers and their professional networks. Child psychotherapy aims to help children who have become stuck in their development to explore underlying anxieties, recover their capacities, improve their relationships and achieve their potential.

Commissioning child and adolescent psychotherapy

If you are interested in commissioning a child psychotherapy input in your locality, either via your local NHS CAMHS or via a private provider, 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, in schools, in hospitals, in the court system, with parents and through long-term and intensive work.

www.childpsychotherapy.org.uk