

**CONTEMPORARY
CHILD PSYCHOTHERAPY**
Integration and Imagination
in Creative Clinical Practice

Edited by

Roz Read and Jeanne Magagna



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firing the mind

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A note on the text

The case studies included are either composites drawn from similar examples or have direct permission from the clients to be included. Some identifying details have been changed in order to preserve confidentiality.

About the editors and contributors

Irene Alberione originally trained as a teacher and holds an MA in philosophy and political studies from her education in Italy and France. She worked extensively with children, teenagers, and refugees within multicultural humanitarian aid, education, community services, and voluntary sectors. After relocating to the UK she retrained in play therapy (PTUK, PTI) and specialised in working with children who had experienced trauma in inner London schools. She works in gender violence therapeutic services supporting youth impacted by domestic violence. Irene is also currently working towards completing her MA in integrative child psychotherapy at the Institute for Arts in Therapy & Education (IATE).

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Clair Lewoski is an integrative child and adolescent psychotherapist, attachment based psychoanalytic adult psychotherapist and dramatherapist. She has MAs from both the Tavistock Clinic and IATE. She has been working as a therapist since 1997. She set up a schools-based therapy service in 2003, across primary schools in the north of England, as well as working for a trauma-based arts therapies service, specialising in work with looked after and adopted children. Her work in Manchester led to the adoption of standards for therapeutic work in schools employing therapists. In recent years, she has been working in private practice as a psychotherapist with adults, young people and families and is a UKCP-registered supervisor and trainer. She is a senior trainer and

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Jeanne Magagna, PhD, worked for twenty-four years in the Eating Disorder Team and became head of psychotherapy services at Great Ormond Street Hospital for Children, London. Through the London-based Tavistock Clinic, she received professional qualifications as a child, adult, and family psychotherapist as well as obtaining a doctorate in psychotherapy in conjunction with the University of East London. Jeanne has held roles as vice-president and joint coordinator of the child psychotherapy Tavistock-model trainings in the Centro Studi Martha Harris in Florence and Venice, Italy. Her edited books include: *A Psychotherapeutic Understanding of Children and Young People with Eating Disorders* (2021), *Universals of Psychoanalysis* (1994), *The Silent Child: Communication without Words* (2012), *Creativity and Psychotic States* (2014), and her jointly edited books include: *Intimate Transformations: Babies with Their Families* (2005), *Psychotherapy with Families* (1987), and *Crises in Adolescence* (1994). She both publishes and teaches in person and through video-links in many continents.

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Graham Music, PhD, is a consultant child psychotherapist at the Tavistock Centre and adult psychotherapist in private practice. His publications include *Respark: Igniting Hope and Joy After Trauma and Depression* (2022), *Nurturing Children: From Trauma to Hope Using Neurobiology, Psychoanalysis and Attachment* (2019), *Nurturing Natures: Attachment and Children's Emotional, Sociocultural and Brain Development* (2016, 2010), *Affect and Emotion* (2001), and *The Good Life* (2014). He has a passion for exploring the interface between developmental findings and clinical work. A former associate clinical director at the Tavistock, he has managed and developed many services working with the aftermath of child maltreatment. He works clinically with forensic cases at the Portman Clinic, and teaches, lectures, and supervises in Britain and abroad.

Jessica Olive trained as an integrative child psychotherapist at the Institute for Arts in Therapy & Education (IATE) and is registered with UKCP and BACP. She works as a child & adolescent psychotherapist in private practice and leads the therapeutic provision within a North London primary school. She has a particular interest in neurodiversity in children and adolescents, working together with individuals, families and schools to support each child to reach their potential.

Roz Read is the programme director of the integrative child psychotherapy MA training at the Institute for Arts in Therapy & Education (IATE) validated by UEL where she teaches and designs the curriculum. With a background working in the arts, for over 30 years Roz has worked extensively with children and teenagers in multi-cultural inner-city

community projects, schools and multi-disciplinary teams. Roz trained at IATE, and is a UKCP-registered integrative child psychotherapist, a Dyadic Developmental Psychotherapy (DDP) certified practitioner, and a Somatic Experiencing® practitioner. She has a PG diploma in psychoanalytic observational studies from the Tavistock Clinic. Roz has specialised in working with adopted children and their families, initially with Family Futures and then for eleven years she was part of the child and family team at PAC-UK. Today she works with adoptive families privately. Alongside Graham Music, she has also been co-convenor of the Tavistock Clinic Neuroscience and Attachment Workshop.

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Introduction

In this book, we are presenting work which demonstrates the development of participants on the integrative child psychotherapy MA training at the Institute for Arts in Therapy & Education (IATE) in Islington, London. The MA (validated by the University of East London) is a three-year part-time training, which with the addition of a foundation year, becomes a four-year psychotherapy training validated by the UK Council of Psychotherapy (UKCP).

The training, initiated by Dr Margot Sunderland in 2000, continues with Roz Read as the programme director under Margot's overall leadership of a variety of trainings within IATE's educational programme.

IATE was born over thirty years ago, when Margot with two colleagues began running short trainings for therapists in using a broad range of arts techniques: sand play, art and clay, music, drama, puppetry, poetry, and dance/movement. The arts trainings were a resounding success, and led eventually to a UKCP-validated integrative arts psychotherapy MA which still runs today. The training was the first to bring all the arts together in an integrative way with both humanistic and psychoanalytic theories. It was also one of the first to embrace neuroscience.

This was just the beginning. Having initially trained in child psychotherapy under John Hood-Williams (the last director of studies at Dr Margaret Lowenfeld's Institute of Child Psychology), Margot had always wanted to do something specifically for children. Clinical placements for students on the integrative arts psychotherapy training already included primary schools local to IATE in Islington and children were responding to the multiple, creative ways in which they could express themselves through the arts and metaphor. Finally in 2000, the new training in integrative child psychotherapy was launched at IATE. It became validated by UKCP, and then when it became an MA, it was validated first by London Metropolitan University and subsequently by the University of East London.

Over the last twenty years, the IATE integrative child psychotherapy training has gone from strength to strength, and today graduates are working with children across all sectors—public, private, and voluntary. Some have gone on to management positions within the NHS Child & Adolescent Mental Health Service (CAMHS), while others are working in more specialised services within adoption and fostering, children's homes, therapeutic communities, and charities. Of course, the work in schools continues, the value being increasingly recognised in recent years particularly for those disadvantaged families who neither meet the thresholds for CAMHS nor can engage successfully with statutory services. The IATE training has also inspired new trainings around the country and today it sits proudly alongside others within UKCP.

The foundation year of the training explores the use of multiple art forms in workshops with the student learning from their own experience of engaging expressively with the arts. As students learn to do this themselves, they are then more comfortable to use these tools and engage creatively in their work with children.

Not confined by one particular theory, from the second year the student builds their own theoretical structure with which they work. The choice of theories is not simply eclectic, but linked to the student's own history: what resonates and is meaningful to them. It's also linked to their individual client's needs and so theories and different ways of working may depend on the needs of the specific child engaged in therapy. In this way, an integrative model is a creative, fluid model rather than an established structure imposed from outside.

Working therapeutically with children today acknowledges that the child is within a system including parents, schools, and other professionals and so students also participate in group process where they learn to discuss and share ideas, reflect, and work together. An integrative and creative way of thinking is encouraged from the start and students write a personal learning journal for the first two years, bringing together their learning and reflections from all aspects of the training.

An important part of the training ethos is to hold onto the traditional foundations that have worked while keeping an eye on the horizon for new research and development. It's vital that a training remains relevant and continues to serve those who will benefit—children and families—and that it doesn't become an end product in itself, but rather is up-to-date, modern, and useful practically. Today, bridges have been built with the psychoanalytic community of psychotherapists, many of whom have joined our integrative colleagues in teaching, tutoring, and supervising our students. So it is entirely fitting that twenty years after the training's inception, a psychoanalytic co-editor and integrative co-editor have worked together to publish this book.

The book begins with Chapter 1 by Graham Music, a guest lecturer at IATE, who gives clinical examples demonstrating his way of integrating a wide variety of theories in working therapeutically with children. In his chapter, entitled “Addicted to action, fear of being”, Graham brings together psychoanalytical ideas, such as those about defences against difficult feelings, with ideas rooted in body awareness, such as neurobiologically informed mindfulness and trauma therapy, alongside humanistic and integrative skills from play therapy, Gestalt, and person-centred therapies. He emphasises how “tribalism” in the psychotherapies misses how each way of working has important lessons to teach, and paradoxically, given the psychotherapy profession's aims, it has an inability to hear each other's voices. He goes on to suggest that to really understand and help one's clients, especially those who “act out” and have had experiences of stress, trauma, or fear, one must employ and integrate understanding gleaned from many vertices. He feels this is especially the case with children who are dysregulated or impulsive, probably the majority of those who these days come for therapeutic work, who are often referred with issues linked with some form of enactment. Commonly therapists see children who are impetuous, cannot concentrate or be

still, can be violent or aggressive, or do other things that create anxiety in the professional system or in their carers. These are children who are “acting” or “doing” what psychoanalysis terms “acting out”. He shows in his chapter why such children need a broad-based approach.

Chapter 2, “Experiences of being held: creating a space to think and play within a family”, by Neela Basu, narrates her experience of a weekly, hour-long observation of an infant and her family, over two years. Infant observation is now a core feature of many psychotherapy trainings. Often a course is undertaken before any clinical work. In this shorter, integrative training, it’s studied alongside the clinical training. It’s the one part of the training that is not about pathology but about exploring ordinary “good enough” human development. More than that, however, is the aim of helping the student develop curiosity: to look carefully at the baby, notice, and muse about the smallest of ordinary details. Perhaps they have meaning. In so doing, feelings may be stirred within which may resonate with one’s own history. Paying attention to this and teasing out that which belongs to the trainee child psychotherapist and that which belongs to the observation are key. It can be a challenge not to intervene, but to hold these feelings and lend thinking to them. Later when writing up the story of the visit or sharing it in the seminar, the observer may be reminded of forgotten moments, and this may be significant. Did the student dissociate? Was it painful to watch? The learning is as much about what is remembered as what is discounted, missed, or forgotten. In Neela’s chapter, the observation allowed her to see both mother and father with the baby as they found ways of sharing parenting and careers, navigating their experiences of becoming part of a family and finding their roles and responses to their child. During the observations, the mother returned to work and later became pregnant again. Neela was able to observe the family as they began to think and explore feelings about the changing dynamic. The focal point remains the young child, following her developing sense of herself in the world that appeared to occur in conjunction with her parents’ capacity to hold her, think about and tolerate her feelings.

Karlien Smith-Claassens, in Chapter 3, “The effects of chronic trauma and neglect on attachment security and development”, discusses how chronic trauma and neglect can affect a child’s attachment security and development. This first-year paper exploring attachment theory and

neuroscience grounds students in some of the most fundamental theories of the training. First, Karlien explores what happens when things go well in a parent–child relationship. Using findings from attachment theory as well as neuroscience, she then illustrates how chronic trauma and neglect can have a pervasive and long-lasting effect on a child’s neurophysiological development, attachment security, and sense of self. The chapter describes how a child’s maladaptive patterns can become ingrained in the child’s brain and nervous system, leading to a permanent state of emotional dysregulation. It demonstrates how chronic trauma and neglect in the context of a developing body and mind can have a devastating effect on attachment security and development. Clinical examples are used to illustrate how this might be seen in the therapy sessions.

If Porges and Winnicott were to meet today, would they find a common language? In Chapter 4, “Porges meets Winnicott”, Irene Alberione has attempted to integrate two theorists: Porges, a neuroscientist known for his seminal polyvagal theory, and Winnicott, the well-known child psychoanalyst and paediatrician. As integrative child psychotherapists, students need to work at developing a model that integrates psychoanalytic theories with contemporary neuroscience, child development research, and the arts. This first-year paper is presented on the training in a “live” context in small seminars, so that students practise organising and presenting their ideas, critiquing and discussing them together. Irene discusses how the work of Porges offers neuroscientific backing for the experience of heart to heart contact, proving what Winnicott intuitively theorised: that we are primed for relatedness, with an innate bodily energy ready to be plugged into a living relationship. Irene discusses the suggestion that therapy could be a “relating” rather than a “talking” cure, where safety is the treatment and trust is the work. She argues that Winnicott’s theoretical and clinical insights might have been “polyvagally” informed *ante litteram*.

Chapter 5 is “Autism and sensory sensitivity” by Jessica Olive. Integrative child psychotherapists need to have a good working knowledge of the issues around child mental health and psychiatry so that they can feel confident in liaising with statutory services as necessary. In the second year, students are invited to write on any relevant area that engages them, and then consider what integrative child psychotherapy might be able to offer in therapy sessions with a child. Jessica has chosen to write

on autism, and in this chapter she explains how many children with autism will experience difficulties when encountering sensory information, often being either under- or oversensitive in response to sensory information, appearing easily distracted, and displaying hypersensitivity to external stimuli. Jessica explores the experience of the autistic child in this respect, considering research that seeks to understand the aetiology of this response. She introduces Joseph, an autistic child with whom she had worked for two years, and how through knowing him she came to a deeper understanding of the experience of an over- or under-whelming response to sensory information. She explores whether the tendency to be quickly distracted by sensory information is a feature of autism itself, or whether it may demonstrate co-morbidity with another disorder, and concludes that such distraction can belong with autism alone. Finally, she gives consideration to how children with sensory issues may best be supported within the therapeutic environment.

Chapter 6, “‘Finding Dory’: a story of an eight-year-old’s journey from loss to hope and strength” by Celine Allder is a case presentation. As with Chapter 4, this second-year assessment was originally presented in a live setting with trainees taking turns to present a clinical case to their colleagues in a small group followed by questions and discussion, linking theory and practice. The sharing and discussing of cases is typically part of the professional life of a child psychotherapist so trainees are encouraged to work in groups and to share their work together. In this chapter, Celine introduces Dee, an eight-year-old girl from London, who was referred for weekly psychotherapy in her school. The case shows the importance of developing a safe therapeutic alliance, and how a trainee might use the arts and bodywork to deepen exploration. The case also shows how a trainee might work with the system around the child which might sometimes bring ethical dilemmas about what can be shared. Highlighted is also the importance of good training supervision to support the risks that a trainee might take. The trainee finishes by reflecting on the learning from the assessment process itself and how it helped shape her own therapeutic framework for practice.

Each of the trainee child psychotherapists spends time working individually with children presenting with different difficulties that impede their development. Long-term cases are written up as dissertations in the final year of the MA. Adina Belloli in Chapter 7, “Making sense of

the pieces”, describes the therapeutic journey of integrative child psychotherapy with a seven-year-old girl to facilitate deep psychic change over the course of one-and-a-half years. The young girl was referred by her school as she was struggling behaviourally and socially in the classroom. As a result of her early experiences of domestic violence and parental separation, she seemed to be acting out dysregulated feelings and re-enacting her experiences. Adina’s initial hypothesis was that the little girl did not have an internal working model of positive human relationships, resulting in a catastrophic aloneness as she tried to manage the unmanageable on her own. The aim of the therapeutic encounter was to create experiences of regulating, empathic, and attuned relating, within which developmental deficits were seen and met. The reader witnesses Adina providing the child with a secure base from which she could explore the various unhappy and painful aspects of her life, past and present. This chapter illustrates different stages of the therapeutic work with the young girl to reflect, hold onto, and process feelings of loss and separation through the use of the therapeutic relationship. Over time, through the use of empathic connection, reciprocity, and trust, the therapeutic relationship becomes a container, providing context for the young girl to understand relationships in a new way. The therapeutic relationship led to a secure attachment, which helped to internalise a message that she deserved love, safety, and hope.

In a similar vein of thinking, Sarah Marx in Chapter 8, “Space rockets and mobile homes: reaching the place of hope by traversing the landscape of trauma and loss”, describes two years of integrative child psychotherapy with a nine-year-old girl. Sarah explores how this child’s early experiences of neglect, relational trauma, and unresolved loss impacted on her sense of self and her capacity to play and be in relationship. This chapter, originally a dissertation, charts a course through the various stages of the relationship from the child’s early avoidance of the therapist through to ambivalence and confusion and finally landing at a place where the child began to feel safe and able to connect. The chapter ends with some reflections on the trainee child psychotherapist’s learning.

In Chapter 9, “All in bits: trauma, fragmentation, and the journey of piecing back together”, Megan Holland describes two years of integrative child psychotherapy with Mia, a multiply traumatised seven-year-old girl of mixed white British and Ethiopian descent. She explores Mia’s

presenting issues, examining how her experiences of separation, fragmentation, and loss are held and processed through the different phases of therapy.

Chapter 10, “Safety, trust, and maternal deprivation”, by Maria Furlong, explores a twenty-minute verbatim transcript from a recorded psychotherapy session. This final-year qualifying assessment is the culmination of the training. Students work hard to prepare and find recordings that present the trainee’s integration of theoretical approaches and use of creative arts to demonstrate their understanding of the child, provide affect regulation, and inform the interventions used throughout the session. A particular theme in this example is the child’s fearful responses to intimacy and the connection to early maternal deprivation. Interventions relating to the child’s emotionally rich story and use of metaphor are illustrated. The listening of the twenty-minute recording is followed by a close examination of the process by two assessors who ask the student to give an account of what informed their interventions. There is also a discussion of how the use of characters—persecutors, protectors, and the vulnerable—allows exploration of the child’s deep feelings, sexually precocious adaptations, and fragmented parts of the self. The chapter further explores the use of the transference relationship in order to deepen understanding of the child’s complex internal and external world. In including this chapter, we thought it important to think about the sexualisation of children who have been traumatised through the sexual lives of their parents and caregivers when there have been multiple partners. This is a subject not discussed nearly enough. Even if the child has not been sexually abused themselves, it’s so hard for the young client to stay with their experience of neglect rather than jump into the vicarious excitement of the experience. It becomes almost addictive. Maria shows us in this chapter how she gently helped the client think about the more painful underlying aspects of their unmet attachment needs.

Chapter 11, “The transformer and the measuring tape: using the relationship to help process the trauma of an eight-year-old boy” by Kate Clark is another verbatim transcript of a recording for the final viva exam. On an integrative training, trainees are given opportunity to work in multiple ways as they find their voice and, here, Kate presents a quite different approach of using the arts to work in a more direct

way with the child's trauma. In presenting unedited recordings of their work, trainees make themselves vulnerable to show not just their skill, but the risks, the rawness, and mistakes that are made along the way, and are expected to critique and give an account for their interventions. In this moving session, Kate demonstrates how through the regular weekly work, the therapeutic relationship was built up so that the child was able to bring his deepest fears to her. We are aware that he is traumatised and anxious. His worry suggests that he feared his hurt and anger damaged the internalised therapist. Kate's external presence helped him to feel that she could receive his feelings and enable him to repair. She uses toys and metaphor to help the child talk about his trauma for the first time. The twenty-minute recording is a tiny snapshot of the work with one child inside the therapy room, so it is not expected to be comprehensive. In the discussion with the assessors that followed, Kate would have explained its context and the work she was also doing with the child's external world, which involved regular meetings with the family to help them access support, including the mother's own counselling. The chapter ends with some reflections from Kate now that she is qualified and has practised for many years. She discusses her experience of the viva and the recording she presented with fresh insight. In this way, as therapists we continue to be students, often revisiting work we have done to appraise and process it a little bit more.

In Chapter 12, "Working in schools: parents and the system around the child", Liz Murray-Bligh discusses the main areas of environmental influence on the child, drawing on extensive experience of working in primary school settings. She considers the therapists' position in schools and some of the struggles that arise in the holding of professional boundaries when working in a non-clinical setting. She focuses mainly on the roles of parents and schools, and then touches on working with external agencies before taking a brief look at the impact of digital media usage on young children.

Chapter 13, "Building a therapeutic service in schools—the role of an integrative child psychotherapist", by Jane Brinson, explores how integrative child psychotherapists working in schools can promote the development of a therapeutic service and be a part of a programme of whole-school change. It explores how the therapist's relational skills are applied outside the therapy room to establish the therapeutic frame

and build relationships within the school community. Over time, and with careful collaboration between clinicians and school staff, a culture can develop where children's emotional needs are central to the day-to-day business of the school, and children can thrive. She illustrates this through the story of a North London school, Highgate Primary, which developed an award-winning pastoral and therapeutic service in partnership with the therapists in the team.

In the psychotherapy training, the trainee child psychotherapists are strongly encouraged to use a wide variety of arts and play materials to facilitate the portrayal of different emotional states. A good example of the therapeutic journey is given by Clair Lewoski in Chapter 14, "Empathising with defences through the use of arts and metaphor". Clair explores an integrative framework to thinking about and working with children's defences. Her aim is to show how a psychoanalytic understanding of defences can be combined with an attachment perspective, which then utilises the arts as a key aspect of technique. Thinking about how a therapist might empathise with the defence is presented as a way of tiptoeing up to what often feels to be the client's very sensitive and tender areas. The chapter ends with examples of using Sunderland's (2015) technique of "big empathy drawings" and therapeutic stories as a method of working with defences.

Subsequently, Roz Read, co-editor and the programme director of IATE's integrative child psychotherapy training, in Chapter 15, "Finding and nurturing the gold: an integrative approach to working with an adopted adolescent and her parent", gives a personal account of the different parts of herself that she brings into play in her work with adopted children. Through her different roles, Roz demonstrates how an integration of the creative arts, work with the body, dissociation, and Dyadic Developmental Psychotherapy can be used to tailor the approach to an individual child and her adoptive family's needs.

Finally, Jeanne Magagna, co-editor, training supervisor, and guest lecturer at IATE, in Chapter 16, "Developing a 'cradle of concern' using transference and countertransference in therapy and supervision", considers how the child has a transference relationship to the psychotherapist that affects how the psychotherapist relates to the child. She then goes on to discuss how the therapist might relate to the child's negative and positive transference towards the therapist through use of the

countertransference. Alongside this is a discussion of establishing a “cradle of concern” in the triangular relationship between supervisor, therapist, and the child in therapy which potentially has an effect on the whole system.

The chapters in this book form a collection of coursework from students and graduates that, set alongside chapters written by more experienced therapists, show the depth of understanding, creativity, knowledge, and skill that underpin an integrative child psychotherapist. Rather than a “fixed” model, the reader is introduced to a modern, flexible model that is fluid and evolving, bringing together traditional, long-held ideas with fresh perspectives and research. In bringing together psychoanalytic and humanistic theories, attachment theory, trauma theories, the arts and creativity, neuroscience and the body, a rich framework can be created. The task is that the individual integrative child psychotherapist, in collaboration with parents and schools, can choose to tailor their interventions to understand and foster the development of each specific child and young person.

Reference

Sunderland, M. (2015). *Conversations that Matter. Talking with Children and Teenagers in Ways that Help*. Broadway, UK: Worth.