CHILD PSYCHOTHERAPY SELECTION
Reviewed by Cathy Urwin

This selection focuses on editions of journals and articles particularly relevant to a multidisciplinary readership.


This relatively new journal focuses particularly on the applications of the psychoanalytic method of observing babies first developed at the Tavistock Clinic, London, 50 years ago by Esther Bick. Mandatory in much psychotherapy training nowadays, the method also has teaching, clinical and research applications and offers considerable scope for multidisciplinary collaboration.

Several special editions show the relevance of the method to understanding particular clinical groups. For example, Vol. 1, No. 2, February 1998, edited by Jenny Kendrick and Gianna Williams, focuses on infants with feeding difficulties. This includes a more traditional clinical research paper by Alan Stein and Helen Woolley, The inter-generational transmission of disturbance: An investigation of mechanisms through the study of maternal eating disorder, pp. 31-43. The authors found a high level of conflict in the relationships between mothers with eating disorders (bulimia nervosa) and their babies. Although further research will be needed to establish how far this contributes to later psychopathology, observational data looked at from different theoretical frameworks generate rich hypotheses about possible mechanisms.

Vol. 2, No. 2, February 1999 is a special edition on the application of infant observation to social work, edited by Steven Briggs and Hamish Canham. It illustrates the importance of observation to both social work theory and practice in this country, although psychoanalytic thinking has been somewhat marginalised within the profession in recent years. Arguably, this is related to the growth of legalistic frameworks motivated in part by mounting concern over child protection issues. Briggs and Canham review these issues comprehensively in their editorial and provide a framework for evaluating how observational studies contribute to the training and practice of social workers and to facilitating more reflective as opposed to reactive decision making.

Vol. 2, No. 3, June 1999 to some extent follows up the theme of the contribution of infant observation within professional training, considering the experience of both students and trainers. For example, Trudy Klauer, in Observation at work: The application of infant observation and its teaching to seminars in work discussion, pp. 30-41, asks how far attention to observation of infantile states of mind and family dynamics fostered by infant observation transfers to understanding the unconscious processes operating in work settings with children, adolescents or families, studied by students participating in a work discussion seminar at the Tavistock Clinic. One contribution of infant observation is that it increases students’ capacity for detailed description and for observing their own responses to situations in the work place and to reflecting upon them.

This issue also contains an article by Didier Houzel (translated by David Alcorn and Paul Burrows) on A therapeutic application of infant observation in child psychiatry, pp. 43–53. In the context of working with disturbed or dysfunctional mother/infant relationships, here parents and infants identified as at risk are offered monthly appointments by a consultant psychiatrist, while specially trained infant observers from another profession make weekly visits to the home, discussing the observations afterwards in a supportive seminar group. The author finds that few families drop out and in general there is a marked reduction in presenting symptoms in the children. He stresses the value of the observer’s receptivity and non-judgmental attitude. In particular, the observation helps to contain parental anxiety, to reinforce parental competence and to sort out inter-generational confusions. It also contributes to the parents’ capacity to think about their babies and the meaning of their behaviour. The final section provides an interesting discussion of how the observer’s free-floating attention, a process of reverie, contributes to mental growth in the baby.

The topic of therapeutic aspects of the infant observation method is likely to become increasingly popular in future issues. Vol. 3, No. 2, February 2000, a special edition on the early weeks, edited by Asha Phillips and Janine Sternberg, contains several articles showing how infant observation has contributed to effective early psychotherapeutic intervention with mothers and babies, for example, in the case of a traumatic birth, a ‘replacement child’, a bereavement, or postnatal depression. Margaret Reid, in A psychotherapeutic intervention during the postnatal period, pp. 6–21, describes the development of a service providing psychotherapeutic intervention recently opened within the perinatal service of a London hospital.

Vol. 3, No. 3, June 2000, however, illustrates how the observation method itself can contribute to reducing risk of pathological development of children at risk of atypical development. The issue, edited by Maria Rhode and Graham Shulman, is concerned particularly with infants with autistic-like features and includes several papers from France. An article by Genevieve Haag, In the footsteps of Frances Tustin: Further reflections on the construction of the body ego, pp. 7–22, was originally given at the first Frances Tustin Memorial Lecture in 1997. Autistic children typically show gross disturbances in body image and in their ability to relate their actions to those of another. Haag develops Tustin’s observation of a primary binary body split in children with autism, affecting the degree to which they are compelled to use autistic objects or rituals to hold parts of themselves together. She explores how in normal development a body image is built up through the interactions with the mother which address the infant’s anxieties and needs for emotional contact, particularly through mouth, nipple and eye-to-eye contact and the coordinations between these. The mother’s receptivity affects how the baby experiences itself as being split apart or held together from inside.

Bianca le Chevalier, Jean-Claude Fellouse and Simone Bonnesoeur, in West’s Syndrome and infantile autism: The effect of a psychotherapeutic approach in certain cases, pp. 23–38, describe the effect of the kind of intervention outlined by Houzel, above, in a case of West’s Syndrome, an
infantile convulsive disorder often accompanied by autistic features. The paper focuses on the observation of a baby who, at 6.5 months, presented with a clinical picture of autistic withdrawal. The convulsions stopped after 7 months of the observation, which ended at 3.5 years. By this time the child was speaking normally, and he adjusted well at nursery school. The conclusion again discusses how the containing space provided by the observation could contribute to mental development in the infant, even where early psychic development was so disorganised, and stresses the importance of the effective links established between the professional agencies involved.

Effective links between professionals are also stressed by Pierre Delion in The application of Esther Bick’s method to the observation of babies at risk of autism, pp. 84–90. This uses three cases to illustrate the contribution of infant observation to a multidisciplinary assessment or diagnostic process. He finds it uniquely suited to making links between family history and traumatic circumstances affecting the parents’ capacity to relate to their particular baby, the infant’s internal world, and the pathological symptoms underlying the clinical picture. Again, the observation process itself has therapeutic effects.

Sometimes an observation has therapeutic benefits, even where this was not the original intention, as in Gwynned Somerville’s ‘Everybody’s dead’: The observation of an infant with autistic features, pp. 39–63. This describes the emergence of autistic features in Kobir, the first born baby of a young Bengali couple, where the parents had both recently lost a parent themselves. The young mother’s isolation and loneliness in an East End tower block stood out while her little boy became more and more withdrawn and disengaged. Fortunately, some recovery was evident by the end of the observation when the mother became more enlivened through a second pregnancy. The editors argue that the therapeutic benefit of the observation came from the observer’s ability to take in, struggle with and digest Kobir’s evident distress while his mother could not be available to him.

Kate Cowills’s, I thought you knew: Some factors affecting a baby’s capacity to maintain eye contact, pp. 64–83, also describes a baby who had to struggle with a parent’s recent bereavement. Baby Tom’s parents worked very hard to help him with great difficulties with sleeping, crying and excessive gaze avoidance as a young baby, and with generally ‘not knowing’ what the problem was. Once Tom was more robust and developing well, his mother let the observer know how earlier she had been pre-occupied with fears that he would die. Eventually the observer was able to connect this anxiety with the traumatic circumstances of the death of the mother’s father.

Finally, some of the above editions contain innovative articles exploring links between psychoanalytic observation and developmental psychology and neuro-science. Particularly interesting is Judy Shuttleworth’s, Theories of mental development, Vol. 1, No. 2, February 1998, pp. 29–50. Judy Shuttleworth finds contemporary research in developmental psychology and neuro-science a useful sceptical viewpoint from which to evaluate the plausibility of various psychoanalytic ideas. She focuses particularly on the Kleinian concept of fantasy as ‘a primitive, concrete, pre-symbolic form of consciousness’, p. 30, overlaid later by more complex forms of thinking involving symbolic activity. But it is never completely replaced and is also continually being remade, accounting for the here and nowness of the transference of early experience in clinical work.

At present, it is not easy to investigate this dynamic concept within developmental psychology. By contrast, Judy Shuttleworth finds that recent work in neuro-science resonates strongly with Klein and Isaacs’ original descriptions. She draws particularly on the neuro-scientific work of Gerald Edelman and Antonio Damasio, for whom consciousness derives from the capacity of the brain to represent and record its activity to itself. By contrast, self-consciousness increasingly depends on being able to give meaning to one’s experience from diverse viewpoints; this involves a history of interpersonal engagement.

Damasio’s work beautifully demonstrates persistent connections between so-called rational or higher order thought, carried out by the cortex, and the activity of the more primitive brain stem. When the pre-frontal cortex that connects these two areas is dysfunctional, as in certain cases of brain damage, the patients do not lose their capacity for rational thought completely, but they are unable to give it meaning. Once the connections to mechanisms responsible for triggering emotions and psychosomatic states are lost, the patient can understand everything while appreciating the significance of nothing’.

Shuttleworth likens the primitive activity to fantasy. She also draws parallels between fantasy and Colwyn Trevarthen’s concept of primary inter-subjectivity. Trevarthen aims to account for how human communication and mind grows out of what is laid down in the brain. But this depends crucially on a shift at about 9 months to what Trevarthen calls secondary inter-subjectivity, through which infants can communicate about objects in the world with other people. Language evolves from this matrix. It is peculiarly disrupted in autistic children. As Shuttleworth argues, this account is compatible with an Object Relations position in psychoanalysis, in that it regards human communication as fundamental to mental growth.

Shuttleworth illustrates how infant observation is enriched by thinking about brain activity as well as object relatedness, and describes how a 9-year-old boy’s psychotherapy was greatly aided by recognising that his difficulties in interpersonal relatedness might involve something wrong with his brain.


Continuing some of the themes in her paper on fantasy, above, here Shuttleworth describes the psychotherapy of a 10-year-old boy eventually diagnosed as having Asperger syndrome. She vividly describes a grandiose, Heath Robinson quality in this boy’s interactions, as he attempted valiantly to make sense of his experience and convey his confusion. From an initial formulation that saw this as a case of severe narcissistic disorder, Shuttleworth came to see his difficulties as a consequence, not of what he had done to his objects or his objects had done to him, but of a primary deficit in the neurological equipment necessary to link up or make sense of social-emotional experience. Changes in technique that followed hinged crucially on recognising this fundamental difficulty. The growth of imagery in the patient’s mind for communicating to his therapist about the nature of this catastrophe was impressive. This child showed considerable developments, in the capacity
for depressive concern, for reflection, and for being ordinary. The conclusions discuss wider theoretical and practical implications, and stress that some individuals with Asperger syndrome can be considerably helped by psychotherapy, even if the condition reflects neurological damage, because psychotherapy is particularly suited to supporting the growth of new mental structures and neurological pathways.

The following papers also offer a psychotherapeutic perspective on conditions identified by psychiatric definitions.


Orford borrows a phrase from Longfellow in her title to refer metaphorically to the developmental task of learning to manage the tumult of feelings produced by internal and external circumstances. Orford discusses why diagnosis of ADD and ADHD has become increasingly popular, and considers that these conditions are often over diagnosed. One problem is that they encompass symptoms that often reflect other problems, including family disturbance. Where medication is appropriate, parental support is a prerequisite. It will only work within a framework of consistent management. Conversely, she describes how Ritalin enabled one child to introduce a managing element into his play with cars, via a traffic warden, for the first time. Orford argues that, to be appropriate, medical intervention should be based on an assumed aetiology. She brings together work from neurology on prenatal and postnatal brain growth to suggest how early traumatic events or factors affecting parents’ interactions with the infant can impair the setting up of neural pathways affecting connections between lower and higher brain centres. She suggests a relation between disorganised attachment and ADD/ADHD and pursues the idea that ADHD symptomatology is very similar to an over-alert vigilance response system, as found in trauma victims. She suggests that some infants become stuck in a hyper-alert state in response to some environmental/neurological stress.

In addition to or as an alternative to Ritalin, intervention conducive to establishing more ordinary neural pathways is essential to producing long term change. For some of these children, psychoanalytic psychotherapy can be particularly beneficial because essential features include establishing a regular, containing, and predictable setting in which the child can rework experiences and learn new ways of responding in safety.

The paper concludes with an account of the twice-weekly treatment of a 6-year-old boy. An essential shift was the development of a story line in his play. Orford stresses that it is this kind of symbolic process, and thinking about experiences with the therapist, which can enable these children to organise the terrifying chaos of their inner worlds.


This paper describes how psychoanalytic psychotherapy can function in an inpatient setting. It focuses on work with two families. Work included psychotherapeutic work with mother and child, work with parents and work with children individually, along with the therapeutic work of the community. Improvements in parent-child relationships are described, contributing to successful integration into the community.

Inpatient treatment provides opportunities for containment but also runs the risk of promoting severe regression. Psychotherapy is rarely appropriate for clients when they first arrive and only becomes possible because of the therapeutic culture of the community, which provides good physical care, recreation and companionship. The parents’ agreement to take responsibility for the care and management of their children is essential. How communications between psychotherapists and nursing staff are handled is an important dimension of the work, and the author stresses how the many transference relationships in a hospital setting can complement each other.

The paper describes work with a mother presenting with Munchausen by proxy who had been reunited with her daughter. Only when the mother could begin to own her own abusive behaviour towards her daughter rather than deny it could a bond between mother and daughter re-form. The mother was not able to accept the offer of psychotherapeutic help on follow-up and a murderous area in the patient still remained, although she was now more aware of it. Support provided by the nursing staff in the inpatient setting when the patient was very stressed by the child was particularly crucial.

In the second case, of a mother convicted with her partner, still in prison, of horrific non-accidental injuries leading to her baby’s death, it was again essential for the mother to accept her culpability before repairing her relationship with her surviving child and before she could accept any degree of separation from the child. Individual work with the child allowed the child to work through some of her past experiences. Joint work required by the court to monitor the mother’s vulnerability to further abusive behaviour caused some conflict for the child and was less satisfactory.


This paper describes the 20-month, twice weekly psychotherapy of the 6-year-old girl in the first mentioned family in the above article. Her mother had poisoned her to gain hospital admission. The paper describes three phases in the treatment: fear of separation and preoccupation with the trauma of poisoning, difficulties in facing the destructiveness in the family, and the emergence of more age appropriate latency behaviour with the preparation for the move out of hospital. The paper poignantly describes the situation of the child dealing with a perverse parent-child relationship in which the mother is apparently concerned to help the child get well while secretly poisoning her. This problem with trust had to be faced in the transference; ‘poison glue’ was the image the child used to describe her ways of needing to attack her relationship with her therapist towards the end of the work, when the child was afraid that on leaving she would be thrown back again into all that was bad at home. As is common in many abused children, the need to deny the parent’s culpability conflicted with a growing ability to see the truth. This child would, for a time, indicate what interpretations she could or could not take by putting her glasses on and taking them off.

**FAMILY THERAPY SELECTION**

Compiled by Jenny Althuiler


In a very practical and didactic way, this
Exploring family history: ‘Has anyone else in your family had this problem?’ (p. 343)

Explanatory models and health beliefs: ‘What do family members believe caused the problem or could treat the problem?’ (p. 344)

Understanding the relational context of concern: ‘Who in the family is most concerned about the problem?’ (p. 344)

Family stress and change: ‘Along with your illness and symptoms, have there been any other recent changes in your family?’ (p. 345)

Family Support: ‘How can your family be helpful to you in dealing with this problem?’

They then put forward a number of considerations to help GPs reach decisions about intervention options, such as exploring whether or not the individual can talk to or suggest changes to other family members, inviting other family members to routine sessions, convening a family meeting and referral on to specialist mental health professionals.

The paper has much to offer both to clinicians working within the field, and as a guide to be used in training on the applications of systemic ideas to health care systems. Although the paper does not directly address cultural diversity, a recognition of the importance of integrating the family’s views on what might have caused or could cure the illness serves to open up the possibility of hearing about and respecting different views on health and illness.

Families, Systems & Health (2000)

‘Radical changes in clinical practice require us to think differently about the interests of patients’ families. In the era of community care we expect much from them, but this has not been balanced by mapping out our duties towards them’ (Smukler & Bloch, 1997).

With increased emphasis on family involvement in the care of people with serious mental illness, this paper provides a much needed review of the literature focusing on the burdens faced by caregivers. Heru suggests that the rewards experienced have been under-explored and that the degree of burden or reward experienced is reflected in family conflict and family intimacy. The paper focuses on research that explores family functioning and the course of the patient’s illness, including measures of expressed emotion (EE) within the family; and the role of family psychoeducation in reducing relapse rates and treatment factors. The paper ends with a call for more research within this field and greater emphasis on family assessment in planning treatment packages, including a measure of the comfort that is felt with the role of caregiver, and the extent of family support. Readers working with children of parents suffering from mental illness will find this a useful framework for extending their own research and clinical work.

Reference

PSYCHIATRY SELECTION

In this paper, McClellan and Werry provide an introductory overview to a special journal section on research psychiatric diagnostic interviews for children and adolescents. One of the advances in child and adolescent psychiatry has been in defining diagnostic categories and techniques for measuring them. The disease-oriented system of interviewing, based on a medical model, looks for certain well defined symptoms as the criteria for diagnosis. Currently a categorical approach to diagnosis is used, although it could be that a dimensional conceptualization of disturbance would better fit the facts. Construct and predictive validity is not always present. To measure reliability for categories, the Kappa statistic is used. The Intra-class Correlation Coefficient is used for continuous variables. Internal consistency is measured by Cronbach’s Alpha. Important measures are sensitivity, specificity, positive predictive value and negative predictive value. However, there are difficulties when disorders are uncommon, the so-called ‘base-rate problem’. Varying the number of criteria used to make a diagnosis can radically affect the numbers of false positives and false negatives. ‘Respondent Based’ interviews are those where the subject’s response is not interpreted, it is accepted at face value and scored accordingly. ‘Interview Based’ interviews allow the interviewer using a glossary to decide whether a particular symptom is present or not. DISC (the Diagnostic Interview Scale for Children) is an example of the former, and CAPA (the Child and Adolescent Psychiatric Assessment Scale) an example of the latter. DISC, which can be administered by trained unqualified interviewers, has been used for large epidemiological surveys. Using the various scales reviewed in this special section, psychiatrically disturbed young people can be reliably distinguished from normal controls. It is less clear to what extent different disorders can be distinguished. A further problem occurs when more than one disorder exists, so-called co-morbidity. An issue that is assuming considerable importance at the present time is the inclusion of measures of social impairment in making diagnoses. When impairment is added to symptom frequency and severity, the difference in prevalence of disorder can be reduced by a factor of ten. Another major problem with diagnosis is the frequent difference in information gathered from different informants: child, parent and teachers. Similar problems occur in different disorders.

SOCIAL WORK SELECTION
Compiled by Roger Weissman

The following articles have been selected to highlight some of the issues involved and the rewards and difficulties of ‘joined up’ working. This concept includes the principles of working in partnership with our clients, inter-agency collaboration and moving towards a shared vision of child care welfare.
Adoption & Fostering (2000)


This article reviews research evidence regarding the progress and shortcomings of child welfare agencies, mainly local authorities, in working in partnership with parents in relation to family placements. Partnership with parents is considered a key principle for practice, and is enshrined in the legislative guidance to the Children Act 1989. In the research literature partnership is viewed as including parents in decision-making at all stages, being open and honest, working where possible in agreement, minimum intrusiveness, respecting a family’s cultural and community context, and promoting family strengths. Research has mainly concentrated on mothers, and on assessing the process elements of partnership, such as communication, decision-making, contact with the child and shared care. Evidence regarding the measurable outcomes of partnership is still rather limited.

From his examination of contemporary evidence-based studies the author suggests there are often inherent obstacles to partnership in family placements. Birth parents often resent social work involvement and oppose the placement, and foster carers have ambivalent attitudes towards the birth parents and their role with them. As the majority of placements are short term, made in an emergency, there appears little time to work through with birth parents differences in views and expectations. There are some areas of progress. There is greater involvement of parents in decision-making at child protection conferences. It is now less likely that parental contact is terminated for children in foster care, and for children adopted contact has increased significantly, although this largely remains indirect, through ‘letterbox type schemes’. The outcome research for children in residential and foster care where parental contact has been maintained appears positive. However, it is salutary to note that the parents who maintain contact tend to be the ones with more favourable circumstances and dispositions. The author argues that partnership should be viewed as a spectrum of activities tailored to the particular set of individuals and their circumstances. It can range from simple direct information giving, to consultation, through to joint planning and action.

The author says that the ‘language of partnership may disguise rather than resolve tensions’. He concludes appositely by suggesting that the term ‘working together’ is a more accurate description than partnership, as this does not assume cooperation, but conveys a sense of working with parents thoughtfully and actively.


We know that foster carers have an increasingly difficult task that involves caring for looked after children, working with their parents and managing their own families. This study begins to unravel how the role of foster carer impacts and impinges upon their lives and their commitment to this tough task. It is part of a longitudinal study of foster care undertaken across seven urban and rural local authorities.

A postal questionnaire was used to examine six potential stressful events amongst a sample of 950 foster carers. The events used were breakdowns or disruptions, allegations, relationship with birth parents, family tensions, tug of love cases and disagreements with social services. The researchers also administered the General Health Questionnaire to gain a measure of well-being. The response rate was reasonable, although this methodology raises questions about the non-respondents. The most common stressful event reported was placement breakdown and disruptions, experienced by half of the sample. A third had experienced family tensions, and a quarter reported difficulties with birth parents. Allegations of abuse were not an uncommon event for foster carers. The feedback indicated that it was not the investigation into allegations that distressed foster carers, but rather their exclusion from the proceedings and inadequate feedback regarding the outcome. It was clear that one stressful event involved others, so that disruptions, for example, led to tensions within the foster family, which in turn might then lead to breakdown. The causal relationship, however, should not be assumed to be just one way. Family tensions may well impair skilful fostering and influence breakdown. Interestingly, the majority indicated a high level of satisfaction derived from the fostering task despite the evident strain involved.

This study highlights for the first time the impact parental contact has on foster carers. The authors conclude that ‘close involvement with birth parents may expose foster parents to situations in which they feel physically threatened and where they may believe that the best interests of the child are being sacrificed to what some perceive as dogma’. (p. 207). This study has implications for the preparation and training of foster carers in carrying out their ‘caring role’, and in helping them manage partnership relationships.


This important research study highlights the vulnerability and complex needs of the looked after population. It reinforces conclusions from inquiries of abuse in children’s homes.3 The authors provide the shocking statistic that just under a third of all runaways reported to the police are found to be missing from care placements. They advocate a shift from the description of ‘runaways’ to the realistic status of ‘potential victims’. The authors examine the interplay between a young person’s personal history, their family and peer relationships, differing placement contexts and the wider context of contemporary childcare practice to understand and explain why children in care go missing.

The authors examined four local authorities, gathering data from 210 children and young people, as well as undertaking interviews with 36 young people, their social workers and carers and holding focus groups. From the 32 residential homes surveyed, the majority of those missing occurred in just seven of these homes. Whatever the individual reasons there may be for a child to go missing, the culture and regime of the setting is likely to be influential. Missing from foster care was more difficult to track as none of the local kept a central record. The study authorities found that at least 5% of all children

in foster care went missing at least once during the past year.

The survey revealed that just over two-thirds who went missing from care were aged 13-15 years old, but a significant minority were aged 12 years and under. Many absences were brief, but one in ten were missing for a week or more. Half of the missing group had gone to stay with family or friends; the rest had ‘run away’. This ‘runaway’ group were likely to be younger, living in residential settings, tended to go missing with others, slept rough and committed offences. For this group negative peer cultures, bullying, and low staff morale often precipitated going missing. Underlying these factors were personal histories of neglect, abuse or past instability. Virtually all those involved in prostitution whilst missing had been sexually abused in the past.

The authors employ the concept of detachment to conceptualise this runaway group, ‘it is clear that going missing is one element of a process whereby young people’s links with key centres of adult authority are gradually weakened. Their care careers are likely to be unstable and their attachments to carers weak. They are less likely to attend school, more likely to be involved in offending and in sub-cultures of substance misuse.’ (p. 219).

The authors highlight the complex relationship between individual and environmental factors at play when children go missing. Solutions lie with inter-agency collaboration, specialist placement options and in improving the capacities of care staff to provide a secure and protective environment.