ACP POSITION STATEMENT

The Role and Contribution of Child and Adolescent Psychotherapists in the Neonatal Unit

MARCH 2023

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Company number: 9747239 Registered office: CAN Borough, 7-14 Great Dover Street, London SE1 4YR.

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Executive Summary

The Association of Child Psychotherapists (ACP) welcomes the report '*Psychology Staffing on the Neonatal Unit- Recommendations for Psychological Provision*' prepared by the Operational Delivery Network (ODN) Psychology Leads in July 2022. This followed a National Critical Care Review and an initiative within the NHS Long Term plan for improvements across all aspects of care in neonatal units and the arguments for increasing the provision of psychological therapists in this setting are compelling in both human and financial terms.

As Child and Adolescent Psychotherapists (CAPTs) we always emphasise the value of a multi-disciplinary mental health workforce embedded in neonatal wards, with CAPT as an integral part of psychological provision. Historically CAPT has made a significant contribution to the field, and the makeup of the current workforce reflects this. Child and Adolescent Psychotherapy is one of the psychological professions recognised in the NHS and sits within the Psychological Professionals Network. The Training is funded by Health Education England and NHS Education Scotland and is aligned to service priorities.

Patient Care

Key to the role of CAPTs in neonatal units is attending to the baby's psychological and emotional development in a busy and often stressful environment. We pay close attention to the way the baby reacts to separations and to the nature of the attachment to their parents. A core task is to nurture the relationship between baby and parent, especially where there have been traumatic beginnings. This is supported by a fundamental aspect of our training, a weekly mother/infant observation for two years which develops a high level of skill in appreciating the nuances of behaviour and feelings of the mother-infant dyad and the potential to bring them together.

Contribution to the work of the MDT

CAPTs can make important contributions to the quality and effectiveness of the multi-disciplinary team. The role of the CAPT is to be in touch with the emotional temperature of the unit and provide a sense of containment. This involves being physically and reliably present on the unit both formally and informally, in offering debriefs and regular staff support sessions. In this way staff members are allowed a safe space in which to share difficult emotions such as shock, sadness, and guilt. The experience during training of four times weekly individual psychoanalysis is crucial in developing the capacity for internal reflection and judging how to respond in ways which are helpful.

Conclusion

We hope this paper contributes to ongoing discussions and developments in the neonatal workforce and the increasing recognition of the centrality of the psychological professions to the care of babies and their families. We welcome opportunities for further engagement with colleagues working in and leading these critical NHS services.

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Introduction

This document is intended to be read alongside the document prepared by the Operational Delivery Network (ODN) Psychology Leads in July 2022, entitled: ***'Psychology Staffing on the Neonatal Unit- Recommendations for Psychological Provision'***

That paper, which has been endorsed by BAPM, makes a very powerful case for the benefits of increased levels of staffing in psychological therapies in Neonatal Units. Currently there are no agreed staffing levels and provision is either missing or insufficient. The recommendations from BAPM and the document from ODN Psychology Leads are in addressing this gap and crucial in setting standards. The staffing level advocated as a minimum for a unit of twenty cots is one WTE banded at 8a. (Atkins et al., 2022). The anticipated gains encompass the quality of care for babies and parents and also for the support of staff, nursing, medical, and Allied Health Professionals. The arguments are compelling in improved outcomes for babies and parents in both human and economic terms, and we wholly support them.

In this submission our aim is to convey our appreciation for the work of our colleagues in Clinical Psychology in preparing the paper and to bring an awareness of the long history of Child and Adolescent Psychotherapy in this field, which extends to the present day. The focus of this briefing paper is upon the role of Child and Adolescent Psychotherapists in Neonatal Units, who comprise a significant proportion of the psychological therapists workforce in the London network and are well represented in other parts of the country.

We would wish to extend the scope of the 'staffing standards' for psychological professionals' document in relation to the make up of the psychological therapist disciplines beyond the emphasis upon Practitioner Psychologists. The training of Child and Adolescent Psychotherapists and Clinical Psychologists is broadly similar in pre training requirements and doctoral study, although at four years, the Child and Adolescent doctorate is twelve months longer. Whilst the two trainings have communalities each has a different emphasis and could be viewed as complementary. If the increased levels of staffing take place there would be considerable merit in having each discipline represented in Neonatal units, at each level of seniority, including leadership. The BAPM review allows for the case of not either but both disciplines.

Over a number of years there has been a recognition of the benefits of bringing the parents into the Neonatal Unit as partners in the care of their baby. These developments are brought together in the BAPM FiCare Framework for Practice document of November 2021 (BAPM, 2021). Within this approach within the whole unit, Child and Adolescent Psychotherapists have much to contribute.

Child and Adolescent Psychotherapy is one of the 12 psychological professions recognised in the NHS within the framework of the Psychological Professionals Network. The NHS Workforce Plan is making significant investment in increasing the numbers of trainees. The training posts to a doctorate level are funded over a four-year period by

Health Education England. Child and Adolescent Psychotherapists within the NHS are required to be registered with the Association of Child Psychotherapists, which accredits four training institutions in England. Child Psychotherapists work across a broad span of NHS settings, physical and mental health, and within local government and the third sector.

Patient Care

The forty-week time span of pregnancy allows time for the baby to develop, and for parents to prepare emotionally for what life might be like with a new child, to become a family. This can be a time of excitement and anticipation tempered by anxieties linked to childbirth and parenthood.

However, for many parents whose babies have been admitted onto a Neonatal Unit, the experience of pregnancy has been foreshortened, frequently accompanied by a traumatic delivery. The picture which would have been in the mind of the parents beforehand is replaced by the reality of the Neonatal Unit with the baby, often very small, in an incubator being cared for by nurses and doctors. Despite the encouragement from staff, what parents can give to their baby is very different from the direct care they had anticipated. In the struggle to find a role there are often feelings of profound loss and helplessness.

The spectrum of medical need for babies coming to a Neonatal Unit is very broad, from those who have reached term and whose stay will be brief, to those born very prematurely, physically compromised, with an uncertain future. For the parents of babies in the latter category their stay on the unit can be lengthy, distinguished by profound uncertainty and fears regarding serious disability or death. It is not uncommon to observe parents focussing on monitors, fearing catastrophe, rather than their baby. Extensive research upon the psychological effects on parents confirms the day-to-day experience of Unit staff that both mothers and fathers have significantly increased levels of tension/anxiety, depression, anger/hostility, and fatigue. Fuelling such emotions are feelings of loss and guilt.

Meanwhile the experience of the baby in being born prematurely is traumatic. Vital organs are frequently immature and there may be more specific medical challenges. The ward environment is one of overstimulation from light and noise and the baby the recipient of painful and invasive procedures.

The experience of prematurity jeopardises the processes of attachment and bonding for both baby and parents. Against this background there is a significant role for the psychological therapist in attending to their relationship. A key element of the Child Psychotherapy training is a weekly baby and mother observation from birth to two years, detailed later. The skills acquired from this are vital in endeavouring to tune into the nascent personality of the baby and foster the relationship with the parents. Many parents will need little help with this. However, for others there will be deep emotional impediments, such as an unconscious fear of loss leading them to hold back. Here there is a need for a delicacy of clinical approach in bringing the feelings into the open and offering an empathic understanding. Frequently these discussions take place when there is real uncertainty about outcome. This process takes time and a capacity to bear the intensity of parental emotions.

Siblings form part of this picture with their emotional needs also being given due reflection. A fragile baby and the consequent changes in family life present the sibling with emotional challenges. Parents often feel torn with the feeling that they cannot meet the competing needs. Recognising this with parents can be of benefit, and on occasion direct work with the sibling(s).

We receive feedback from parents that our work in all the aspects above has been of help and the benefits can be seen as the parents are more able to share in in the care of their baby and can harbour hope for the future.

The contribution of Child Psychotherapists to the work of the MDT

Each member of the Neonatal team will have a particular area of expertise and responsibility, extending from the housekeeper to the Lead Consultant Neonatologists, and yet alongside this they will be contributing to the emotional and psychological care of the baby and parents. In the preceding section we highlighted the distress and anxiety present on the unit. One key role of the Child and Adolescent Psychotherapist is to recognise this and be in touch with the impact this has upon each staff member. The provision of such containment involves being present on the Unit and available to staff for consultation, both formally and informally.

Multi-disciplinary teams are complex organisms. There can be staff from a dozen different professional backgrounds and each individual brings their own personality. The work of the Unit gains from such richness, although at times there can be tensions. These can be exacerbated by the pressures of the work. There is a long tradition of applying psychoanalytic principles to understand the undercurrents in hospital settings. An early example is Isabel Menzies Lyth (1988), *Containing Anxiety in Institutions*. This method of participant observer research has provided ongoing material and Child Psychotherapists draw on this thinking, using it for the benefit of the Unit.

Attending the Psycho-social meeting is an opportunity to understand the breadth of pressures upon the Unit and share in the experiences of both success and disappointment. Bringing a mental health perspective regarding parents can bring some relief to the staff and give pointers to how to respond. Regular support groups for staff have a significant value, as do ad hoc events in response to particular issues. Although the worst vagaries of the pandemic may be behind us, Covid meant that at times flexibility and creativity were at a premium. In one Unit a group for the nurses and nursery nurses took place when many parents were prevented from seeing their babies. Whilst Unit staff mitigated this by the use of video, it was an intensely painful time for them, evoking guilt and resonating with the impact of the separations enforced in their own lives.

Facilitating debriefs for staff following the death of a baby or a critical incident is an area in which the training of Child Psychotherapists is of particular value. The learning absorbed in close attention to the emotions of pain and loss in others, and in oneself through personal psychoanalysis provides the foundations for expertise in such encounters. The intensity of feeling in these sessions can vary, sometimes affected by the extent a death might have been anticipated, how well the baby and family were known to the Unit, and if it was felt that the medical intervention had been managed appropriately. The task is to help the group put together an account, including a medical view, and speak

of the emotional impact, often shock, sadness, and guilt. There may be anxieties connected with the hospital investigation. The group coming together in this way has real therapeutic potential. The facilitator is required to be open to taking in the feelings in the room, to distil them internally, and reflect them back to the group in a coherent and digestible form. In this the benefits of personal psychoanalysis come into play

In being involved in so many aspects of Unit life the Child Psychotherapist is well placed to recognise the emotional demands on staff and give support to the group, and, on occasion, to individuals. Attending to staff wellbeing is worthwhile in itself. There is a strong body of research to support the gains in patient care and outcomes in maintaining staff sensitivity and reducing the risk of burnout.

General Comment

In writing about the work of the Neonatal Unit there is a tendency to emphasise the most difficult aspects. Undoubtably these are present, and the Child Psychotherapist will be aware of, and address these. Where the outcomes are poor, an acknowledgement of the disappointment for staff and of their efforts in caring for the baby and being alongside the parents, is an important aspect of the staff care. And yet, in the day to day of the Unit there are many good outcomes, it is all to easy to overlook these and yet they need to be celebrated.

Child & Adolescent Psychotherapists – Training and Qualifications, Clinical Application

As described in the previous section Child and Adolescent Psychotherapists working within the NHS are required to be registered with the Association of Child Psychotherapists, an organisation established in 1949. The ACP is accredited to hold the register of Child and Adolescent Psychotherapists in the UK by the Professional Standards Authority.

Pre-clinical training requirements

The route to qualification is in two parts. Assembling the portfolio of experience prior to the formal training, requires a significant background of working with infants/children/young people and families. Academically there is a requirement to have completed one of the six approved Post-graduate Masters two-year courses. The curriculum will have included psychoanalytic theory, child development research, work discussion, and Infant Observation.

The Infant Observation component is of particular relevance to the work in Neonatal Units. Over two years, it involves a weekly visit to the family home and for an hour playing close attention to a baby and the patterns of interaction with the mother. Regular group seminars provide a framework for understanding the development of the child and the nature of bonding processes. The seminars are also an opportunity for the observer to be aware of, and examine, the feelings which can be stirred up in themselves. These studies help in the development of reflective practice, emotional availability and awareness of oneself.

Clinical Doctorate Training

The Child and Adolescent Psychotherapy training is a four-year, full-time course at a doctoral level. In England, it is funded by Health Education England and in Scotland by NHS Education Scotland. Trainees are employed on NHS band 6 contracts. Their time is divided between formal teaching within the training institution and clinical placement. The teaching addresses research methods and there is support with the research project, leading to a dissertation, undertaken by the trainee. Although all NHS funded CAPT trainings now offer a Doctoral qualification this is not a requirement for registration as a CAPT with the ACP. All CAPTs will have completed the clinical and other training requirements to work as a CAPT in the NHS and register with the ACP whether or not they have gained a Doctorate qualification.

The teaching encompasses normal child development, childhood psychopathology, psychoanalytically based formulation, and intervention. Issues of cultural, social, neuro and gender diversity, alongside learning differences and disabilities are factored into the teaching and placement training. Different family constellations and their dynamics are brought into the clinical approach.

The trainee remains in the CAMHS MDT clinical placement throughout the period of training. The merit of this lies in understanding the contribution of each discipline and the value of collaboration. Trainees develop competencies common to all practitioners in this field in working with children and young people and their families. In addition, generic therapeutic competencies in working with groups, and managing transitions are part of the training. Understanding legal frameworks, safeguarding, and working with other agencies is assimilated into practice. Work has been undertaken with NHS England to ensure the training curriculum is aligned to the aims of the NHS long term plan.

The clinical work with patients, extending over the whole range from 0 to 25, is underpinned by supervision from senior staff which places the child in the context of family history, dynamics, and culture. An important aspect of the supervision is an examination of the way in which the therapy session develops, catching the shifts of feelings. The relevance of this to the work on the Neonatal is that in the work with parents, it embeds the capacity to recognise psychological defence mechanisms and judge the most helpful response. In seeking to build a therapeutic alliance timing is key.

A component of the training is therapeutic work with a parent over an extended period. This is not quite the same as therapy for an adult in their own right, as it is taking place within the context of the needs of the child. This adds a different dimension for both the parent and the clinician.

Integrated into psychotherapy training are ongoing considerations of parental and family mental illness. The effect on children and impact on families is considered from developmental, psychological and social viewpoints, with due regard for any safeguarding issues. In the neonatal context there is a need to recognise how the early bonding process can become disrupted. Identifying parental mental illness may also involve consultation with adult services, such as Perinatal Mental Health services.

A distinguishing feature is the requirement of four times weekly psychoanalysis over the course of the training. At a simple level this provides a subjective experience of the complex feelings of being in therapy. More fundamentally the examination of the individual psyche over an extended period promotes an awareness of unconscious processes and a readiness for self reflection. This engenders a capacity to bear the pain and grief of others without retreating into inappropriate reassurance or action.

Registering Body

Child and Adolescent Psychotherapists who have completed the NHS funded training must be registered with the Association of Child Psychotherapists (ACP) in order to practise in the NHS. The register of CAPTs held by the ACP is accredited by the Professional Standards Authority and can be checked at childpsychotherapy.org.uk

Conclusion

In the 1940s, John Bowlby and James Robertson, two psychoanalysts, were involved in research into the effects of separation from parents upon children in hospital. The film made by James and Joyce Robertson, '*A Two Year Old Goes to Hospital'* (1952) remains very powerful viewing. A linked journal article with the same title was published by Bowlby, Robertson, and Rosenbluth (1952). The subsequent campaign played an important part in changing ward practice. Today Child and Adolescent Psychotherapists feel privileged in continuing to build upon the tradition which began in the work of Bowlby and Robertson and contribute in the development of FiCare in the neonatal environment.

Further Information

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About the ACP

The Association of Child Psychotherapists (ACP) is the professional body for Child and Adolescent Psychotherapists working in the NHS, third sector and independently with children and young people up to age 25. Child and Adolescent Psychotherapy is the only specialist doctoral-level mental health training that focusses exclusively on this age group and we have clinical expertise in work with children and young people with severe and enduring mental illness, as well as children with less complex difficulties. The ACP is responsible for regulating the training and practice standards of child and adolescent psychotherapy in the UK and is an Accredited Registered of the Professional Standards Authority (PSA).

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7 March 2023