

BACP

Children, Young People & Families

For counsellors and psychotherapists
working with young people
March 2022

06 Am I good enough?

How a counsellor's background
helped her to make sense
of her imposter syndrome

12

I once worked with a girl who...

Writing about therapeutic
work for publication, without
breaching confidentiality

14

Sent away

The first of a four-part
series about surviving
boarding school

20

Attention, please

Cautioning against
describing self-injury
as attention seeking

26

Age in the therapy room

How it affects the
counselling process



Contents

Featured article



06

Am I good enough?

Michelle Higgins reflects on the context of a working-class childhood to make sense of her occasional imposter syndrome

BACP Children, Young People & Families is the quarterly professional journal for counsellors and psychotherapists working with children and young people.

To read the journal online, visit www.bacp.co.uk/bacp-journals/bacp-children-young-people-and-families-journal

Publisher
BACP, 15 St John's Business Park, Lutterworth LE17 4HB
T 01455 883300
www.bacp.co.uk

Editor
Jeanine Connor
cypf.editorial@bacp.co.uk

Membership and subscriptions

The journal is sent free to members of BACP Children, Young People & Families. For membership and subscription enquiries, call BACP's Customer Services department on 01455 883300.

Contributions

Contributions are welcomed, subject to approval and editing. Please email cypf.editorial@bacp.co.uk. For contributor guidelines, see www.bacp.co.uk/bacp-journals/bacp-children-and-young-people-journal

Advertising

For rates, contact
Sonal Mistry
T 0203 771 7200
sonal.mistry@thinkpublishing.co.uk

Publication of advertisements in BACP Children, Young People & Families does not constitute endorsement by this journal or by BACP.

Design

Steers McGillan Eves
T 01225 465546

Print

Hobbs the Printers

Editorial deadlines

21 March for the June issue
20 June for the September issue
19 September for the December issue

Voices

12

I once worked with a girl who...

Jeanine Connor addresses the conundrum of how to write about therapeutic work for publication, without breaching confidentiality

14

Sent away

Gordon Knott and Thurstine Basset set the scene on surviving boarding school, in the first of a four-part series

18

Columnists

Student and supervisor: a tutor's view

Sue Kegerreis

18

Columnists

Hate and love

Lucy-Jean Lloyd

19

Columnists

Supervision for all

Elizabeth Holt



Case studies

All case studies in this journal, whether noted individually or not, are permissioned, disguised, adapted or composites, with all names and identifying features changed, in order to protect confidentiality.

Disclaimer

Views expressed in this journal are not necessarily those of the BACP Children, Young People & Families division or of BACP. Publication does not imply endorsement of the writer's views. Reasonable care has been taken to avoid error in the publication, but no liability will be accepted for any errors that may occur.
© BACP 2022
ISSN (print) 2516-2012
ISSN (online) 2516-2020

Copyright

Apart from fair dealing for the purposes of research or private study, or criticism or review, as permitted under the UK Copyright, Designs and Patents Act 1988, no part of this publication may be reproduced, stored or transmitted in any form or by any means without the prior permission in writing of the publisher, or in accordance with the terms of licences issued by the Copyright Clearance Centre (CCC), the Copyright Licensing Agency (CLA), and other organisations authorised by the publisher to administer reprographic reproduction rights. Individual and organisational members of BACP only may make photocopies for teaching purposes free of charge, provided such copies are not resold.

Privacy

In our author guidelines, we set out how we will help protect the privacy and confidentiality of any personal information used. For more details, please visit our privacy notice on BACP's website: www.bacp.co.uk/privacy-notice

Executive contacts

Joint Chairs:
Cathy Bell
Sandra Bell
cypf.chair@bacp.co.uk



Regulars

03

From the editor

Jeanine Connor

04

Leading the way

Divisional news, including updates from BACP's CYPF Lead *Jo Holmes* and Chairs

30

News

A round-up of the latest findings and policy updates affecting CYPF

32

Reviews

Personal critiques of new books

In practice

11

My Little Therapy Box

Natasha Page explains what led to the creation of her counselling mood cards

20

Attention, please

Kate Rufus cautions against describing self-injury as attention-seeking behaviour

23

Micro-adventure therapy

Luke Blackham shares how he facilitates adventurous therapeutic experiences in familiar spaces



26

Age in the therapy room

Zorana Halpin reflects on how age can affect the counselling process

From the Editor

Oidious. Brutal. Horrific. Abusive. Wounding: words more commonly associated with war or imprisonment than childhood.

Yet these were some of the powerful comments articulated by presenters at an event which launched the publication of *Men's Accounts of Boarding School: sent away*,¹ which I attended (virtually) in 2021. I was so moved by the men's stories that I felt compelled to contact the Chair of the event, *Thurstine Basset*, to discuss how this journal could give voice to their experiences. The result is a four-part series, written by ex-boarders, both men and women, many of whom work in mental health and support services with children, young people and adults. The first piece, *Sent away* (p14), co-written by *Thurstine* and *Gordon Knott*, sets the scene on surviving boarding school, and the others will follow in June, September and December. The series makes for commanding reading, whether you're boarding school experienced or not.

An equally emotive, and perhaps more widely relatable, read is *Am I good enough?* (p06), March's featured article, in which *Michelle Higgins* reflects on her (occasional) sense of imposter syndrome in the context of a working-class childhood. Like *Michelle*, I grew up in the north of England, in 'Thatcher's Britain' of the 1980s. The narrative then was of a powerful, educated, privileged 'them' and a powerless, financially and educationally deprived 'us'. Many of 'us' will recognise *Michelle's* feelings of fraudulence and the fear of being exposed as an imposter. I commend her for her honesty and courage in sharing her experiences, which I hope will resonate and encourage others to do the same.

In the previous issue, I published a letter from *Kate Rufus* (BACP CYPF, December 2021), prompted by an article in this journal, in which she highlighted the importance of the language used to describe self-harm. She urged us to drop the 'deliberate', and I was so struck by her passion that I asked her to contribute an article. The result is *Attention, please* (p20), in which *Kate* cautions against describing self-injury as attention seeking, asserting that this



illustrates a lack of understanding rather than a realistic interpretation of the drive to self-injure. I'm fascinated by language, in my roles as a psychotherapist, writer and editor. I'm intrigued by the conscious or unconscious motivation to choose one word over another, to say something and not say something else, by slips of the tongue (or

typos). Sometimes, my roles merge, for example when I write about psychotherapy and am obliged to edit my thoughts and transform fact into fiction. Yes, you read that correctly; that's how I manage the conundrum of writing about my therapeutic work without breaching confidentiality, which I've addressed in *I once worked with a girl who...* (p12). I urge you to take heed if you're thinking of writing for publication, whether for this journal or any other.

As I begin my third year as editor of this journal, I continue to be delighted by and grateful for submissions from such a diverse range of contributors, many of whom are writing for publication for the first time. In this issue, we welcome new, regular columnist *Elizabeth Holt*, who begins with *Supervision for all* (p19). I perceive the role of editor as similar to that of clinical supervisor. In both, I guide and cajole, and offer insight, awareness and experience. Many new contributors tell me they are not academic or educated enough, or can't write well enough, or don't have enough experience, and it's a privilege to accompany them to a place where they do feel good enough. Which brings me back to the title of the featured article, 'Are you good enough?' And the answer is, 'Yes, you probably are'.

Jeanine Connor
Editor

Get in touch

If you would like to write a response to anything in this issue, or wish to write a review or submit an article for consideration, please contact me at cypf.editorial@bacp.co.uk

Leading the way

News and comment from BACP and the BACP CYPF division

Embedding supervision into practice

Alongside the Association of Colleges and with funding from the Greater Manchester Healthy Schools and Colleges Partnership, BACP Children Young People and Families Lead Jo Holmes has been working alongside a core group of MBACP experienced trainers and supervisors to co-ordinate the delivery of a number of training programmes across the city. The training focuses on skilling-up staff in college settings to offer reflective practice supervision sessions, with 40 members of college staff from 10 settings taking part in the two-day training programme. A follow-up training session for each cohort takes place three months after initial training, to further consolidate learning. The training is aimed at providing pastoral staff with a safe space to offload and process.

Jo has been working closely with the University of Salford (UoS) to create placements for counsellors

on supervision courses to gain experience in non-counselling settings. Hopwood College, Manchester is leading the way and employing graduates from UoS to offer monthly supervision to its extensive safeguarding team.

Information about the training can be found here:


 www.bacp.co.uk/news/news-from-bacp/2021/reflective-practice-supportive-supervision-skills-training



School counselling debate

The first cross-party debate on school counselling under the current Government took place in autumn 2021. BACP CYPF Lead Jo Holmes briefed over 20 MPs and strengthened links with Nick Brown, Labour MP for East Newcastle, who called for the parliamentary debate. There was strong support for school counselling, with MPs highlighting the gaps in provision and

challenging the Government on its lack of investment and action on school counselling. Jo highlighted that there is a trained workforce of children and young people counsellors, who are available to urgently address growing need.

 www.bacp.co.uk/news/campaigns/school-counselling/10-november-strong-support-for-school-counselling-during-debate-in-parliament




Vulnerability to online harms

As part of her work with the UK Council for Internet Safety (UKCIS) vulnerable users working group, BACP CYPF Lead Jo Holmes facilitated a Working With Day to look at the value of the counsellor's unbiased response when working with children and young people who are particularly vulnerable to online harms. The event included a presentation from Dr Peter Buzzi, who talked through a framework for raising issues about online lives with CYP. A link to the event will be available through the CPD hub soon. Stonewall talked about online vulnerabilities linked to LGBT+ CYP, and Southwest Grid For Learning (SWGFL) shared a number of free resources, including *So you got naked online* and details of its online safety helpline for professionals supporting children and young people.

The event included a presentation from Dr Peter Buzzi, who talked through a framework for raising issues about online lives with CYP

 <https://swgfl.org.uk/resources/so-you-got-naked-online>

 <https://swgfl.org.uk/services/professionals-online-safety-helpline/>

School and college leaders survey



In partnership with BACP's Research team and the member-led school and college counselling expert reference group, the school and college leaders survey was launched to capture an up-to-date account of the level of counselling currently taking place across schools and colleges in England. BACP CYPF Lead Jo Holmes liaised with key stakeholders, including the National Association of Head Teachers (NAHT), the Association of School and College Leaders (ASCL) and the National Association of School Masters and Union Women Teachers (NASMUWT), to inform the content and dissemination of the survey, which looks at how provision is funded, as well as the strengths and barriers linked to school and college counselling provision. A full report of the findings will be available by spring 2022.



From the Chairs

Most of us working in the field of counselling and psychotherapy with children, young people and families will have heard about the mental health support teams in education settings programme (MHST). In 2017, the UK Government published its Green Paper for transforming children and young people's mental healthcare. Since then, BACP and its member workforce have campaigned to have paid counselling in every school in England, to seek parity with the rest of the UK. The CYPF-member-led, school counselling Expert Reference Group (ERG), led by Shira Baram (MBACP) and Niki Gibbs (MBACP), along with Jo Holmes, our BACP CYPF Lead, have worked tirelessly to stress the added value of an in-house school counselling service, and this important work is going strong.

It appears to be emerging that there could be enough room in schools for both education mental health practitioners (EMHP) and counsellors. In the Tees Valley area, where I work, for example, the integration of the mental health support teams along with a consortium of providers, both from the private and voluntary community services, are working in collaboration to support a whole-school approach, with the introduction of MHST in schools in the area.

As a school-based practitioner, I am beginning to see first-hand how this is working on the ground. For example, an introductory presentation was given to headteachers and MHST leads ahead of the new EMHPs starting in schools. This emphasised that the new trainee practitioner was to work alongside, rather than displace, any established provision such as counsellors. EMHPs work collaboratively, not only with counsellors, but with school nurses and educational psychologists. The EMHP role is to provide low-intensity, individual support, groupwork and psychoeducation sessions, for

example, to young people with minimal to no risk, who are experiencing problems with anxiety, low mood or panic. However, EMHPs will not work with the more complex presenting issues, such as trauma, self-harm and bereavement. In most of these cases, the referrals can instead be 'stepped up' and go directly to the school counsellor, who is qualified to deal with these more specialist presenting issues. I am sure it will be a case of 'watch this space' to see whether the provision of counselling is continued.

...BACP and its member workforce have campaigned to have paid counselling in every school in England

.....

I have also been invited to contribute to an article about the role of the MHST in schools. This is a great opportunity to promote, not only the importance of working together, but the specialist role school counsellors play in the emotional health and wellbeing of our children and young people.

Sandra Bell (MBACP Accred), Joint Chair



Am I good enough?

Michelle Higgins reflects on the context of a working-class childhood to make sense of occasional imposter syndrome

.....

I had an episode of anxiety and self-doubt that freaked me out. It arrived suddenly and with force. I was gripped with fear that it was going to take me down completely. I worried that my work was in jeopardy, and I felt ashamed that this was happening to me, with all my knowledge and training. As therapists, it can be difficult to acknowledge our own mental health struggles. The need to confidently present a professional identity, market ourselves and sell our service can seem at odds with admitting our vulnerability. Clients might be surprised or unnerved by the reality of a therapist who experiences anxiety or other mental health difficulties. They invest hope in us to bring about change and respite from distress. How can we do that if we're experiencing distress ourselves? How can we help them if we don't feel good enough?

...internal messages of being a fraudster were demanding my attention all over again

.....

During my training, I wrestled with the naïve belief that therapists are 'sorted', having mastered the art of living peacefully, bathed in wisdom, so that life's problems, personal struggles and insecurities ebb and flow like a gentle tide. Since then, I have matured professionally and personally. I have engaged in narratives associated with Jung's metaphorical 'wounded healer',^{1,2} and I have acknowledged the myth of the 'untroubled therapist'.³ As my practice developed, I grew comfortable with an ever-present companion, whispering, 'Will I fall short of my clients' hope in me? Will I be able to help? Will I disappoint? Could I cause harm? Can I handle it? In other words, 'Am I good enough?'

The origins of self-doubt

Self-doubt and anxiety once presented many barriers to my personal and professional development. Over time, it has been important to differentiate between self-doubt that is constructive and that which is erosive, loaded with anxiety, fuelled by imposter syndrome, and has the potential to inhibit my work. To do this, I needed to develop an understanding of its origins. The concept of imposter syndrome was introduced in the 1970s.⁴



It is associated with feelings of fraudulence and the fear of being exposed as such. For me, this originally grew out of the incongruence of living a double life. Like so many families who face struggles, the need for mine to present a sanitised version of our reality to the outside world was necessary to maintain the resilience that underpinned our family system when I was growing up. It was a mechanism for survival. As a child, I navigated conflicting feelings of pride in the strength of my family, shame and fear of exposure about the problems playing out behind closed doors and stress induced by constantly upholding the facade. Additionally, coming from a working-class background and being brought up in Thatcher's Britain of the 1980s, left me with a deep sense of disempowerment as a young adult. As a family, we were caught up in relentless strike action that caused financial insecurity and stress. Being sandwiched between the unions and Thatcher's Government was a powerless place to be. I absorbed the message that there's a 'them' and an 'us', and I experienced 'the system' as a barrier. I was too polite to embrace the anarchic protest of punk. Instead, I was obsessed by the fairy-tale of the TV show, *Fame*. I swallowed

Case study: Alison

.....

I love my friends, but it's weird; sometimes I feel like I don't belong, like if someone was watching, they'd be able to see that I'm not a part of the group, not really. I mean, I am and I'm not. It sounds horrible, but I don't know what I have in common with them anymore. I've known them all since primary, but I kind of feel stuck with them now. We all just mess around and get into trouble. Sometimes, I wonder what it would be like if I didn't get in with them. I'm secretly jealous of the nerds. It must be nice to just get on with stuff without getting in trouble all the time. But I have to go along with it. Sometimes I think, I'm going to end up in a sh*t job, earning sh*t money, and going nowhere. But I want a career, I want to earn decent money, I want to learn to drive, go on holidays. I want to meet someone nice. Someone who is proper nice, who wants to do stuff with me that's not about getting in trouble. You know what I really want to do? I want to go to an art gallery. I like art. It's the only thing I'm good at. I've bought some art pencils and a sketch pad and I've started drawing portraits. I did my mum and my dog the other day. My brother said they were brilliant; I couldn't believe it. He usually only ever tells me how stupid I am. I've been thinking, I might go to a gallery on my own. But I think everyone would look at me and think, 'What's she doing here?' And I couldn't tell my mates. They'd rip me apart. They'd laugh at me, they really would. I'd never hear the end of it. People like me don't go to art galleries.



the myth that if you work hard enough, no matter what hurdles you face, talent will shine and dreams can come true. It was a hopeful antidote to Thatcher's war on the working classes.

However, the reality was that teachers' strikes ravaged my secondary education, and I left school with a diminished belief in my academic potential. I carried a sense of failure because I never completed my education in the way I had planned to. A shadow of regret still lingers, even though, since then, I have gained qualifications and traversed the class divide. I enjoy the privileges afforded me as a white, middle-class, cis-gendered, female therapist. My working-class heritage and experience of disrupted education are not transparent now, but they are inherent in me and are a fundamental part of who I am. This makes sense of my feeling that I am masquerading in a world where I don't belong and that I shall be found out to be a fraud.

The pain and value of self-doubt

My imposter syndrome is kept in check when I am actively participating, integrating, connecting with other people in a whole-body way, being visible and being brave. I should not have been surprised, therefore, when anxiety and self-doubt reared their heads after spending months in lockdown, behind a screen, mostly within the confines of my home. However, it was when the doors to my practice re-opened and invitations to do presentations began to come my way again, that my internal protestor reappeared loud and clear, ready to sabotage my efforts once again. The comforting acceptance about therapists' imperfections and vulnerabilities I had gained over

years of practice dissolved quickly. My achievements in rising to challenges, developing competences and engaging in projects during the period of lockdown seemed to count for nothing. Those old, unwelcome, frightening feelings which threatened to diminish me had crashed back in. It was sudden, destabilising and shocking.

I found myself managing the intensity of my own fears and anxieties while working with clients on the same issues. Many of my child and adult clients alike were experiencing similar feelings about stepping back into the world. This gave power to the narrative of my imposter syndrome. How could I be working with clients trying to overcome the very issues that I was struggling with? Those internal messages of being a fraudster were demanding my attention all over again. I needed to listen and respond to the warning that I was doing too much or placing unnecessarily high expectations on myself. For a while, I needed to be mindful about over exposure

and resist taking on too many projects or challenges, and I gave myself permission to slow things down. At the same time, I needed to be aware of retreating too much, in case my fears became all-consuming and fenced me in. An abundance of self-compassion is what I needed most to ground myself and rebalance. And I did.

Just like my clients, there are times when self-doubt and anxiety get the better of me

.....

The paradox of imposter syndrome and self-doubt, for me, is that they are of value. For example, when young clients talk about which group they want to identify with, and how this may conflict with who they feel they really are, I recognise their discomfort as they try to fit in. I hear the strains and insecurities of teachers and safeguarding leads, who work hard to uphold the weight of responsibility of their professional role, with feelings of fear and the threat of incompetence nagging away, despite their training, qualifications, experience and skills. In other clients, I see the desire to fulfil a potential that is yearning to be released from the shackles of limiting self-belief. Crucially, since my self-doubt flare up, I have experienced a heightened level of empathy, particularly with those clients who feel anxious, or those who express a sinking disappointment that dark feelings have resurfaced again, anticipating the menace of their power this time around. I have also seen parallels in my own past experiences with some of my young clients, who feel that their education has been snatched away as a result of the pandemic.

Case study: Halima

I don't think I was their first choice. They didn't tell me straight away. It was three days before I heard. I think they offered it to someone else before me. Another girl from my science class went for it as well and, apparently, she was steaming when she heard that I got it. It feels awkward. She's got loads of experience because she's done this kind of thing before. Everyone knows I don't have a clue. I feel like I'm being watched, like everyone's waiting for me to mess up. I was excited about it at first. But now, I don't even know if I want it. I keep thinking, 'Can I really do this?'

Compassionate self-acceptance

Just like my clients, there are times when self-doubt and anxiety get the better of me. It can feel like a bully, here to sabotage me, but I know it relates to the fear that is attempting to shield me from shame and failure. Within this narrative, I can muster the armour of my compassionate self to quieten down the part that is fearful about not being good enough, of letting others down, of being found out as vulnerable and imperfect.

Perhaps it is not surprising that highlighting one's own vulnerabilities as a therapist can feel shameful,⁵ but professional self-doubt can be a valuable resource if accompanied by self-compassion

and nurturance.⁶ This experience has brought me to a point where I want to own my vulnerabilities more proudly. I want to shed any residue of shame

and acknowledge its value and worth. I concur with others who assert that personal experiences of distress, fallibility and self-doubt can enhance a counsellor's skills.⁷ However uncomfortable my recent anxiety has been, it has enabled me to fully accept that I am a competent and knowledgeable professional, who knows what it means to sometimes be anxious, uncertain, lost, overwhelmed, afraid; unashamedly flawed

and, just like my clients, beautifully human and good enough.

...coming from a working-class background ... left me with a deep sense of disempowerment as a young adult

.....

Case study: Ahmed

It happened in maths the first day we were back. I just had to get out of the class. I couldn't breathe and I couldn't see. I was zoning out, sort of being sucked away. It's a horrible feeling. It's happened a few times since then. It's so embarrassing. It's what used to happen in Year 7. It got so bad, I spent literally whole days in the student support centre. I can't go through that again. That's why I'm not going in now. I just can't put myself through it. But I'm missing out, I know that. I don't want to be off, but it'll just get worse if I go in. I know it will. I just can't believe it's come back. I thought all that was in the past. I thought I'd got over it.

Michelle Higgins is a counsellor in private practice, working with children, adolescents, parents, teachers and safeguarding leads. She has previously worked in services focused on child abuse prevention, CAMHS, secondary and further education. She is also an associate lecturer with The Open University. Michelle can be contacted by email: michellehigginscounselling@protonmail.com

References

- 1 Dunne C. Carl Jung: wounded healer of the soul. US: Parabola Books; 2000.
- 2 Henderson R. The wounded healer. *Jung Journal* 2019; 13(2): 115–127.
- 3 Adams M. The myth of the untroubled therapist. London: Routledge; 2014.

4 Clance P, Imes S. The imposter phenomenon in high achieving women: dynamics and therapeutic intervention. *Psychotherapy: Theory, Research and Practice* 1978; 15(3): 241–247.

5 Adams M. Therapists are human too. *Therapy Today* 2014; 25(9): 22–25.

6 Nissen-Lie H, Ronnestad M, Heglend P, Havik O, Solbakken O, Stiles T, Monsen J. Love yourself as a person, doubt yourself as a therapist? *Clinical Psychology and Psychotherapy* 2017; 24(1). [Online.] <https://onlinelibrary.wiley.com/doi/10.1002/cpp.1977> [accessed September 2021].

7 Jones S. Experts by experience. *Therapy Today* 2018; 29(2): 20–23.



My Little Therapy Box

Natasha Page explains what led to the creation of her counselling mood cards



There are many reasons why children and young people find it difficult to access therapy and make full use of the relationship they so desperately need. A myriad of trauma and attachment difficulties can lead to a lack of trust and an inability to open up. They may have experienced relationships that involved an abuse of power and developed strategies for suppressing emotions. Some young people may present with alexithymia, a condition associated with an inability to express feelings, which presents as being out of touch or apathetic. Alexithymia is a Greek word, which loosely translates as 'no words for emotion'. People affected may find describing their feelings almost impossible, and asking them to do so would be experienced as distressing. However, suppressing emotions can also be detrimental to mental health and can lead to physical stress. The effect is the same, even if the core emotion differs, and it can affect blood pressure, memory and self-esteem.¹

So, how can therapists help clients to explore their feelings and emotions when they don't have the words to do so? We can utilise creative ways of engaging, and support nonverbal expression through art, music, sand tray and chair work. One resource I've found particularly useful is mood cards, which are essentially cards that list different emotions, to help clients explore that emotion further.

Why mood cards?

I have used mood cards to good effect, but sometimes they didn't go far enough. Sometimes, just helping the client to identify an emotion was not helpful.

I wanted to enable children and young people to recognise themes that they might be struggling with, and this seemed to be missing from the resources available. And so, I decided to create my own. *My Little Therapy Box*² is made up of 40 cards which identify things children and young people might be struggling with, such as relationships, problems in education, what people think of them, low self-esteem, sibling rivalry and self-harm. Sometimes in therapy, clients don't know where to begin or what to talk about and they just feel uncomfortable. The cards can be used as an aid to start a difficult conversation and reach those young people who struggle to know how to use the therapeutic space. Having something that is visual can really help. Each card contains question prompts on the back, as well as words of encouragement and self-care tips.

I wanted to enable children and young people to identify themes that they may be struggling with

The cards can also be used during the assessment process as they cover a range of themes which might have brought a young person to therapy. I have found the visual nature is helpful for engaging young people in the process too. They are also useful for goal-focused, short-intervention work as they can help

to home in on the key issues that people are struggling with and prioritise what they feel is the most important issue for them to work through. Children and young people can also use the cards on their own, between or instead of therapy sessions, as a form of early intervention. *My Little Therapy Box*² is being used to good effect by a sexual abuse charity and has been given to some schools in Nottingham, thanks to funding from the People's Postcode Lottery.

Natasha Page is a BACP accredited counsellor and psychotherapist and qualified social worker with over 15 years' experience supporting clients. She runs a private counselling practice, *This is me*, and created *My Little Therapy Box*.
www.mylittletherapyboxltd.com

References

1 Healthline. All about alexithymia or difficulty recognising feelings. www.healthline.com/health/autism/alexithymia [accessed November 2021].

2 Page N. *My little therapy box*. Natasha Page: Nottingham: Natasha Page; 2020.

I once worked with a girl who...

Jeanine Connor addresses the conundrum of how to write about therapeutic work for publication, without breaching confidentiality

.....

I'm sometimes asked how I, a psychotherapist, can write about my clients without breaching their confidentiality. The short answer is, I can't. I'm also asked whether requesting consent to write about the people I work with affects the therapeutic relationship. If I did ask them for consent (which I don't) how could it not? These answers inevitably raise more questions. If I can't write about young people without breaching their right to confidentiality and I don't ask them for consent, how is it possible that an important string to my professional bow is as an author of books and articles about my therapeutic work? I've written about hundreds of young people, parents, carers and professionals, and they all have one thing in common – they're not real. So, when I write something along the lines of, 'I once worked with a girl who...' you can be certain that I didn't, and that whatever comes next is a figment of my imagination.

Ethics

Some people ask why you can't write about something that happened in a therapeutic setting in a professional publication, when it's highly unlikely that the client will read it. The answer is: because it's unethical. As a profession,

we are largely very good at understanding the importance of confidentiality and consent, and we take our responsibility to protect the privacy of clients seriously, in line with BACP's *Ethical Framework*.¹ Within that framework, we agree to actively protect identifiable client information and ensure that, when we do share it, we have the client's consent. If we write about them without their consent, even if they are unlikely to read it, we are failing to uphold our ethical obligations. The same goes for writing about ex-clients, dead clients, colleagues, friends and relatives.

...we agree to actively protect identifiable client information and ensure that, when we do share it, we have the client's consent

.....

When I first started writing about my therapeutic work, over a decade ago, I remember the editor asking me to confirm that the people I described were either consenting or unrecognisable in line with BACP author guidance.² Every time I submitted a subsequent column or article, she asked the question again. Conscientious editors do that, I do it now too, but at first, I found it challenging – not

the request to check, but checking itself. I worried that what I'd written wouldn't be disguised *enough*, that someone would read it and say, 'Hey, I recognise that, that's me/my child!' I soon learned that the best way to ensure confidentiality was to make everything up, and that's what I've been doing ever since. Initially this felt awkward, disingenuous even. How could I say, 'I once worked with a girl who...' if I hadn't? Was it OK to begin with a lie every time I wrote a case study? The answer is a resounding yes, because this kind of 'poetic licence' is what reassures me, and whoever is editing my work, that I'm protecting the rights of the real clients.

Inventing the narrative

There are many ways that writers can attempt to disguise a client: change the name, change the gender, change the age; but these are all inadequate if the essence of the story is not disguised. I'll give you an example from an article I wrote for *Therapy Today*. In *What's the harm?* I said that, 'Dan, a 19-year-old student... arrived with deep scratches on his face and told me he got them when he was drunk but couldn't remember how. Later, he admitted that the scratches were self-inflicted.'³ Imagine if I changed the name to 'Samuel, a 19-year-old student...' or even 'Samantha, a 16-year-old student...'. If the narrative about the client with scratches on their face, alcohol-fuelled memory loss, and the admission of self-injury was factual, changing the name, age or gender (or even all three) would not make 'Dan' any less identifiable. In that same article, I wrote that 13-year-old Lucy,

'...smashed a window and used the glass to cut herself so deeply that she needed stitches. She also pierced her face with a compass point and the wound became infected'.³ I've worked with plenty of adolescents who self-injure. Some do it when they're drunk and sometimes the wounds become infected. But Lucy and Dan don't exist and nor do the events I assigned to them, which I made up for the purpose of telling the reader about the themes in my work with young people who self-harm. The *themes* are real.

In *Making sense of fetishes*, I talked about Reggie, a '...rough and tumble 12-year-old' who lived with his single mother. I wrote that, 'His language was littered with expletives... He repeatedly grabbed at his crotch and wiggled about in a way I couldn't help noticing. I think he wanted me to think of him as a male with a penis, which of course he was'.⁴ It's a vivid description that sounds plausible and authentic, even if I say so myself. Some male adolescent clients swear a lot, have a lone parent and present in a highly sexualised way. The point of the character I invented called Reggie, and the fictional narrative I assigned to him, was to illustrate the ways that sexualised behaviour can present in the therapy room. As with the self-injury article, the themes in the one I wrote about fetishes are real, but the people and presentations are not.

In my regular columns for this journal, I often created conversations with clients to illustrate themes. In *Reflecting on... unconscious communication*, I described a slim, attractive, immaculately made-up 18-year-old called Polly, who complimented me on my appearance with remarks such as, 'You look nice... I like your hair... Are those new shoes?'⁵ I wrote that she was huffy that I couldn't take a compliment. Polly doesn't exist; the name, narrative and dialogue were all created for the purpose of the column. It's important not to use a

client's words because this too constitutes 'identifiable client information' which we agree to actively protect and not share without their consent.¹ If I called a client Benita, Delilah or Mabel, but transcribed what was actually said in an actual therapy session, I'd be breaching the confidentiality of the actual client who said it.

No-one is identifiable in [my writing] because they were conceived in my imagination, rather than the therapy room

.....

Consent conundrum

Some authors do write about real clients with their consent, and that's their prerogative. The reason that I don't is because it would affect the therapeutic relationship, or the memory of the therapeutic relationship if the work

had ended. For me, asking a client if I could write about them would be like saying, 'I want to take what happens here, in private, into the public realm'. That would change our relationship, which is something I've not felt comfortable about doing. Another factor to consider is that the client would need to read the article in order to consent to it being published. If I knew that Dan, Lucy, Reggie or Polly (if they were real) were going to read what I wrote about them, it would not only influence our relationships, but it would also influence what I wrote about them, be that consciously or not.

When I write for publication, my intention is to share elements of my professional practice that I think readers might find useful or thought provoking or just provoking. Therapeutic stories make it more interesting, rich and relatable. But they are just stories. 'I once worked with a girl who...' is my equivalent of 'Once upon a time'. No-one is identifiable in the accounts which follow because they were conceived in my imagination, rather than the therapy room. What happens there remains confidential.

Jeanine Connor (MBACP) is a child and adolescent psychotherapist, supervisor, author and trainer in private practice and editor of this journal. Her book, *Stop F*cking Nodding* (PCCS Books), stories about 16-year-olds in therapy, is published in April 2022.

References

1 BACP. Ethical Framework for the Counselling Professions www.bacp.co.uk/events-and-resources/ethics-and-standards/ethical-framework-for-the-counselling-professions/ (accessed December 2021).
2 BACP. Author Guidelines www.bacp.co.uk/bacp-journals/

author-guidelines/ (accessed December 2021).

3 Connor J. What's the harm? www.bacp.co.uk/bacp-journals/therapy-today/2018/february-2018/whats-the-harm/ (accessed December 2021).

4 Connor J. Making sense of fetishes www.bacp.co.uk/bacp-journals/bacp-children-young-people-and-families-journal/june-2018/making-sense-of-fetishes/ (accessed December 2021).

5 Connor J. Reflecting on... unconscious communication www.bacp.co.uk/bacp-journals/bacp-children-young-people-and-families-journal/june-2015/reflecting-on/ (accessed December 2021).



Sent away

Gordon Knott and Thurstine Basset attended boarding schools before embarking on careers in mental health. In the first of a four-part series, they set the scene around surviving boarding school

.....

Men's *Accounts of Boarding School: sent away*¹ is one of many books published since 2015, when Joy Schaverien wrote *Boarding School Syndrome*² to describe how childhood trauma manifests in the adult world of relationships, work and related responsibilities. In coining the term 'boarding school syndrome', she is referring to the

psychological distress, learned behaviours and emotional states in people who have been sent away to boarding school. A book of women's stories, a forerunner to *Men's Accounts of Boarding School*, was published in 2018, and it is no surprise that it was titled *Finding Our Way Home*,³ the sentiment of which would not have occurred to the authors if these children had been in receipt of their education closer to home. The focus of the girls' experience of boarding is on their endurance of an imposed, patriarchal system of schooling, where femininity is often suppressed.

Many of the practices that were common in boarding schools throughout the 19th and 20th centuries would now be classified as abusive. Indeed,



the journalist George Monbiot, writing in the *Guardian* in 1988, suggested that, 'Britain's most overt form of child abuse is mysteriously ignored'.⁴ The question he posed then, which is just as relevant now, is whether it is ethical to send young children away from home to be educated in institutions and thereby deliberately break the attachment to mothers, fathers, families, communities, homes and pets. This practice goes against all established child and human development theories, and yet it remains an active choice for some families in the UK and, more recently, for wealthy families overseas, particularly in China and Russia, who are seeking the 'benefits' of a British boarding experience.

Trauma and abuse

Those of us involved in counselling, psychotherapy and related professions who work with ex-boarders, find that referrals from ex-boarders have gone up over recent years. The trauma of being abandoned at a young age and the severing of daily attachments is something that all children sent to boarding school must try to survive. This usually requires taking on

a 'survival personality' that helps a child cope at school, but then hinders them when they enter the adult world, looking to express their emotional selves and seeking intimacy in their relationships.⁵ A major component of the survival personality is learning not to cry – the famous 'stiff upper lip' – thus

despising those around us who demonstrate that 'weakness' because it reminds us of our own natural but deeply shameful vulnerability.

The boarding schools themselves exploit nostalgia and point to high-profile success in the jobs market for former pupils. Our current Prime Minister is one of 20 from the same boarding school who have held that post. When you consider that the UK has only had 55 Prime Ministers

in total, it is extraordinarily unhealthy that such a large number come from one privileged public school. Overall, boarding schools have 'produced' at least 60% of all British Prime Ministers. How can this disproportion continue to be held up as a model of equitable democracy? While the more well-known public schools often dominate the spotlight, we know that the preparatory schools, which accommodate primary school-aged children, require our scrutiny too.

We have both experienced boarding school in the 20th century, and know that central heating, duvets, mobile phones and flexible boarding cannot distract from the devastation of the unilateral decision made by adults to remove a child from their home environment. Unless there is evidence of a safeguarding concern, we believe that the reason why very young children are sent away from their family, friends, pets and familiar routines to live in a residential private school signifies a decision that can be based on a bid to buy privilege, entitlement and economic advantage, rather than showing sufficient interest in a child's emotional wellbeing and development.

We, had to salvage ourselves from the shock and indignity of the loss of privacy that occurred from that first day at boarding school. The innate human need for privacy is a recurrent theme for every generation of young people, yet in the contemporary world of boarding, shrewd marketing ensures the institutions are showcased as luxurious hospitality and leisure complexes, where the fortunate residents are kept busy with a focus on fun, performance and attainment, with no space for procrastination or rumination. Alex Renton, who attended the same two boarding schools as our current Prime Minister, has spent years exposing physical, sexual and emotional abuse in such establishments.⁶ His work often leads to the bringing of former staff to court, so that they are finally held accountable for their abusive behaviour.

Feelings get stored in the tuck box at the back of the heart – unlocking them is more painful than putting them away (Gordon Knott)¹

.....

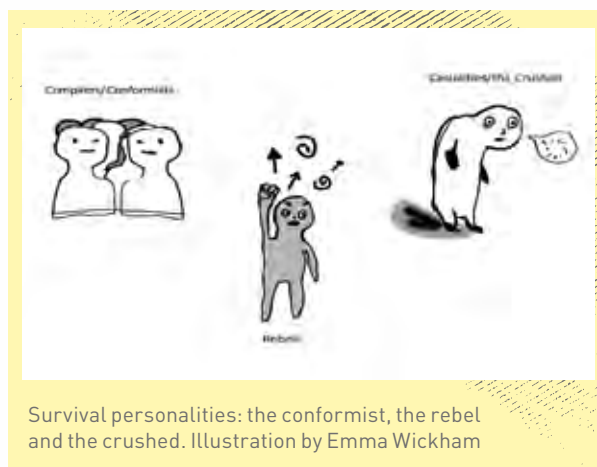


General neglect

While recent writing and research have shown the psychological shortcomings of a boarding school education, the schools themselves seem reluctant to put their practices to the test of independent research. Their charitable status helps fund marketing budgets that continue to sell the product as a 'Harry Potter' theme park experience, which they claim builds character and resilience. However, in therapy, we find that this character often has a brittle, desensitised exterior. Olya Khaleelee, in her work with senior managers and business executives, has found that ex-boarders actually tend to have less emotional wellbeing and resilience than their non-boarder equivalents.⁷

A growing trend for research projects has yielded some interesting findings. A recent study of the impact of boarding school reported that participants '...experienced different degrees of distress as a result of attending boarding school with significant pressure to fit in with peers'. The general description is that of a clearly defined external persona, which knows the rules of the game, but contrasts with a much less well-defined, internal self-concept. In the words of one participant, 'It was the making of me, that was who I was, regardless of how I felt about it and I live the rest of my life trying to come to terms with it'.⁸

It is reasonable to suggest that being sent to boarding school at a young age is traumatic for all children, and some suffer specific abuse in addition



to the general neglect that is endemic to life in an institutional educational setting. More research is needed, and we are encouraged by an increasing number of research initiatives in the clinical psychology field. In particular, it would be helpful to build on the work of Gottlieb with gay ex-boarders⁹ and the voice of Matovu on the experience of black boarders.¹⁰

Psychological help

Psychotherapist and ex-boarder Nick Duffell was amazed by the lack of interest from his chosen profession in the topic of boarding. He set about putting this right in his book, *The Making of Them*.¹¹ There was, however, noticeable resistance to the message that boarding school might have a damaging effect on people's emotional development, possibly because a large number of journalists, psychologists and psychotherapists had themselves been to boarding schools. Over the years, Duffell has developed a way of working with who he terms 'survivors' of boarding school. Some of the work involves individual therapy, some couple therapy and a significant part is group therapy, delivered through boarding school survivors' workshops, for both men and women.

The model for the work is recognition, acceptance and change (RAC).⁵ This involves recognising that a survival personality has been taken on at school, accepting that it was a necessary thing to do to be able to survive, and now in adult life, feeling



safe enough to make changes. These processes, which often overlap, may take many years. The work involves being able to recognise the survival personality and how, years later, it has outlived its purpose.

Acceptance involves thanking the survival personality for its help in the past and being able to envisage, experience and fully accept the small child who has remained 'frozen in time' and can now begin to thaw out and live more fully as an adult.

Three types of survival personality are outlined – the conformist, the rebel and the crushed.⁵ Sometimes, ex-boarders will display elements of all these types, and those who were crushed often live with lifelong psychological damage.

Early intervention

Most ex-boarders do not seek help until they are into their 40s and 50s. However, there are signs that this is beginning to change and so there is more scope for earlier intervention. Boarding school syndrome² has

become increasingly accepted, as the concern about the consequences of the trauma of separation for children is more universally understood, not only by psychotherapists and counsellors but by ex-boarders themselves. This concern is not exclusive to boarding schools and clearly connects with looked-after children, adopted children, young refugees and asylum seekers and young people in the criminal justice system, where the prospects and life chances have not significantly improved for decades.

We know that early intervention and prevention remain key priorities and, as colleagues currently working as therapists, counsellors and pastoral carers within boarding schools will testify, this work is more valued than ever. As ex-boarders ourselves, we are committed to the gathering of boarding school experiences, to the seeking of appropriate justice, to the importance of further research and as therapeutic professionals, properly getting alongside individuals who continue to approach us for support.

And so, aged eight, I made the decision that it was time to grow up (Thurstine Basset)¹

.....

Thurstine Basset worked as a social worker before entering the world of mental health training and education in the 1980s. He has written and produced a variety of training packages, articles, book chapters and books in the mental health field. In the early noughties, he attended a boarding school survivors' workshop. Thurstine is co-author with Nick Duffell of *Trauma, Abandonment and Privilege: a guide to therapeutic work with boarding school survivors* (Routledge, 2016). thurstine@bassetconsultancy.co.uk

Gordon Knott qualified as a counsellor in 1996 and worked in private practice and the community and voluntary sector with individuals and couples and as a clinical supervisor. He is an adoptive parent, works with Action for Children as Vice Chair of the

London and Wessex fostering panels, co-wrote a chapter with his father and brother for *Men's Accounts of Boarding School* (Routledge, 2021) and is currently the Director of Croydon Drop In, a youth information, advocacy and counselling service (YIACS).

References

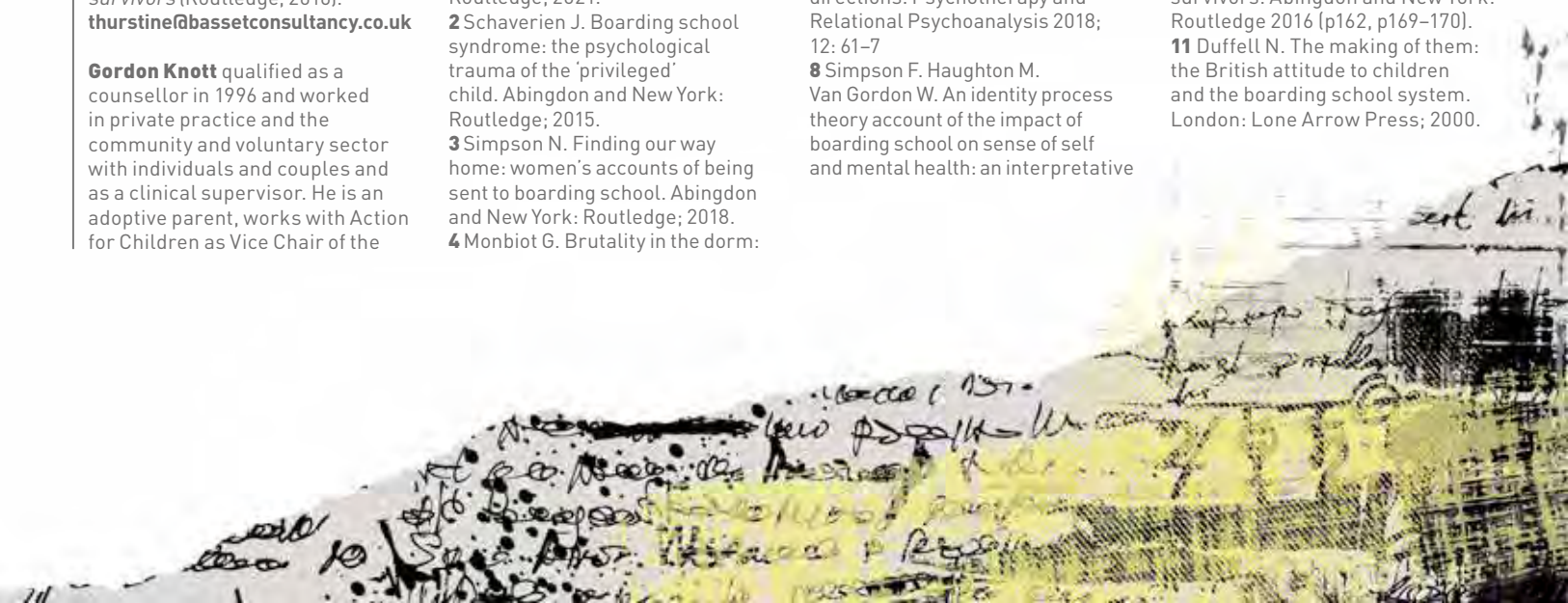
- 1 Laughton M, Paech-Ujejski A, Patterson A. Men's accounts of boarding school: sent away. Abingdon and New York: Routledge; 2021.
- 2 Schaverien J. Boarding school syndrome: the psychological trauma of the 'privileged' child. Abingdon and New York: Routledge; 2015.
- 3 Simpson N. Finding our way home: women's accounts of being sent to boarding school. Abingdon and New York: Routledge; 2018.
- 4 Monbiot G. Brutality in the dorm:

a decorous form of parental neglect. *The Guardian* 1998; 26 March.

- 5 Duffell N, Basset T. Trauma, abandonment and privilege: a guide to therapeutic work with boarding school survivors. Abingdon and New York: Routledge; 2016.
- 6 Renton A. Stiff upper lip: secrets, crimes and the schooling of a ruling class. London: Weidenfeld and Nicolson; 2017.
- 7 Khaleelee O. Boarding school and resilience. *Attachment: new directions. Psychotherapy and Relational Psychoanalysis* 2018; 12: 61–7
- 8 Simpson F, Haughton M, Van Gordon W. An identity process theory account of the impact of boarding school on sense of self and mental health: an interpretative

phenomenological analysis. *International Journal of Mental Health and Addiction* 2021. <https://doi.org/10.1007/s11469-021-00503-4> (accessed November 2021).

- 9 Gottlieb M. Working with gay boarding school survivors. *Self and Society* 2005; 33(3): 16–23.
- 10 Matovu R. Unmasking survival patterns. In Duffell N, Basset T. Trauma, abandonment and privilege: a guide to therapeutic work with boarding school survivors. Abingdon and New York: Routledge 2016 (p162, p169–170).
- 11 Duffell N. The making of them: the British attitude to children and the boarding school system. London: Lone Arrow Press; 2000.



Columnists

Our three regular columnists talk about what's happening now in training, counselling and supervision

Student and supervisor: a tutor's view Sue Kegerreis

Peter, a second-year trainee, is talking to me about his wish to change to a new supervisor. He has struggled with his current supervisor for some time as he feels insufficiently challenged, finding her 'a bit unreliable' and 'woolly' in her thinking. Third-year Dila's reason for wanting to change supervisor is that he only comments on what she's getting wrong, which makes her feel a failure. Both trainees have also recently changed from one therapist to another.

The tutor is in an interesting position in situations like this. Of course, a student needs to have a good relationship with their supervisor to learn and gain professional confidence. On the other hand, a student's transference to their supervisor can be extremely powerful, with dynamics heavily influenced by old patterns of relationships with authority figures and carers.

Many trainees have had difficult relationships with parents – with this feeding their motivation to become counsellors. Many have also found it difficult to voice their unhappiness safely and have unresolved anger, hurt, disappointment and problems with dependency, which they carry into supervisory relationships. Peter and Dila need both encouragement and robust feedback on their work. The tutor is in a unique position to use first-hand awareness of students' prevailing patterns of relating to help them see how these are repeated in supervision.

As therapists, we are good at spotting these dynamics, taking great care to bring them gradually to clients' awareness. Tutors use a different register with students, talking more directly about what seems to be going on. Trainees need to consider their own contribution so, while still being thoughtful and tactful, the tutor can offer insight into what might be happening under the surface. It is different from talking to a client, and it can be liberating for both parties to be able to address deep-seated patterns much more explicitly.

Knowing them as I do, I can encourage Peter and Dila to talk to their supervisors more helpfully about their concerns, rather than just move on. I can alert them to aspects of their own communication with supervisors, and others in authority, which contribute to the dynamics leading to Peter's disappointment and Dila's persecutory feelings. Perhaps their ingrained expectations and ways of presenting themselves predispose them to repeat old patterns, and by not communicating difficult feelings and mis-signalling their strengths and vulnerabilities in receiving feedback, they again do not get their needs met. Fortunately, both clearly recognise the dynamics I am describing and respond thoughtfully, even sharing some humour about it all. This encourages me about them as future counsellors. Whether or not these supervisory relationships will survive or improve, insight has been shared, understanding gained and acting-out replaced with thought.

Sue Kegerreis is course director of the MA psychodynamic counselling at the University of Essex. Both a child/adolescent and adult psychotherapist, she has worked in a range of public settings and privately.

Hate and love Lucy-Jean Lloyd

I wonder now why it was that I began to dread my sessions with a young client who I will call Callum. In the room with him, I was confronted by a wall of hostility, yet at the same time I felt bound to him, as if I must never let him go. What happened between us felt chaotic and intrusive. I was appalled to admit that sometimes I hated Callum. When he disengaged and did not show up for several weeks, I was mostly relieved. Yet, despite my shameful wish to end his counselling, I knew that I would eventually reach out to him again.

Hate functioned as a sticky psychological 'glue', which kept us together

I became aware that Callum and I might be enacting a pattern of relating imbued with transference, both mine and his. It was likely that each of us had experienced love going wrong in our original family environments. Callum was able to unconsciously recruit me into hating him because a hating part of me, formed by my own history, had resurfaced as I worked with him. This meshed with a part of Callum who related more readily to his family in terms of hate than love.

Callum's genogram revealed the violence which had taken place in his extended family matrix: an uncle was in

[supervision] ...is something that would surely enhance the wellbeing and environment of everyone working with CYP

- Elizabeth Holt

.....

prison for attempting to murder his wife, an aunt had taken her own life when Callum had been small and a now estranged grandfather had physically abused Callum's father when he had been a child. Callum told me his dad was proud that he had 'never laid a hand on his own sons'. But the father's emotional instability, the violence of his words towards Callum when he was angry or drunk and his way of punishing Callum and his brother by withdrawing love had set up family relationships dominated by hate rather than by love. It was as if, in his family, hate was the only 'safe' emotion, because hate created distance. This was less dangerous than the closeness of love, which, in this family, could tip over into disaster.

When I reflect on how I dreaded seeing Callum, I understand that he unconsciously drew me into hating, not only because he expected this feeling, but because it was a way of ensuring the survival of our counselling relationship. I felt guilty about how he made me feel, but this meant he was more often in my mind than other clients. Hate functioned as a sticky psychological 'glue', which kept us together. Hate protected him from the dangers and the complexities of love, while he tried to work things out. It was, perhaps, the only emotional connection with his counsellor he could safely manage.

Lucy-Jean Lloyd worked as a school counsellor for many years. She is a supervisor in educational contexts and private practice and is a tutor on the diploma in psychodynamic practice at the University of Oxford.

Supervision for all

Elizabeth Holt

On being invited to contribute as a columnist to this journal, I noticed a multitude of ideas as I contemplated what to write and where to start. I was reminded of a helpful comment I once heard: 'Write what you know'. Since 2019, I have been involved in a BACP project offering supervision to pastoral staff, wellbeing teams and tutors working primarily with CYP in further education (FE) colleges. This has been challenging and rewarding work. Those working in educational settings are supporting young people in numerous ways: educationally, personally and emotionally during the uncertainty of the pandemic and the constant flux of changes, regulations and loss facing CYP today.

The counsellors who I supervise have shared how they have found themselves supporting academic or pastoral staff who are looking to them to facilitate therapeutic or supervisory support 'in the moment', without this being an agreed arrangement. There is often a therapeutic element to the work of school and college staff, but without the supervision requirement that practising counsellors access. Without sufficient space to reflect, process and learn from their experiences, how can we be responsive to the needs of CYP without being responsive to the needs of those working with them?

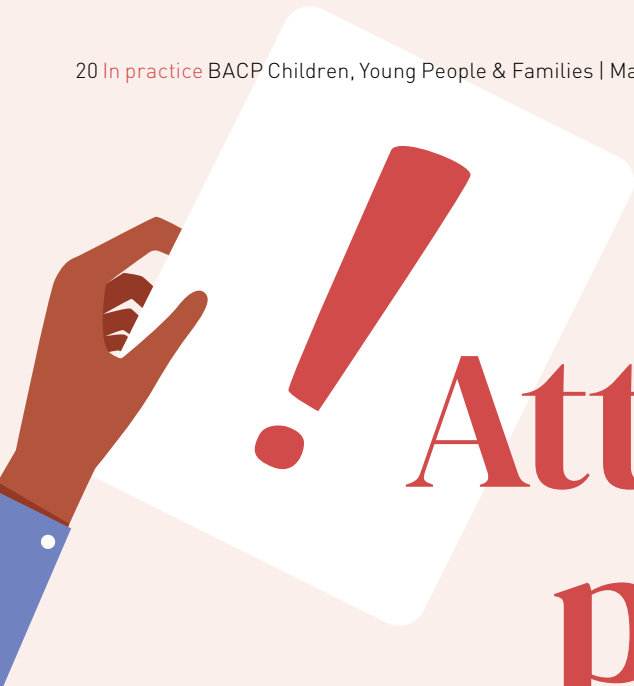
As a counsellor and supervisor, I have found the space that supervision provides to be invaluable to my professional practice and personal development. The supervision that



I facilitate promotes the safe container for therapists to work with their whole self, remain as consistent as possible in client work, identify blocks and work with difficulty, and process sometimes challenging emotional content. As a supervisor, I feel the power and privilege of being able to hold this space for counsellors who work with CYP and the positive difference this can bring to the clients they work with. This is something that would surely enhance the wellbeing and environment of everyone working with CYP in educational environments, whatever their role.

A cultural change is required, so that supervision is readily available and offered within educational settings for pastoral staff (counselling and non-counselling). There is a need for schools and colleges to create a culture of supervision to promote wellbeing and good practice. Some education providers are beginning to recognise the need for additional support for staff and are introducing clinical supervision for those working in emotionally supportive roles (such as pastoral, safeguarding, mentoring and wellbeing). Sadly, they are still the minority. Yet a positive change appears to be on the horizon as the worth of supervision is recognised for all people working with CYP in these challenging times.

Elizabeth Holt is a BACP accredited counsellor, clinical supervisor and mindfulness teacher working in private practice. She specialises in supervision within educational settings.



Attention, please

Kate Rufus cautions against describing self-injury as attention-seeking behaviour

.....

*'Self-injury is an expression of acute psychological distress... Paradoxically, damage is done to the body in an attempt to preserve the integrity of the mind'*¹

I first encountered self-injury more than a decade ago, working in a pupil referral unit with young people aged 10 to 14. It seemed to me then, as it does now, so incredibly sad that any child would feel compelled to hurt themselves. I am determined to be part of a sea change of understanding for children like these. In 2019 to 2020, there were 538,564 referrals to children and young people's mental health services (CAMHS). This represents an increase of 35% on 2018 to 2019, and nearly 60% on 2017 to 2018.² It would be beyond optimistic to assume that the figures for 2020 to 2021 will show anything other than another massive increase. Study after study, report after report, all conclude a national crisis in child and adolescent mental health. I receive calls from school staff telling me that students are cutting their faces and necks; that half a year group are injuring. Primary school staff share how helpless they feel as younger and younger children turn to self-injury to cope. What solace do these children find in pain? 'Self-injury is a way to regain emotional balance – it is a

solution to the extremely disturbing emotional problem of feeling out of control – and it works.'³

Despite myriad triggers, nearly every young person I have listened to who self-injured, hurt themselves physically to feel better emotionally. Reasons ranged from temporary respite from the torments of abuse, to loved children feeling they were simply 'not good enough'.

The dismissal of self-injury as an attention-seeking behaviour ... says far more about our lack of understanding of those turning to self-injury to cope

.....

Indisputably, they turned to self-injury to find relief of some kind. Did it ever spill into wanting someone to notice their suffering? For some, yes. Should that be stigmatised as attention-seeking? Categorically not. For others, the fact that nobody knew what they were doing was hugely significant. Self-injury is an intensely personal behaviour, each

incident being unique to the individual experiencing it. What unifies those who self-injure is a need to feel something other than the way they feel in that moment.

First and foremost, injuring provides blessed relief, albeit temporarily. Whether you are seething with unbearable emotion, or so removed from everything that you question your existence, hurting yourself changes the way you feel. It can be hard for those who don't do it to appreciate self-injury as a teleport back to normality. 'Imagine you're drowning. Your lungs are filling with water and all you feel is panic. Self-harming is like gasping a huge breath of air.' This extraordinary explanation came



from Rhi, used from the age of six in child pornography. She shared that, '...injuring was just a way of expressing anger. After years of being bullied, being a victim was a punishment... I just felt like punishment was all I deserved. I didn't feel like I was anything more or worth anything more.'

Attention seeking?

The long-term psychological harm of an attention-seeking label, placed upon children who have experienced such cruelty, is undeniable. Statistically, most young people who self-injure have not been subjected to childhood sexual abuse. Many will have supportive families that suffer immense distress as a result, often compounded by how long it's gone unnoticed. How can a behaviour that relies so heavily on secrecy be synonymous with attention seeking? The term reeks of disapproval – when did you last hear someone described as attention seeking and recognise an implied compliment? British people endure; we don't 'make a song and dance' of suffering. The sinister implication when behaviour is referred to as attention seeking is that it is manipulative and likely to meet with short shrift from most adults. A small proportion of young people experiment with hurting themselves because a friend or celebrity they admire does it. Sometimes, adults struggle to take them seriously, which can be as harmful to

them as outright hostility, judgment or shaming. Dr Janis Whitlock, Director of the Cornell Research Program on Self-Injury and Recovery, suggests using respectful curiosity '...in combination with attention to assuring that one's curiosity is satisfied in a kind and respectful way'.⁴ As the number of young people turning to self-injury to cope increases

[There is] a serious and widespread lack of understanding of self-injury, which results in great inconsistency and inadequacies in services

.....

exponentially, it is essential we jettison this false notion of attention seeking and recognise and respond to an attempt to manage suffering. Michael Hollander, in his essential book, *Helping Teens Who Cut*, states, 'According to some researchers, fewer than 4% of adolescents deliberately hurt themselves to get attention. Yet it's the most common reason that parents and some therapists give to account for the

behaviour – despite the fact that often an adolescent is injuring for months before an adult even notices. 'Misconceptions of this kind derail treatment and prolong both the adolescent's and the parents' distress.'³

If not for attention, then why?

Young people are under constant bombardment from every kind of media, to an extent rarely grasped by preceding generations. An air-brushed and unattainable virtual society dictates what is and is not acceptable. They are unable to disconnect and entirely exposed at this most fragile and transformative of times. Their usually advanced ability to handle a smartphone provides access to imagery and material that is impossible for them to process and assimilate. The seemingly endless shadow cast by COVID-19 obscures essential life markers like birthdays, learning to drive, getting a part-time job, even exams. At a time when they most need the world around them to be fixed, in order to chart their course, young people are staring into an abyss of chaos.



How can hurting yourself address this? Usually, by providing instantaneous relief. Whatever spiral of guilt comes after, in the moment, all is calm. In her indispensable book, *Healing The Hurt Within*, Jan Sutton introduces the eight Cs of self-injury, to promote understanding of the many functions it serves. These include coping and crisis intervention, calming and comforting, control, cleansing, confirmation of existence, creating comfortable numbness, chastisement and communication. You will have noticed 'courting attention' was conspicuously absent. Except for chastisement, these

are broadly positive and unlikely to cause difficulty for the vast majority of therapists. However, 'Professionals are often terrified by self-injury. Their normal empathy with others' distress and their confidence and ability to help often desert them when faced with someone who persistently hurts themselves. This problem reflects a serious and widespread lack of understanding of self-injury, which results in great inconsistency and inadequacies in services.'⁶

Young people need to know that the adult supporting them understands that self-injury works

.....

As recently as the 1970s, psychiatrists refused to treat people who self-injured, as they were 'beyond help'. Either that, or they were told they had to stop injuring to access treatment. This is about the discomfort of the professional, not the wellbeing of the client. Contracts prohibiting injuring precipitate failure. If it was that easy to stop, people wouldn't need help. Young people need to know that the adult supporting them understands that self-injury works. How can you expect

to develop trust if you deny what they know experientially to be true?

When it comes to methods to combat the need to injure, young people are routinely told to flick elastic bands on their wrists or hold ice-cubes. How does reinforcing using physical pain to manage emotional pain move them forward? These methods may be easier to stomach for the adults, but far too often, they do little or nothing for the child and reinforce the feeling that no-one understands or knows how to help. Furthermore, research has found limited evidence that these alternative techniques work and they may even have the effect of further embedding self-harm as a habit.⁷

As with so much in life that we get wrong, fear is at the root. The dismissal of self-injury as an attention-seeking behaviour shows an inability to comprehend this expression of suffering. It says far more about our lack of understanding than the mental state of those turning to self-injury to cope. Universally, we need to move the focus from the act of injuring to the pain beneath. We need to notice and listen. These children need, above all, to be heard. 'Self-injury is a behaviour that develops to cope with life's pressures and ills. Acceptance, awareness, education and empathy are crucial to enable those suffering in silence to step out of the closet of secrecy and shame, and to receive the help they need and deserve.'¹

Kate Rufus is co-founder of The Akeso Partnership, created to replace CAMHS self-injury pathway project when funding was not renewed. It offers training for school staff, GPs and nurses, school counsellors and therapists and those in training.

References

- 1 Sutton J. *Healing the hurt within*. Oxford: How To Books Ltd; 2007.
- 2 The state of children's mental health services 2020/21. www.childrenscommissioner.gov.uk/wp-content/uploads/2021/01/cco-the-state-of-childrens-mental-health-services-2020-21.pdf [accessed January 2021].
- 3 Hollander M. *Helping teens who cut*. New York: Guilford Press; 2007.
- 4 Whitlock J, Purington M. *Respectful curiosity*. The Practical

Matters series. Cornell Research Programme on Self-Injury and Recovery. New York: Cornell University; 2013.

⁵ Arnold L. *Women and self-injury: a survey of 76 Women*. Bristol: Bristol Crisis Service for Women; 1995.

⁶ Pushed from pillar to post: improving the availability and quality of support after self-harm in England. October 2020. Samaritans. www.samaritans.org/about-samaritans/research-policy/self-harm [accessed January 2022].



Micro-adventure therapy

Luke Blackham shares how he facilitates adventurous therapeutic experiences in familiar spaces

.....

I have been working outside with children and young people therapeutically for seven years. Initially, this involved simply taking the therapy outside, sitting under or in trees or walking and talking. Since I became a qualified forest school leader and attained my bushcraft competency certificate, I have added these skills to my outdoor practice. These qualifications allow me to use fire and tools during my sessions, which comes with increased risk, but also provides a more adventurous feel to the therapeutic process. During my studies for my master's degree, I learnt about adventure therapy, which comes under the wider

The space used for micro-adventure therapy becomes part of the therapeutic process and takes on a meaning of its own

.....

umbrella of nature-based therapy and is defined as 'adventure', due to its experiential nature, immersion in the outdoors and elements of risk.¹

Risk in adventure therapy is broad but includes use of tools such as knives, axes and saws, fire-lighting and time in a wilderness setting. Benefits of adventure therapy have been noted by a variety of authors,²⁻⁴ and can include increased resiliency,

reduced stress, improved confidence and enhanced emotional regulation. Those who engage in adventure therapy do so for help with anxiety, depression, loss, learning difficulties, emotional regulation, trauma and relationship difficulties, but this list is not exhaustive. As with any sort of therapy, children and young people must be assessed for their suitability to engage. Counsellors must ensure that

they have considered the risks and have the relevant training, supervision and insurance to manage them.



Case study: Aahlaad

Aahlaad, was referred to counselling due to ongoing anxiety related to bereavement. She was finding it hard to talk about her experiences and to manage her emotions, resulting in conflict with others and a sense of powerlessness. Aahlaad's school had a small area used for forest school and I was given permission to use this for outdoor counselling. We set up hammocks and a shelter each session as part of the therapeutic process. Aahlaad learnt how to use knives safely and light fires. It was through our work together that she started to discuss her emotions, how she often felt angry and lashed out at others. Once we had developed a good rapport and the trust that is central to the therapeutic relationship, Aahlaad was ready to discuss the

losses she had suffered and the impact of this on her wellbeing. Around the campfire, she discussed her experiences and how they affected her, doing this while feeding the fire and looking at the flames. Over the course of the counselling, Aahlaad spoke more openly and reflected on how her experiences impacted her relationships with others and her own self-worth. She was able to move to a position of self-compassion, acknowledge her strengths and begin to find ways to express her feelings that didn't impact negatively on herself or others. By the end of therapy, and when Aahlaad was ready to move on, she reflected that she had enjoyed the adventurous nature of the work alongside the opportunity to talk about her feelings. For her, the shared experience of an adventure was important to the counselling process, enabling her to discuss her experiences and feel more confident.

What is micro-adventure therapy?

'Adventure' is defined by the Oxford University Press as 'An unusual and exciting or daring experience'.⁵

Yet it might mean different things to different people. For some, it involves journeying afar or engaging in extreme risk. For others, it can be a new experience closer to home. I have added 'micro' as the work takes place on a much smaller scale to that of a traditional adventure therapy approach, where there is often a focus on group experiences, greater wilderness to operate in and even camping opportunities.⁶

For me, working with children and young people using a micro-adventure framework, enables us to create an environment of therapeutic and adventurous activity. Together, we construct our own micro-adventure as part of the therapeutic process. Once a rhythm has been established to the sessions – which often follow a sequence such as meet and check in, set up camp, make a shelter, collect wood and light a fire – a therapeutic dialogue can begin. The use of tools and natural materials are 'affordances' used to stimulate therapeutic engagement and are important to the process of adventure and micro-adventure therapy. Gibson explored the benefits of affordances

and how different objects in an environment present opportunity for growth and development.⁷ An example of an affordance is the fire, not only the

Sitting around the fire offers a focus, but it also lends itself to healing activities ... and a means of expression

.....



process of lighting it, but the symbolism, imagery and comfort it offers. Sitting around the fire offers a focus, but it also lends itself to healing activities such as burning letters or drawings of events the client would like to forget, or providing a means of expression, where the counsellor can draw on the imagery of fire to discuss anger or safety. Fire can also become part of a mindfulness activity where the

client stares into the flames while practising breathing techniques.

Space and place

The space used for micro-adventure therapy becomes part of the therapeutic process and takes on a meaning of its own, even if the space is already familiar. Kraft⁸ argues that spaces are not limited to static objects but are dynamic, interchangeable entities that derive meaning from human interaction and construction. The space and its meaning are co-constructed by therapist and client through the process they engage in together. From my own experience using school grounds, I have seen how the clients I work with

begin to attach new meanings when using familiar spaces therapeutically. Trees may become sacred or be given special names, areas are designated for specific activities, such as fire lighting or game playing, and new interests are developed in relation to the area and the work taking place within it. Cresswell⁹ states that space becomes a place when meaning is attached to it, over time. During weekly sessions, the co-constructed space is given meaning, and from this a sense of place is created. Space becomes symbolic of a shared place, one that is used for therapeutic means, and fosters a sense of

Space becomes symbolic of a shared place ... and fosters a sense of connection between client, counsellor and the natural world

.....

connection between client, counsellor and the natural world. Nature as a co-therapist is discussed by Jordan¹⁰ and is considered as part of the therapeutic process, as the natural world offers opportunities for grounding, connection and emotional regulation through environmental opportunities that cannot be found in an office.

Why micro-adventure therapy?

Micro-adventure therapy can be used to facilitate an adventurous experience for a client, without the need to travel far. Adventures can be small, in dedicated sites which promote micro-adventures that

can support wellbeing. In the context of counselling, a micro-adventure offers clients a unique opportunity to engage in a therapeutic approach that is attainable, accessible and close to home.

Get in touch

Do you have a creative way of working with children, young people or families that you would like to share with our readers? If so, please contact the editor at cypf.editorial@bacp.co.uk



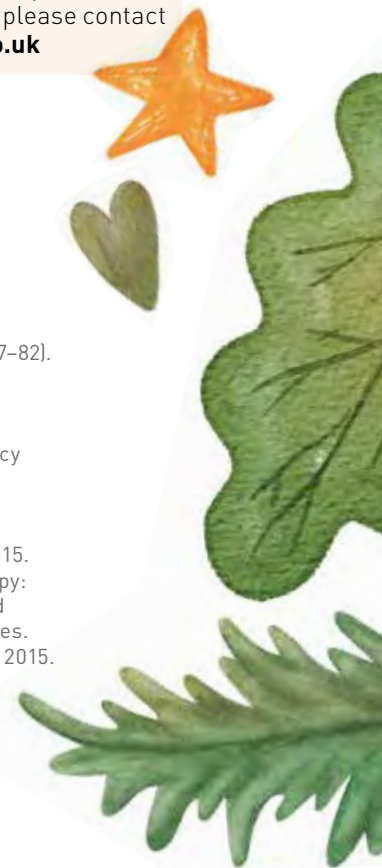
Luke Blackham is a counsellor, supervisor, youth worker and forest school leader. He works as the Youth Activities Coordinator for Base 25 in Wolverhampton and runs his own outdoor practice, Wild N' Well Outdoors. Luke has written a variety of articles about his work with children and young people.
wildnwelloutdoors.co.uk
wildnwelloutdoors@gmail.com

References

1 Bowen D, Niell JT. A meta-analysis of adventure therapy outcomes and moderators. *The Open Psychology Journal* 2013; 6: 28–53.
2 Richards K, Carpenter C, Harper N. Looking at the landscape of adventure therapy: making links to theory and practice. *Journal of Adventure*

Education and Outdoor Learning 2011; 11(2): 83–90.
3 Tracey D, Gray T, Truong S, Ward K. Combining acceptance and commitment therapy with adventure therapy to promote psychological wellbeing for children at risk. *Frontiers in Psychology* 2018; 9: 1565.
4 Harper N, Dobud WW. *Outdoor therapies: an introduction to practices, possibilities and critical perspectives*. New York: Routledge; 2021.
5 Oxford University Press. www.oxfordlearnersdictionaries.com/definition/english/adventure [accessed November 2021].
6 Newes S, Bendoroff S (eds). *Coming of age: the evolving field of adventure therapy*. Colorado: Association for Experiential Education; 2004.
7 Gibson JJ. The theory of affordances. In: Shaw R, Bransford J (eds).

Perceiving, acting and knowing. New Jersey: Erlbaum; 1977 (pp67–82).
8 Kraftl P. *Geographies of alternative education: diverse learning spaces for children and young people*. Bristol: Policy Press; 2013.
9 Cresswell T. *Place: an introduction*. West Sussex: Wiley Blackwell Publishing; 2015.
10 Jordan M. *Nature and therapy: understanding counselling and psychotherapy in outdoor spaces*. Brighton and Hove: Routledge; 2015.



Age in the therapy room

Zorana Halpin reflects on how age can affect the counselling process

.....



I remember the moment when John told me he'd *nearly* looked me up on social media. I knew my personal boundaries were being crossed because my cheeks were smarting. I'd felt this sensation before, but not in a counselling session. John was one of my first clients, and we were a similar age. Working with him was invigorating but challenging. Having eagerly embarked on therapy training in my mid 20s, I soon realised I was probably the youngest on my course. I didn't pay much attention at the time, but I've grown curious about how this has shaped my therapeutic journey. Counsellors are actively encouraged to think about their own cultural biases,

values or assumptions, to prepare for working with different clients;¹ for me, that means thinking about the role of age in the therapeutic dynamic too.

I learnt my trade in rehabilitation and psychiatric settings. There's an unequal, and to a certain extent unavoidable, power dynamic when patients are in treatment against their will. Testing boundaries is one way for them to exercise their power. Against this backdrop of privation, I was new to the profession and often close in age to my clients, who were typically young adults dealing with a consuming mix of addiction, trauma and complex mental health conditions.

Case study: Keira

Keira, an incredibly energetic, sparky and streetwise teenager, would often direct personal comments to me outside of the therapy room. She was bright, had left school without qualifications and was struggling with drug addiction. She had been using the psychoactive drug GHB and couldn't remember certain words. During group sessions, she regularly pointed out that I used language she didn't understand. At other times, she commented on what I wore, such as my 'trendy' trainers, while laughing out loud. My sense of Keira's mother was that she was emotionally unavailable and unable to prioritise Keira. This seemed to inform the way Keira engaged with me. I was constantly sought out and entertained by her, but in a way that I experienced as hurtful, with occasional tender curve balls, indicating there might be love beneath her defences. Our closeness in age contributed to my feeling of unease. It was a feeling reminiscent of my schooldays, of never quite knowing what was coming my way from the other girls. In our final session, Keira looked at me and said, 'I think we

are starting to get somewhere.' She went on to share that in the future, she would like to work as a counsellor with young people. This ending felt important and meaningful. It suggested she wanted to continue with therapy, and that she valued it. Now I see that her words mattered to me because I felt validated by them. I cared what she thought of me, again reminiscent of my adolescent years, when being liked seemed incredibly important.





Case study: Steven

A few years later, I found myself working with Steven, a mental health social worker in his late 20s. He was used to caring for people, rather than being cared for, and had a number of years' experience on a par with my own. During sessions, he seemed more at ease talking about the failings of staff than himself and wouldn't be drawn on how he was finding therapy with me. Struggling to focus the conversation on him, I discussed Steven in supervision. We talked about using his valuable experience to open a discussion about how I could best support him. With this guidance, I felt able to bring our respective situations into therapeutic awareness, validate his expertise as a fellow mental health practitioner and acknowledge the power imbalance between us.

Shared experiences

I've sometimes found myself, or known someone close to me, in the very situation a client has brought to therapy. Although there's no fixed rule about when or if we will go through marriage, births, career changes, deaths or ill health, they tend to happen at similar ages in our lives. When I've had a crossover with the life experiences of a client, this has manifested in therapy.

Case study: Tara

Tara was in her 20s and working in a senior position at a prestigious organisation. I was a trainee. Shortly after we'd begun therapy together, she arrived at a session, pulled out a recognisable paper bag from a chemist, and placed it on the table between us. She looked at me directly and said she had recently found out she was pregnant. Immediately after the session ended, I felt extremely nauseous. This unfamiliar sensation lasted well into the night, and I suspected it was linked to Tara's therapy session – but I didn't know how.

I unpacked what had happened in supervision. We discussed Tara's complex feelings towards her pregnancy, and that she may not have wanted to feel the emotions or physical sensations she was experiencing. It's not always obvious what triggers our reaction towards clients, but in this instance, I felt I had temporarily taken on Tara's feelings about her pregnancy.

I wonder now if my age made me especially receptive to Tara's projections. I was young, and still learning how to manage my emotions. It strikes me that I could have easily misunderstood Tara's feelings because I had firm ideas about unexpected pregnancies, including what it would mean for me personally. Understanding someone's experience can positively add to the therapeutic dynamic – though of course it's not a prerequisite. However, when we share experiences with clients, we risk imagining that we understand how it is for them, based on how it is or would be for us, and in the process, risk insufficiently attending to their experience.

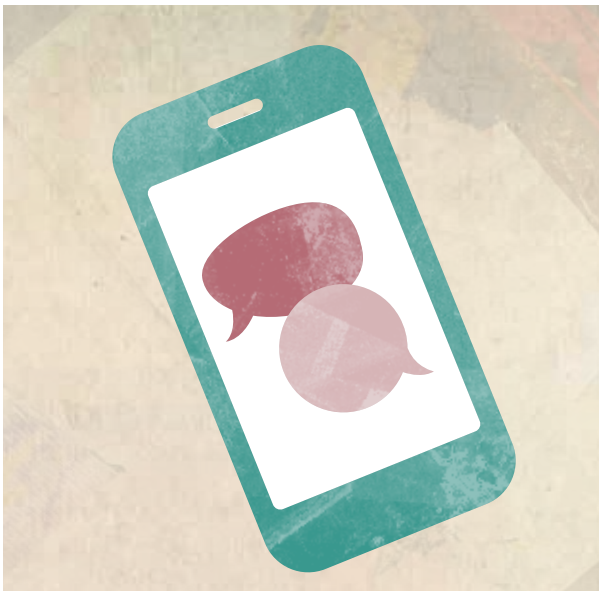


Case study: Luke

.....

Luke and I were both in our 20s. He was concerned about how much he drank at weekends. In one session, he described an incident where he had drunkenly fallen down some stairs. I remember thinking that he did not sound like he had a drinking problem, though thankfully I did not voice this. I imagine that my response might sound shocking to some. At the time, I regularly drank socially, and did not see my consumption as a problem. I had enough insight to discuss Luke's disclosure in supervision. I recognised that my internal response was out of kilter with what I felt the client expected or needed from me. In supervision, we discussed what drinking meant for Luke, who was trying to tell me that he was

uneasy with the amount he consumed, and it was important that I heard that, without my judgments, defences or personal experiences getting in the way.



Case study: Lucy

.....

As the years have passed, I've been prompted to reflect on my feelings about growing older. Lucy was in her early 20s and in an open relationship. During one session, she began talking about online dating, noting how long she spent on dating apps and how many 'conversations' she might have running at the same time. As she described the mechanics of dating apps, I found myself distracted by two things: one: she seemed to think I didn't know how dating apps worked and two: I didn't know whether her use of them was excessive.

Ablack used a powerful case study to illustrate what can unfold when therapists respond from their own (privileged) position, rather than entering that of the client.² When our experiences diverge from those of our clients, we may find ourselves focusing on our lack of experience as a way in to understanding what is being brought to us, and miss what is really being communicated. In doing so, we risk undermining the experience of the person. Both Luke and Lucy needed me to hear *their* concerns, not make judgments of my own.

More recent experiences have shown that my age will continue to play a role in my therapeutic relationships, albeit a different one. So, I'm setting myself some homework to examine my own personal thoughts and feelings about age, including my own increasing age, and to make sure I keep abreast of the world inhabited by my younger clients – drinking, drugs and dating apps included.

Zorana Halpin MBACP (Accred) is a senior therapist for James' Place, a charity that runs centres for men in suicidal crisis in Liverpool and east London. She previously delivered group and individual psychological interventions in an inpatient psychiatric unit in London and a rehabilitation unit for dual-diagnosis addiction and mental health conditions in Sydney, Australia.
www.jamesplace.org.uk

References

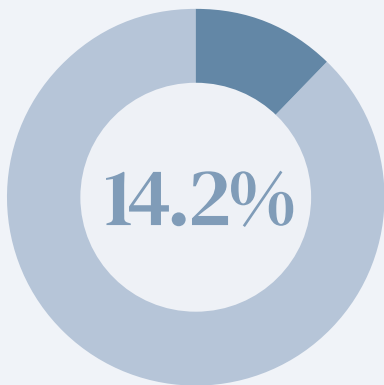
- 1 Lago, C. Training therapists to work with different and diverse clients. In: Lago C. Race, culture and counselling. Berkshire: Open University Press; 2006 (2nd edition) (pp120-146).
- 2 Ablack CJ. Radical transformations. *Therapy Today* 2021; 32(8): 40-43.

News

A round-up of the latest findings and policy updates affecting CYPF

Gender differences in mental health diagnoses

The Association for Young People's Health (AYPH) has published an overview of health data relating to the 10 to 24 age group in the UK. Currently, 19 in 1,000 young people access child



The 2017 data show that younger males still outnumber younger girls for diagnoses of conduct and behavioural disorders, (14.2% males and 13% females)

<p>Females aged 13–17 are the most likely to self-harm</p>	<p>Males aged 20–24 are most likely to complete suicide</p>
--	---

and adolescent mental health services (CAMHS) at any given time and 25% transition to adult mental health services. CAMHS surveys from 1999 to 2017 show a steady increase in diagnosable conditions across all age groups. In 1999, around 13% of 11 to 16-year-old boys had a diagnosable disorder, increasing to 14% in 2004. The figure for girls of the same age was 10% in 1999 and 10.6% in 2004. Throughout this period, behavioural diagnoses far outnumbered emotional disorders. The 2017 data show that younger males still outnumber younger girls for diagnoses of conduct and behavioural disorders, (14.2% males and 13% females), but there has been a major increase in emotional disorders, such as anxiety and depression, in adolescents of secondary school age, with females more likely to be diagnosed than males. Females aged 13 to 17 are the most likely to self-harm, but males aged 20 to 24 are most likely to complete suicide. Data such as these have implications for practice. The AYPH suggests keeping an open mind about gender patterns and encourages a questioning of our responses so that mental health services respond appropriately to need in this critical age group.

www.youngpeopleshealth.org.uk/young-people-and-their-mental-health-is-there-a-crisis-and-is-it-the-one-we-think-it-is

Preventing violence against women and girls

The College of Policing has launched a new framework for tackling violence against women and girls (VAWG) in England and Wales by protecting them from misogyny and bringing criminals to justice. Its three main priorities are to build trust and confidence for victims, to relentlessly pursue perpetrators and to create safer space. The policing toolkit contains a list of misogynistic behaviours and the offences under which they could be prosecuted, as well as protective tools to prevent reoffending. The framework has been developed alongside the National Police Chief's Council and experts in Government and the VAWG sector.

www.college.police.uk/article/police-action-against-men-who-harm-women-girls




Library picture, for illustration

Recognising and responding to emotional abuse

NSPCC has updated its principles of best practice to recognise and respond to emotional abuse. It includes information on types of emotional abuse and how to respond to it, the impact emotional abuse can have on a child, and relevant legislation across the UK. Emotional abuse can be categorised as emotional neglect (for example, ignoring the child, withholding affection or failing to respond to their emotional needs), rejection (for example, telling a child they aren't good enough, excluding, ignoring or not listening to them), isolating (for example, unreasonable limitations on their freedom or social interactions), manipulation (for example, gaslighting or coercing a child to take part in activities that are unsafe or inappropriate for their age or stage of development), terrorising (for example, deliberately frightening or threatening a child) and bullying (for example, humiliating or undermining).

A child who has been emotionally abused may experience low self-confidence and self-esteem and might try to hide their emotions. They might display behaviour that others perceive to be challenging, such as social withdrawal, antisocial behaviour, stealing, bullying or going missing. Adolescents might experience depression, anxiety, post-traumatic symptoms and suicidal thoughts. The NSPCC website includes legislation and guidance for England, Scotland, Wales and Northern Ireland as well as e-learning resources and further reading.

 https://learning.nspcc.org.uk/child-abuse-and-neglect/emotional-abuse?utm_source=Adestra&utm_medium=email&utm_content=Protecting%20children%20from%20emotional%20abuse&utm_campaign=20211220_KIS_CASPAR_December20

Young people 'cancelled out' from speaking about climate change


Joint research carried out by the environmental charity Global Action Plan and Virgin Media O2 has found that young people are prevented from speaking out and taking action on the climate crisis for fear of being 'cancelled' (criticised or boycotted for sharing controversial views) by their peers. The research found that 89% of 16 to 24-year-olds care about climate change, but only 10% of young people post about it online as they're worried

89% of 16 to 24-year-olds

care about climate change, but only 10% of young people post about it online

about getting facts wrong, and 25% fear being judged by their friends. A third of young people worry that they don't know enough to speak out on social media, and 24% felt that it would be hypocritical to speak about the climate crisis online if their offline lives weren't 'perfect'.

The *Supercharging the Climate Conversation* White Paper calls on environmental groups to make the climate crisis debate more inclusive and accessible for young people by diversifying role models, encouraging widespread conversations and encouraging peers and influencers to voice their concerns and show they care. It provides guidance designed to empower young people to talk about the climate crisis and take action.

 www.globalactionplan.org.uk/files/final_white_paper.pdf



Library picture, for illustration

Vulnerable online

The London School of Economics (LSE) has published a report which examines the impact of digital experiences on young people with mental health vulnerabilities. This is a response to widespread concerns that children and young people are facing significant mental health difficulties and that professional services are insufficiently resourced predates COVID-19 but has been worsened by the pandemic. The LSE states that while the alleged link between mental health and social media remains contested, concerns continue regarding Instagram's plan for a 'kids' service, the self-regulation failings at Facebook/Meta and a series of links between social media and self-harm or suicide. It is therefore vital that the evidence linking mental health and digital engagement is explored.

The LSE report highlights findings which suggest that accessing online content related to mental health can trigger or encourage behaviour that exacerbates prior difficulties. Adolescents with mental health problems seeking support online may be vulnerable to further risks including cyberbullying, harassment and exposure to disinformation. There is a call for better regulation, such as legal requirements on social media platforms for a duty of care, age verification, safety by design, improved content moderation, adequate remedy and penalties for noncompliance.

 <https://blogs.lse.ac.uk/parenting4digitalfuture/2021/12/15/adolescents-mental-health/>

Reviews

Personal critiques of new books for counsellors and psychotherapists working with CYPF

How To Have Incredible Conversations with Your Child

Jane Gilmour and Bettina Hohnen

Jessica Kingsley Publishers 2021
ISBN: 978-1787756403 £14.99



The aim of this book is to help parents build close relationships with their children by creating opportunities for meaningful communication and connection. It's a

book in two parts. The first offers tips for parents to develop a mindset that is open to listening and engaging in ways that help children to express themselves. The authors explain why warm, positive relationships between parents and children matter, and introduce four themes that underpin the activities in part two: who are you? How are you? What helps? What gets in the way?

Graphic icons are used as a visual nudge for parents to be aware of different developmental needs: to encourage parents to accept feelings without trying to change them; to remind parents to stay quiet at times; as ideas for conversation starters; and to end each conversation on a positive note.

Part two is packed full of themed, illustrated activities, which are targeted at primary school-aged children. However, the narrative that frames them is valuable and adaptable for older children too. Each activity consists of an introduction,

conversation starters, ideas about how to expand communication further, a page where ideas and themes are presented visually to engage children and, finally, a space for parents and children to note down their thoughts and reflections together.

The ideas are grounded in research and evidence. A variety of sources for further reading are offered within the text and at the end of the book. These are presented as an invitation for parents to find out more if they want to. The authors share their wealth of experience as psychologists and academics in an accessible way. They bring their knowledge, skills and tips from their work with children and families out of the therapy room and offer it up for parents to grasp and take on for themselves. A warm, non-judgmental tone runs throughout, and it's clear the authors understand the challenges that parents face.

This book feels like a compassionate coach, gently guiding engagement with the activities and encouraging parents to reflect on the process. It's a great resource for parents who are keen to strengthen their bond with their child, while helping children develop emotional literacy and build their self-esteem. It could also be useful for primary school teachers to plan classroom-based activities associated with emotional and social communication. Therapists who are new to working with children and families would find this a valuable resource too.

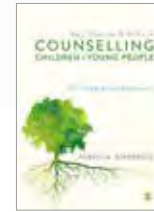
Michelle Higgins is a child and adolescent counsellor working in private practice

Key Theories and Skills in Counselling Children and Young People: an integrative approach

Rebecca Kirkbride

Sage 2021

ISBN: 978-1529729672 £24.99



The accessible format of this book is contrasted with the depth of knowledge. Divided into four parts, the chapters are bitesized, easy to understand, and although they follow on sequentially,

meaning that the book can be read from cover to cover, it can also be dipped into. Each chapter begins with an introductory paragraph and expands with our understanding about the topic. Key skills detail what practitioners need when working with children and adolescents, and each chapter is rounded off with a succinct summary, followed by well-referenced resources and links to other chapters.

Part I covers essential knowledge about child and adolescent development, including the importance of learning through play, cognitive and neurobiological development, ranging from premature foetal growth to the important stages of puberty and adolescence. Environmental and relational aspects are also considered, as these are key to the ability of a client to relate within the counselling process and should be considered by the therapist.

In Part II, an in-depth analysis of building, maintaining and repairing ruptures in the counselling process is presented, ranging from core relationship components to assessing risk and safeguarding, using ethical and legal considerations. The differences between counselling adults and children are also explored, including how to manage interconnected relationships with parents/carers, schools and other professionals. The crucial importance of self-care for the practitioner to be able to deliver effective counselling and avoid potential burnout is included, including the vital nature of supervision as regular support.

Key skills, including interventions, techniques and strategies form Part III of the book, placing particular emphasis on how the developmental aspects of the child or young person, coupled with the dynamic therapeutic relationship, are the building blocks needed for more in-depth, skilled interventions to enhance and inform the process, bearing in mind the particular competences and training of individual practitioners. Play-based therapy, creative approaches and mindfulness are just a few of the approaches covered. A variety of presenting issues are also explored, such as body issues, substance misuse, gender identity, bullying and other aspects common to adolescents, which can potentially continue into adult life.

The final part of the book explores additional considerations for delivering therapy to children and adolescents, including the complexities of those for whom the state is the corporate parent, or those from refugee communities. Statutory and voluntary sector agencies are highlighted, along with the importance of using outcome measures to show effectiveness, and the author draws a contrast with the additional complexities for counsellors in private practice. Advice is offered about the increase of online counselling, and links to training opportunities are included. Throughout the book, there are additional resources for every aspect of counselling.

For me, the qualities of the book include the many vignettes that bring to life the therapeutic relationship and its challenges, as well as the easy-to-navigate format. For a counsellor at the beginning of their training journey, this book would be an essential text to dip into regularly. As a more experienced counsellor, I have enjoyed going back to basics, refreshing and reminding myself of essential qualities when working with young clients.

Helen Hardacre is a BACP accredited counsellor, EMDR therapist and team leader for two new NHS mental health support teams in schools and colleges

Ollie the Octopus Loss and Bereavement Activity Book

Dr Karen Treisman

Jessica Kingsley Publishers 2021
ISBN 978-1787757660 £22.99



This is a huge book, both in terms of its size (251 pages of A4) and themes. It is billed as a therapeutic story, with activities for children aged five to 10, but I think its remit goes even further than that.

The therapeutic story, which covers the first fifth of the book, is highly illustrated and would appeal to younger children. It tells the tale of Ollie, an ordinary octopus enjoying ordinary octopus life, until his mother Orla's illness and subsequent death. While being written and illustrated in a way that appeals to children, the author doesn't shy away from painful realities and uses straight-talking, honest language. In describing Orla's death, Treisman writes, 'Her heart stopped beating and she stopped breathing... she was gone, and she wasn't coming back' (p18). I found this refreshing. So often, children are left confused when well-meaning adults and authors describe difficult concepts, such as death and sex, in ambiguous ways. The therapeutic story is also available as a standalone picture book,¹ which would be less cumbersome for children to read independently.

The bulk of the book is divided into six sections, containing a total of 60 activities. Part 1 contains 'fun facts' about octopuses, craft ideas and a list of discussion questions about the story. Part 2: learning about different feelings, thoughts, and sensations, including grief and loss, contains a host of art, craft and journaling ideas. Children are encouraged to draw, make, sculpt, paint or write about their feelings and about the person who has died. Some of the more reflective activities would be useful for older children; for example, comparing specific feelings to a colour, shape, animal, type of weather or locating it in the body. Part 3 contains tools for coping, grounding and regulating, Part 4 is about remembering and staying connected to the person who

has died, and Part 5: reflecting on our journey and what we have learned, provides a useful summary and review.

The activities throughout the book span a range of modalities and can be adapted for children and young people of different ages and abilities. Part 6 is a guide for adults, which I initially thought was superfluous as there is so much detail in the preceding sections. However, there are some valuable prompts here, such as a 'spotlight on children who retreat or bottle up their feelings' (p245) and how to respond when the child did not have a good relationship with the person who has died (p248). This is a thoughtful, honest, valuable resource, jam-packed with activities to suit all children who have experienced loss.

¹ Treisman T. *Ollie the octopus and the memory treasures*. London: Jessica Kingsley Publishers; 2021.

Jeanine Connor is a child and adolescent psychotherapist and editor of this journal

The Happy Confident Me Life Skills Journal

Dr Linda Papadopolous and Nadim Saad

The Happy Confident Company 2021
ISBN 9781916387089 £11.99



I had been thinking about the decline in children's mental health when I learned about The Happy Confident Company's journals for children to help them navigate their emotional wellbeing. What a find! You might wonder whether the market is flooded with books like this. However, what I have found unique with the *Life Skills Journal*, which is aimed at eight to 13-year-olds, is that, instead of focusing on just one area of mental health, it offers a wonderful toolbox to children, encompassing 10 important life skills, which enable them to feel empowered, take control of difficult feelings and in turn foster their emotional intelligence.

Not only is the journal visually appealing, fun, accessible and engaging, it also encourages creativity and freedom of expression. A child using the journal

has the opportunity to work through and understand these essential life skills, such as introspection, growth mindset and resilience, which can all benefit from being honed. The journal gives children an opportunity to better understand themselves by identifying and recognising their feelings and those of others. When first reading it, I found myself thinking that there were so many important messages here that we as adults can gain from too.

In my work as a school-based counsellor, there are some children who are reluctant to talk, especially in initial sessions, and others who further into their therapy still try to steer away from talking about big feelings, which can be overwhelming and scary. The *Life Skills Journal* can assist with this. For example, it can be used in session, to open up opportunities for exploring some of the life skills further in a safe space. This can increase confidence and give children the language to articulate how they feel. While it is certainly not a replacement for counselling, the journal can be seen as an aid or preventative measure to stop a child's problems from escalating. It offers the opportunity for them to become more self-aware and to realise they can take control of their uncomfortable or negative feelings and learn to be happier and more confident. As one of the authors states in the journal, 'You are the hero of your own story, you can create the life you want to live' (p9).

Lauren Langham (MBACP) is a primary school-based counsellor

Riley The Brave Makes it to School: a story with tips and tricks for tough transitions

Jessica Sinarski

Jessica Kingsley Publishers 2021
ISBN 978-1787755185 £12.99



This is a simple children's story about a bear who is struggling with the idea of going to school. The heart-warming ending sees the bear learning to identify emotions, talk about them and receive the love and care he needs. It has a nurturing

feel throughout. The story demonstrates how to identify feelings by linking them to characters such as the 'prickly porcupine' and 'turtle moments', which represent knots in the stomach and wanting to curl up. Recognising feelings and what they may grow into encourages the reader to recognise that sometimes the feelings need love and patience, and that others can support them with this.

The story offers some simple tips for children, such as taking deep breaths and saying affirmations such as 'I am brave'. It helps to normalise feeling nervous and angry and includes subtle messages about talking to others, for example wondering if your teacher feels this way sometimes too. The book is aimed at three to seven-year-olds, which seems a true reflection, although parts of the story, such as getting onto a big yellow school bus, may be more relatable to by some

children than others. The illustrations are colourful and fun.

In addition to the children's story, the book contains an afterword for adults, which discusses a playfulness acceptance curiosity and empathy (PACE) model, again, containing simple messages that parents might find useful. There is also a section for educators, counsellors and other professionals that offers additional supporting information. This information is not too theoretically heavy and again is easy to digest. It also offers psychoeducation around nonverbal communication, referring to Dr Mehrabian's findings and the benefits of counting and adding sensory elements to a morning routine. This book would be ideal for very young children who are feeling nervous about school.

Niomi Wilkinson (BACP Accred) is a counsellor working with adults and children

Editorial deadlines



Forthcoming editorial deadlines for BACP Children, Young People & Families journal:

- 21 March** for the June issue
- 20 June** for the September issue
- 19 September** for the December issue

Advertisement



ENROLMENT OPEN NOW

- TA 101 Official Introduction to Transactional Analysis 2-day workshop**
Exeter - 2nd & 3rd April
Online - 20th & 27th May
- TA Psychotherapy Foundation Course in Exeter**
Starts 5th & 6th November
Weekend intake
- TA Psychotherapy Advanced Course in Exeter**
Starts 10th & 11th September
Weekend intake

Visit ironmill.co.uk to find out more about our courses and to apply. If you would like to speak to a member of staff about the course, please call **01392 219200** or email enquiries@ironmill.co.uk.

UKCP UKATA TRANSACTIONAL ANALYSIS



SCAN ME

BACP divisional journals

BACP publishes specialist journals within six other sectors of counselling and psychotherapy practice.

Healthcare Counselling and Psychotherapy Journal

This quarterly journal from BACP Healthcare is relevant to counsellors and psychotherapists working within healthcare settings.



Coaching Today

The BACP Coaching journal is suitable for coaches from a range of backgrounds including counselling and psychotherapy, management or human resources.



University & College Counselling

This is the journal of BACP Universities & Colleges, and is ideal for all therapists working within higher and further education settings.



Private Practice

This journal is dedicated to counsellors and psychotherapists working independently, in private practice, or for EAPs or agencies, in paid or voluntary positions.



Thresholds

This is the quarterly journal of BACP Spirituality, and is relevant to counsellors and psychotherapists involved or interested in spirituality, belief and pastoral care.



BACP Workplace

This journal is provided by BACP Workplace and is read widely by those concerned with the emotional and psychological health of people in organisations.



These quarterly journals are available as part of the membership of BACP's divisions or by subscription.

To enquire about joining a BACP division, call 01455 883300. For a free of charge consultation on advertising within these journals, contact Sonal Mistry on 0203 771 7200, or email sonal.mistry@thinkpublishing.co.uk

bacp | counselling
changes lives

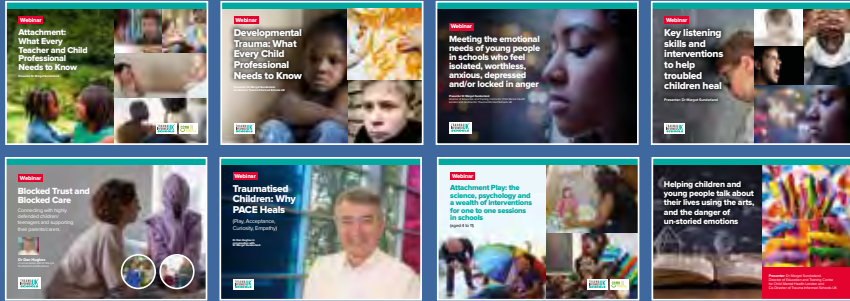
BACP and the BACP logo are registered trade marks of BACP

**British Association for
Counselling and Psychotherapy**

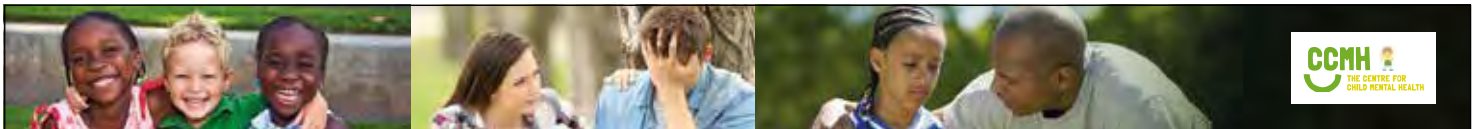
Company limited by guarantee 2175320
Registered in England & Wales.
Registered Charity 298361

Vital CPD Webinars on child mental health: key skills and interventions

with Dr Margot Sunderland and Dr Dan Hughes (USA)



More information and to buy: www.traumainformedschools.co.uk or www.childmentalhealthcentre.org
tel: 020 7354 2913 or email: info@childmentalhealthcentre.org



CPD in Key Child Mental Health Topics: for any professional working with vulnerable children and teenagers

Centre for Child Mental Health Evening Lecture Programme 2022
(live stream events, only £20 a ticket)

<p>Thursday 21 April 2022 5 – 6.30pm</p> <p>Sandplay therapy: Key tools, techniques and interventions</p> <p>Dr Margot Sunderland</p>	<p>Thursday 19 May 2022 5 – 6.30pm</p> <p>Tricky behaviours, troubled souls: Working with children with challenging behaviours</p> <p>Tracy Godfroy</p>	<p>Thursday 23 June 2022 5 – 6.30pm</p> <p>How to have conversations with child survivors of domestic abuse and the facilitation of parent-child dialogues</p> <p>Catherine Lawler</p>
<p>Thursday 5 May 2022 5 – 6.30pm</p> <p>Tackling bullying and understanding why children bully</p> <p>Anna-Michele Hantler</p>	<p>Thursday 9 June 2022 5 – 6.30pm</p> <p>Therapeutic storytelling: key tools, techniques and interventions</p> <p>Dr Margot Sunderland</p>	<p>Thursday 7 July 2022 4.30 – 6.30pm</p> <p>The use of clay in therapeutic work with individuals and families</p> <p>Dr Lynne Souter-Anderson</p>
		<p>Thursday 21 July 2022 5 – 6.30pm</p> <p>Addressing trauma-based shame in children who hate themselves</p> <p>Dr Margot Sunderland</p>

More details and bookings: www.childmentalhealthcentre.org Tel: 020 7354 2913

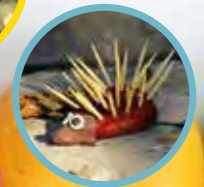
Two-year P/T Post-Qualifying Diploma in Integrative Child Psychotherapy (leads to UKCP registration)

Admissions

UKCP or BACP registered

Open to candidates who have:

- Successfully qualified from a recognised counselling or psychotherapy course or courses (covering a minimum of 600 training hours)
- Accrued a substantial number of clinical hours (signed clinical log by BACP or UKCP reg supervisor)
- Completed at least three years of intensive personal one to one psychotherapy



For more information www.artspsychotherapy.org

