

ONE TREE, MANY BRANCHES

The Practice of Integrative Child
and Adolescent Psychotherapy

*Edited by
Bozena Merrick and Di Gammage*



PHOENIX
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firing the mind

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Contents

Acknowledgements	ix
About the editors and contributors	xi
Introduction: seeds sown	xix
<i>Bozena Merrick and Di Gammage</i>	

Part I Therapeutic holding

1. Ecopsychotherapy with children and young people in mind: attachment to place, nature, and landscape <i>Alix Hearn</i>	3
2. Airy creatures: using somatic countertransference to ground autistic states in child psychotherapy <i>Magda Raczynska</i>	21
3. The absent other: reflections on the absence of male integrative child and adolescent psychotherapists <i>Jamie Butterworth</i>	45

Part II
Race and cultural identity

4. Meet them where they are: integrative psychotherapy with refugee children and young people 65
Evania Inward
5. Unveiling racial trauma in the practice of the integrative child and adolescent psychotherapist 95
Audrey Adeyemi
6. Understanding the trauma and implications of female genital mutilation (FGM) through child psychotherapy 117
Irene Mburu
7. Working with children and young people in the Orthodox Jewish community 145
Zisi Schleider
8. Go well: bearing witness to the grief of young clients in therapy 163
Tasha Bailey

Part III
Neurodivergence and differently wired brains

9. Working therapeutically with uniquely wired children 185
Sasha Morphitis
10. Is it too late? The contribution of the integrative child psychotherapist to those affected by fetal alcohol spectrum disorder 213
Anna Tuttle

Part IV
Systemic issues and working
within systems

- | | |
|--|-----|
| 11. An ongoing conversation ... What (really) works
in therapeutic residential care?
<i>Kelly Brackett</i> | 245 |
| 12. Working through play on the mentalizing capacity
of controlling-caregiving children who suffered
early relational trauma
<i>Nadja Rolli</i> | 279 |
| Index | 303 |

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Bozena and Di

About the editors and contributors

Editors

Di Gammage, MA, UKCP, trained as a drama therapist and play therapist in the 1980s and early 1990s respectively. In 2010, she completed her training in Buddhist psychotherapy at the Karuna Institute, Devon. Di was accepted onto the UKCP child psychotherapy register in 2013. Di has worked in charities, including the NSPCC Child Sexual Abuse Consultancy in Manchester with Anne Bannister, the NHS, and in the private sector as a psychotherapist and supervisor. She has taught at Terapia since 2006 on the play therapy residential, drama therapy, and working with children and young people who have experienced sexual abuse. Di is the author of *Playful Awakening: Releasing the Gift of Play in Your Life* (JKP, 2017). She currently practises in an independent foster care agency in the South West together with her private practice as a therapist, supervisor, and trainer. She completed a Masters in Creative Writing with Teesside University with a distinction and continues to explore the therapeutic power of creative writing with her clients. Di lives in Devon.

Bozena Merrick, MSc, UKCP, CPC, is the founder of Terapia, Training in Child and Adolescent Psychotherapy and Counselling. She is also the visionary behind Terapia Centre for Young People and Children and the Bothy restoration project. Bozena has over thirty-five years of experience in working with children, adolescents, adults, and groups as a psychotherapist, counsellor, clinical supervisor, trainer, lecturer, and group facilitator. She gained her MSc in clinical psychology abroad and has a background in psychiatric settings and social work. Bozena is the chair of the Child Psychotherapy Council (CPC) and has over twenty years' experience in child psychotherapy regulation through her work for the United Kingdom Council for Psychotherapy (UKCP).

Contributors

Audrey Adeyemi is a trainee Terapia integrative child and adolescent psychotherapist. She enjoys working with young people in the five- to twenty-four-year-old range. Working in a diverse city such as London, Audrey has worked with young people from different racial, ethnic, and cultural backgrounds who experience issues such as gender dysphoria, social anxiety, PTSD, bereavement, autism, and violence in the home. Her integrative psychotherapy training has provided a broad lens for understanding her clients' underlying difficulties. Audrey is mother to a teenage boy. Following attempts to help her son with the challenges he faced as an energetic, inquisitive, neurodiverse, primary-school-aged Black boy, she realised both the threshold for psychological and behavioural support and the financial commitment required were barriers for many children and their caregivers. This awareness inspired Audrey to embark on her own integrative psychotherapy training and to make psychotherapy accessible to less privileged children. As a fifty-year-old woman of West African heritage, Audrey has experienced both covert and overt forms of racism and has reconciled her own internalised racism. She writes this chapter galvanised by her personal and clinical insight and the research she has done into the psychological impact of racism in adolescent Black males and how racism can inform identity formation.

Tasha Bailey, MA, UKCP, is an integrative child and adolescent psychotherapist, specialising in trauma, anxiety, identity, and intersectionality

with clients of all ages. She strives for therapy to be relevant, real, and inclusive, bringing humour, creativity, and compassion to meet the client where they are. Tasha has previously worked as a therapist in schools, pupil referral units, charities, and drama schools. She currently works in private practice with adults from marginalised communities who have experienced childhood trauma. Her work includes collaborating with brands such as Spotify and Nike to facilitate conversations around mental health and self-care in corporate or community spaces. In addition to being a graduate of Terapia, Tasha has worked there as Pastoral Support Tutor, giving emotional and reflective space throughout the Masters programme. Tasha is also a content creator and writer who hopes to influence positive change in the world of mental wellness and therapy, especially for younger generations entering adulthood. She does this on social media through her Instagram platform @RealTalk.Therapist, where she makes psychoeducation easily digestible. Tasha is the author of *It's Real Talk: Lessons from Therapy on Healing & Self-Love* (2023, Radar/Octopus).

Kelly Brackett, MA, UKCP, is an integrative child and adolescent psychotherapist working in therapeutic residential care (TRC) with children in the care of a local authority (“looked-after children”), the corporate parents. As a “child-in-care warrior”, her purpose is to strengthen the voices of society’s most vulnerable children. Kelly’s professional journey includes numerous roles supporting adults, children, and families through adversity, trauma, and poverty within the domains of homelessness, alcohol and substance misuse, residential care for looked-after children, and supporting mothers to breastfeed and bond with their babies. Kelly qualified as a humanistic counsellor and worked with adults including asylum seekers and ex-offenders. However, she was deeply touched by her earlier relationships with the children in TRC and qualified as a child and adolescent psychotherapist, where she undertook research. This research was Kelly’s cathartic attempt to “make sense” of the minefield of TRC and the “care system”. She wanted to understand *how* TRC served the child. Kelly further studied in leadership and management and analytic network coaching. Kelly is a proud mother and values precious family time.

Jamie Butterworth is a trainee integrative child and adolescent psychotherapist, currently working in school services across London. He is an advocate for working systemically with families and schools when supporting children with complex emotional issues, as well as exploring the role of psychotherapy in assisting neurodiverse children and those who have experienced developmental trauma. Jamie's background is in music and the performing arts, achieving a bachelor's degree in popular music studies at Leeds University, where he became interested in the connection between creativity and mental health. It was during this time that Jamie decided to pursue a career as a psychotherapist later in life. Prior to training, Jamie gained experience as a volunteer mentor and non-directive play therapist with charities in North and East London. During this period, Jamie completed a certificate of higher education in counselling at Birkbeck College, followed by a foundation course in psychoanalysis at the Association of Group and Individual Psychotherapy (AGIP). Following a successful career in the live music industry and the birth of his first child, Jamie chose to become a stay-at-home parent. Jamie's experience as a male primary caregiver sparked his interest in gender stereotypes and led him to contemplate societal attitudes towards men's roles in children's lives.

Alix Hearn, MA, PgDip. Supvn., UKCP, CPC, is a Terapia-trained integrative child and adolescent psychotherapist and ecopsychotherapist with over ten years' experience of specialist work with children, young people, and families. She has worked within schools, specialist trauma teams, child and adolescent mental health services, and private practice. Alix specialises in the areas of developmental trauma, adoption and fostering, and rape and sexual abuse. She is particularly interested in and passionate about the fields of youth justice/youth offending and ecotherapy and how they can be brought together. Alix is a huge advocate for child therapy and is a tutor and trainer at various child and adult therapy training organisations across London. She is also a qualified clinical supervisor to both child and adult psychotherapists and counsellors. Alix is vice-chair of the Child Psychotherapy Council (CPC), which promotes best practice and professional standards within the field of child psychotherapy. Currently, she is drawn to rites

of passage work and facilitation of grief ceremonies. Alix is working on a number of non-fiction books including writings on grief and ritual within nature.

Evania Inward has always worked with people and has a passion for liberty, equality, and justice for those who do not have as much as many in the West. Previously, as a care worker, she worked to provide dignity, humility, and independence for the elderly and people with physical, mental, and learning disabilities. As a race equality officer, she worked for many years with employers and public services through different projects to reduce discrimination and promote equality and diversity. In community development, working alongside a range of minority ethnic and refugee communities, she supported individuals from the community to become more empowered and to advocate for and represent their community's needs to authorities and funders. Evania is experienced in a range of roles within primary and secondary schools to develop services for children and families, working for the last few years as an integrative child and adolescent psychotherapeutic counsellor to children and adolescents of all ages, parents, and adults. She currently works as a complex case therapist with an inner-city specialist school and psychotherapy charity. She has a bachelors in psychology and human biology, a masters in social anthropology, a postgraduate diploma in integrative child and adolescent psychotherapeutic counselling, and is a trainee in integrative child and adolescent psychotherapy. Evania believes it is soul work and a privilege to be a therapist and that each and every client has something to teach us.

Irene Mburu is a trainee integrative child and adolescent psychotherapist at Terapia. During her professional career, Irene has worked with a diverse range of clients in secondary and primary schools and private practice, supporting them to work through social and relational issues, depression, anxiety, anger, trauma, low self-esteem, gender dysphoria, and other life challenges. Irene enjoys working relationally with children and young people and is committed to delivering client-centred holistic support. Her work is fundamentally child-led, and she draws on different theoretical models based on the needs of each client. She strives to foster a good working alliance that enables her to understand

the client's internalised world, which informs the mode of intervention. Irene identifies as an ethnic minority and it is against this backdrop that she writes on the topic of female genital mutilation (FGM), which is a common practice within this group. The World Health Organization has classified FGM as child abuse. This transgenerational cultural practice is shrouded in mystery and shame. In her chapter, Irene highlights the long-term mental and psychological health implications brought upon the young person who undergoes FGM and brings into perspective the seriousness of this vice. She explores how the consequential trauma can be addressed through psychotherapy, and what the therapist needs to be aware of in the work with the victims.

Sasha Morphitis, MA, UKCP, completed her MA at Terapia prior to which she had worked as an actor/singer, a drama teacher, a special educational needs playworker, a learning support assistant, and an early years teacher. She discovered DIR (Developmental, Individual-Difference, Relationship-Based) Floortime first as a psychotherapist and a parent, and was guided to support her own children under the inspiring guidance of Sibylle Janert. After completing the Floortime training herself, it became part of her professional approach. Sasha identifies as neurodivergent and can relate to this demographic of client both from a personal and parental perspective. She became head of clinical services at Terapia for a time, helping to set up and run the new therapeutic services provided in Terapia's bespoke Bothy as well as local schools and services within Barnet. Since then she has worked for BytheBridge, a therapeutic foster agency, as a regional therapist supporting foster parents and developing and delivering a trauma-informed approach to parenting. She currently lives and works in North London in private practice, working predominantly with children and parents. She teaches the autism module at Terapia and more widely provides training in working therapeutically with neurodiversity.

Dr Magda Raczynska, PhD, MA, UKCP, CPC, is an integrative child and adolescent psychotherapist trained at Terapia. She works mostly with adolescents and young adults in her private practice, specialising in anxiety, developmental trauma, and attachment difficulties. She works psychodynamically with a strong relational focus, prioritising

growth through playfulness and safety. She supervises students at Terapia, where she also teaches on transference and countertransference. In addition to her therapeutic credentials, Magda holds an MA in contemporary art theories from Goldsmiths College, London, and a PhD in sociology from the University of Warsaw. In her pre-clinical life, she was a co-founding editor of *Krytyka Polityczna* and an author of numerous essays and articles on the interstices of art and politics. For twelve years, she created and curated a programme for promoting Polish literature in the UK for the Polish Cultural Institute in London.

Nadja Julia Rolli, MA, UKCP, BACP, is an integrative child and adolescent psychotherapist. Formally a primary school teacher, she initially trained in Switzerland in psychomotor therapy, a somatic psychotherapeutic approach, integrating elements of play and art therapy into the clinical work. After relocating to London in 2006, she studied at Terapia, completing the MA in integrative child and adolescent psychotherapy. Nadja has worked for a number of years at primary and secondary school settings and is now working in private practice in West London. She is working intensively with children who have experienced abuse and neglect and who demonstrate ongoing problems related to attachment and trauma.

Zisi Schleider, MA, UKCP, is a Orthodox Jewish Terapia-trained child and adolescent integrative psychotherapist. Zisi works within the Orthodox Jewish community and in the wider community, both in private practice as well as within the public-school sector, and in a number of Jewish Orthodox schools. Zisi works individually with children as young as three years old, adolescents, and adults, and also in groups. She regularly gives presentations to different age groups, students, and staff in school settings. Zisi may work with parents to facilitate them to support their children, rather than directly with a child, benefiting not only the originally referred child but also other siblings in the family. Being a psychotherapist and belonging to the Orthodox Jewish world, Zisi brings a specific perspective to her work. In her chapter, she explores how other therapists can acquire skills and qualifications to work effectively with minority groups, such as the Orthodox Jewish community. Her work assists in bridging this gap and giving definition

to the Orthodox Jewish Community, which can appear shrouded in secrecy.

Anna Tuttle, UKCP, is a clinical psychotherapist working with children, young people, families, and adult clients. Anna is the CEO of NESTT CIC (Nurture, Empowerment & Skill through Therapy & Training Community Interest Company) in Yorkshire, an organisation committed to providing systemic therapeutic interventions to families whose needs and circumstances may mean that therapy is less accessible. This may be due to financial constraints or traditional service thresholds of needs or complexity of intervention not being met. NESTT is also a counselling and psychotherapy training institute. Anna has developed the developmental, attachment-focused, relational and neurophysiological perspective (DARN) clinical model at NESTT to work systemically. Anna is particularly committed to developing models of working with the adults in a child's life so that the child is not left to carry out the therapeutic work on the family's behalf. Anna is also a lecturer in Counselling Psychology, Child Psychology, and Forensic Psychology. Before training as a psychotherapist, she worked within mental health and learning disabilities services for over twenty years, most recently leading inpatient and community learning-disability services for the NHS. Anna is particularly interested in working with individuals affected by pre- and post-birth developmental trauma. She is passionate about developing psychotherapeutic understanding and interventions for fetal alcohol spectrum disorder (FASD) and drug exposure in utero, due to the impact she sees in her client work, the lack of awareness in the psychotherapy community, and her own experiences as both an adoptee and adoptive parent. Anna has undertaken the conversion training in child psychotherapy at Terapia.

Introduction: seeds sown

Bozena Merrick and Di Gammage

The saplings

In developing this book, we revisited our early connections. On our first meeting, we discovered we had each worked as a residential social worker in the same London borough a quarter of a century ago. As we delved deeper, to our astonishment, we learnt that we had worked in the same children's home, one filling the residential social work (RSW) vacancy left by the other. We knew the same children, colleagues, and mid-1980s culture of "caring for" traumatised children and young people. We both shared the experience of working in an environment where there was no real understanding of, much less a psychological framework for, working with traumatised youngsters. The staff were often little more than teenagers themselves; there was no training, no clinical supervision, and, not surprisingly, a very high turnover of workers. Just as a young person might be beginning to build any semblance of trust with an adult, the adult would leave, never to be seen again. Survival was the goal—for everyone, staff and young people alike. Physical restraints prevailed, and the burliest amongst the RSWs were sought out and

praised for their ability to instil control, often replicating the environments of domestic violence from which the children had been removed.

Our young people were antisocial, aggressive, disrespectful, violent. They were also vulnerable and in desperate need of safety and understanding. There was no culture of therapy and psychological inquiry, yet some of the RSWs knew intuitively that this was fundamental for healing the horrendous wounds these children carried. Some of those wounds were visible to both of us, a testimony to the trauma and abuse that led to their admission to the home. We both tried to negotiate with the management for the possibility of offering a confidential space wherein the young person could disclose and be allowed to tell their story, and for us to create an opportunity to work with the trauma that led to them being cared for by us. We saw how institutional choice sacrificed the young person's chance to share and have their trauma witnessed.

Award-winning poet and advocate, Lemn Sissay, knows well the experience of a child in the care system, saying, "How society treats those children who have no one to look after them is a measure of how civilised it is" (2016). Seeds were sown in each of us, knowing our traumatised children and young people's emotional and psychological needs should be recognised and responded to appropriately in our civilised society.

The roots

Integrative child psychotherapy owes much to the psychoanalytical child psychotherapy developed at the Tavistock Institute in London. The Tavistock has been a leading teaching and research institute in psychoanalytical psychotherapy in the UK and beyond.

Historically, the advancement of child psychotherapy follows the establishment of adult psychotherapy as a valued intervention in the field of mental health. Created by Sigmund Freud in the late nineteenth century, adult psychotherapy found its place in Western societies as a valid treatment for psychological distress as well as for personal development. Freud and his colleagues worked on the premise that practically all psychological distress and mental illness in adulthood begins in early childhood. Children constitute a fifth of most societies'

populations, and despite the growing body of evidence, including empirical findings in neuroscience to indicate the importance of early interventions, it is baffling how it took decades for child psychotherapy of all modalities to become an equally recognised psychological profession. Furthermore, if we are truly to address and serve our societies, we need to encompass research derived from pre- and perinatal sources (Maret, 2007).

Over the past quarter of a century, the demand for child and adolescent psychotherapists within our society has grown. In order to respond to this demand, child psychotherapy needs to develop to reflect society's myriad needs. Child psychotherapists must be prepared and trained to work with children from diverse social and cultural backgrounds of differing ages and developmental stages and abilities, who may present with a wide range of emotional, developmental, social, and behavioural issues. To meet this task, child psychotherapists need to be equipped with knowledge and skills gleaned from a spectrum of appropriate theoretical models.

Although the psychoanalytical modality in the field of child psychotherapy is well established and well researched, we consider that a single theoretical approach to therapeutic work with children is no longer relevant to the diversity and complexity of the issues child psychotherapists work with in today's modern practice. Integrative child psychotherapy embraces the new developments in the field, including new findings in related modalities.

Integrative child psychotherapy has been working its way into the mainstream of therapeutic interventions over the last twenty years with the development of new non-psychoanalytic child psychotherapy trainings in the UK. With the support of the Child Psychotherapy Council (CPC) and the United Kingdom Council for Psychotherapy (UKCP), the two main voluntary regulatory bodies for the integrative psychotherapy profession, it is now possible to put integrative child psychotherapy on the map of psychological interventions.

There are a number of practitioners and contemporary child psychotherapy training organisations that have contributed to the emergence of the integrative approach to child psychotherapy in the last twenty years. The Institute for Arts in Therapy and Education, the Northern Guild, and the Centre for Counselling and Psychotherapy Education all

provide professional training in this field, alongside Terapia, one of the leading child and adolescent psychotherapy and counselling training organisations in the UK, with which the two editors of this book are involved. Bozena established Terapia as a charitable organisation two decades ago and Di has been a Terapia tutor since 2005. Terapia training has been accredited by the UKCP and is currently going through the accreditation process with the CPC.

At the foundation of the Terapia programme is an understanding of core therapeutic values, a theory of mind derived from psychodynamic psychotherapy, and an awareness of interpersonal relationship, power dynamics, and social humanistic psychotherapy principles. We view relationship as absolutely paramount to any healing process. The therapeutic space and appreciation of the ethical and complex dynamics of relationship are imperative to the healing process. The psychotherapist's self-knowledge and self-awareness are fundamental. It is crucial that, in receipt of such responsibility, the child psychotherapist can challenge their own assumptions and judgements gathered from their own social context and personal history, both of which impact on the therapeutic relationship.

The trunk

Recent studies estimate that one in eight children and young people are likely to be impacted by mental ill health in England, with this estimate rising to one in six during the COVID-19 pandemic:

Mental health disorders experienced in childhood and adolescence not only impact the short and long-term health, wellbeing, socioeconomic trajectories and family life of children and young people, but also exert pressure and a financial toll on the health and social care systems and the State through its impact on mental health services, the cost of interventions and pressure on the State benefits system. (University of Bristol 2022)

The world of the child has been rapidly changing and will change for evermore. The lives of children in Western societies over the last few decades have altered unrecognisably with the development of the

internet and social media and with changes to societal structures and norms. The world of children and young people has become more complex, demanding the ability to navigate their lives in different families' and social systems, often without parental holding or an extended family. Child psychotherapists need to track these changes, and the field of child psychotherapy needs to constantly diversify and update itself alongside the changing world of children and young people. Thus, child psychotherapists must be trained and continuously updated in the latest developments in neuroscience, child development, mental health, and new therapeutic interventions, and must be provided with an understanding of the challenges faced by children and young people today in order to be able to work with clients in an informed and relevant way.

The pith

This book celebrates the achievements of Terapia's trainees, tutors, and staff over the last two decades. All contributors to this book are graduates from Terapia's training, and the chapters are inspired by the teaching and the work provided at the centre.

Terapia is a strong voice for child psychotherapy as a distinct and specialist profession. We do not believe that the child is a small adult. Therapeutic work with children requires a different set of skills and knowledge to that required of adult psychotherapists; child psychotherapy is also different to adult psychotherapy in the way it needs to address emergent issues in the session. As noted above, adult psychotherapy addresses the presenting problem and its roots in the client's childhood and primary relationships, relying on the client's own narrative, agency, and ability to make change. The child psychotherapist needs to find ways of accessing the internal world of the client where talking therapy techniques are not applicable. The work relies on non-verbal communications in play and metaphor. It looks into arrestment of development or aspects of development and seeks ways of helping the child to meet their potential. This requires involvement with the system around the child, including parents, the wider family, and professionals. Crucially, it also requires the practitioner to manage the conflicting agenda of the issues mentioned above and to act on behalf of the child.

There is no one-size-fits-all approach in child psychotherapy, and practitioners are required to draw on a broad range of skills to support children, depending on the age and development of the individual.

The crown

All our wounding happens in relationship and all our healing happens in relationship.

—Franklyn Sills, Director of the Karuna Institute,
Devon, and author of *Being and Becoming*

At the core of most integrative child psychotherapies lies the humanistic understanding that a therapeutic change takes place in the relationship between therapist and client. Although the theory of mind tends to be derived from psychodynamic psychotherapy, the awareness of interpersonal relationship, power dynamics, and social awareness adhere to core humanistic psychotherapy values. Integrative child psychotherapists view relationship as unequivocally primary to any healing process. Practitioners know how to hold the therapeutic space.

The important task of integrative child psychotherapists is to respond to the complexity of the child's world within the system around them. There have been extensive societal changes which cause children to question their place in the family, in peer groups, in culture, and in their own bodies. For a multitude of reasons, some financial, the established services designed to help children to achieve their own potential, such as Child and Adolescent Mental Health Services (CAMHS), Social Services, and educational establishments, are no longer able to respond in a timely or, in some cases, helpful manner. Integrative child psychotherapists work with various professional communities, often advocating for the child's emotional and psychological needs within multidisciplinary teams and agencies.

There is an urgent need to respond to wide cultural changes and, particularly since the killing of George Floyd, society's raised awareness of racism, diversity, and intersectionality. We are aware of migrating communities and that they bring with them uprooted and traumatised children. Integrative child psychotherapy must respond to this task not

only with careful and informed interventions but by taking responsibility for the cultural and racial diversity of the profession itself.

The recent events related to the pandemic, war in Europe, and the climate emergency bring particular responsibility into the work with children and young people. Child psychotherapists need to be aware of children's anxieties around these events and how to respond to them in a sensitive, culturally informed, and resourced way. The child psychotherapist appreciates that their role can also demand that they help children make some sense of what has happened to them and find meaning in their lives and for their future. To address this, we draw on the theory and practice of existential and transpersonal psychotherapies.

Integrative child psychotherapists must actively engage with the systems around the child. Consideration of parents, siblings, extended family, professionals, peer groups, and social media groups are important in understanding the internal world of a child and a young person. These systems are constantly changing, and we need to be able to adopt and adapt to them in an informed and age-relevant manner or we will fundamentally fail to meet the child where they are. To enable the child psychotherapist to work effectively, ethically, and confidently with families and carers, and to promote partnership work with families and other related professionals, systemic family therapy needs to be an aspect of the integrative training.

Terapia's approach to integrative psychotherapy requires each trainee to develop their own model of integration within the agreed framework which, apart from the taught modules at Terapia, will embrace their previous trainings, life experiences, and personal philosophies. The experiential and theoretical modules of the programme, as well as the self-development aspects of the training, are designed to support the exploration of the psychotherapist's understanding of theories and how they correlate, and their individual style of relating, pace, and ways of integrating therapeutic tools into their clinical practice. The training strives to create and maintain a forum that can facilitate the trainee's individual discovery of their personal philosophy of psychotherapy.

The chapters in this book illustrate how, in order for child psychotherapy to be relevant to the client's world, one-to-one, behind-closed-doors therapy provision may no longer be applicable to the child's world,

instead looking at opening up exciting and pioneering new approaches to meeting the multifarious needs of children and adolescents today.

The bark

At Terapia, we believe that the practice of child psychotherapy cannot exist without engagement with politics in the external world of the therapist (Samuels, 2015). Child psychotherapy requires practitioners to engage with the system around the child and many therapeutic interventions are constrained by the politics of those systems.

We take a view on private practice in working with children, particularly small children. A parent who accepts that their child will form a close attachment to another adult and that disclosure will take place in that relationship is probably already a “good enough” parent (Winnicott, 1953). Children who would most benefit from psychotherapeutic intervention are often in situations where it is impossible for parents to feel secure enough to bring a child to such a service. It is also often impossible to access private therapy for financial reasons. Terapia’s graduates are encouraged to strive for a balance of working environments to provide their services to hard-to-reach and diverse communities and to develop links with external agencies and multidisciplinary teams. We see this as a significant aspect of a child psychotherapist’s social responsibility. As a registered charity, Terapia endeavours to model this stance for our trainees through the way the training is run and through the many charitable activities we are engaged in.

This is understood and accepted within the organisation, as there is an understanding that many candidates for training in the therapy profession enter programmes as “wounded healers” (Barr, 2014). Trainees need to evidence their resilience and their readiness to engage with personal material and past traumas from their own childhood in order to be available to their clients’ material without their own traumas being reactivated in the work; and when they are, to recognise them and take the necessary course of action, usually additional personal therapy, to further process their own traumatic material.

Our own childhood trauma is not a prerequisite for the psychotherapy profession; however, engagement with society, with its many challenges and injustices, is.

The taproot

The work of a child and adolescent psychotherapist is particularly challenging. Our practice exposes us to the suffering that is a consequence of the neglect and abuse experienced by clients who have little or no power to change or influence the circumstances of their lives. As practitioners, this can lead us to feel powerless. In addition, the children and young people themselves can cause others much distress, injury, and trauma. Trauma begets trauma. In this vicious cycle, wounded people wound others and themselves. Our work is to support a child to heal from the trauma they have experienced, thus limiting the possibility that they will perpetuate the same destructive cycles in the future.

As child psychotherapists, we are often expected to meet adults' expectations of behaviour management and anger management, or to provide a brief intervention so that the young person no longer "acts out" or "seeks attention". It can be challenging to manage the conflicting agenda of the adults around a child whilst trying to build a reliable therapeutic relationship by remaining alongside them, and validating, empathising, supporting, witnessing, reflecting, and exploring with them.

These extraordinary demands require extraordinary resilience. It is, therefore, essential for us as child and adolescent psychotherapists to resource ourselves in our work to prevent burnout, and to sustain our capacity to be reflective and to respond using our constantly replenished reservoir of creative interventions and thoughtful responses.

Resources, according to Peter Levine (2005) and Franklyn Sills (2008), are those qualities, factors, practices, and relationships that can be drawn upon in times of need. For the child psychotherapist, these would include their own clinical supervisor, psychotherapist, colleagues, training, and ongoing Continuing Professional Development (CPD). They may also include the psychotherapist's professional, political, and personal values, beliefs, and practices, such as regular exercise, meditation, recreational hobbies, creativity, regular rest periods, good nutrition, and social activities.

During the psychotherapy training at *Terapia*, trainees are introduced to the practice of resourcing through creative methods, such as story-making and projective techniques, so that they might discover,

reconnect to, reclaim, and grow their own resources. A resource is only supportive if the psychotherapist is aware of it and is able to access it at times of need. Otherwise, it may as well not exist.

Recognising and practising resourcing benefits not only the psychotherapist and, therefore, the child; it is also a significant area of work for the psychotherapist to explore directly with the young person in questions such as: Who or what might support you in managing this situation? Who was there for you at that time? What might enable you to face this challenge in your life with self-belief, courage, confidence? The child psychotherapist can explore each of these aspects in non-threatening and reflective ways with the child.

Many branches

We are delighted to bring you a book that we hope will contribute to the field of integrative child and adolescent psychotherapy. We are presenting to you some of the sterling work that has been developed at Terapia and carried out by our graduates in a variety of diverse placements and organisations. In order to best serve a child, it is necessary for the psychotherapist to pay attention to the child's wider system—influences—and to hold these in mind, to engage with them, and still maintain an unwavering focus on the child.

As a reflection of the way in which work with each child is unique, we have encouraged, and supported, the contributors to find their own voices through which to articulate their passion in this work. All case material is fictionalised, drawing on contributors' personal and professional experiences so that no one child or child's individual situation will be identifiable in these narratives.

In Chapter 1, Alix Hearn discusses how the ever-changing and dynamic field of ecopsychotherapy can meet the needs of vulnerable children and young people. The author reflects on how working therapeutically outdoors enables a re-rooting into relational knowing and connection with oneself, with others, and with our place in the world. She explores different ways of working in and with nature so that we can understand more about our clients' internal landscapes and sensory, embodied experience. Alix highlights the importance

of eco-anxiety/eco-grief and how the potential of loss affects clients and therapists alike.

In Chapter 2, “Airy creatures”, Magda Raczynska explores the meanings of embodied working with the unconscious and uncommunicated. Focusing on the case of fourteen-year-old Flora, the chapter shows how to use somatic countertransference, that is, the therapist’s capacity to employ her body and its somatic signalling to work with withdrawn, detached, autistic clients.

In Chapter 3, “The absent other: reflections on the absence of male integrative child psychotherapists”, Jamie Butterworth explores the meaning and impact of gender disparity in the field of child psychotherapy, and the sociocultural barriers, including negative assumptions, that underpin it. He explores the meaning of gender roles in the therapeutic alliance between a child client and a male therapist and how this influences clinical outcomes. How should contemporary integrative child psychotherapy address the mother-centric theories of child development and male students’ experiences of infant observation? Do child and adolescent psychotherapy trainings present unique barriers for men?

Evania Inward, in Chapter 4, explores the complexities of working with refugee children and young people, highlighting the distinctive, multiple, and cumulative traumas they may carry. The author raises questions around power and politics when working with these vulnerable clients, offering the clients a thoughtful, compassionate, and hopeful “other” who can attend to both external, practical realities and internal psychological warfare. Evania highlights the need for a strengths-based approach, and reflects on the continued need for safety and building of trust with a child or young person who has experienced and/or witnessed horrific violence and transgenerational trauma.

In Chapter 5, Audrey Adeyemi addresses the impact of racial trauma experienced by children and young people from ethnic groups. In “Unveiling racial trauma”, the author presents two cases studies and, drawing on the acculturation framework proposed by Berry (2006, 2007), she explores strategies such as integration, assimilation, separation, and marginalisation to illustrate creative approaches that help to reveal deep-seated suffering. Audrey discusses the challenges and benefits of being a brown-skinned psychotherapist working with children

and young people in such communities. She highlights the clashes in expectations, ideologies, and perceptions of first-generation immigrants and their children's schools, and how the psychotherapist can act as an advocate, bridging the gap between the child and others.

In Chapter 6, Irene Mburu addresses the highly emotive and culturally sensitive subject of female genital mutilation (FGM) and how, as in this case, a child psychotherapist's own culture can pertain to the practice. Irene highlights the need for the therapist to have ongoing emotional support in order to best serve the child and to play a vital role in the safeguarding of other children at risk of this form of abuse.

In Chapter 7, "Working with children and young people in the Orthodox Jewish community", Zisi Schleider addresses the need for more non-Orthodox child psychotherapists to work with Orthodox Jewish communities and guides us through her unique experiences of working with this client group. She invites child psychotherapists to cross invisible borders and shows how to navigate through the intricate social and cultural norms of the child-client and the family. As integrative child psychotherapists committed to intersectionality and the multicultural values of our clinical practice, are we giving enough attention to this distinctive ethnic group? Societal stigmas impact both sides of therapy room. What do practitioners need to know about how the Jewish worldview is affected by anti-Semitism and what the client's possible responses to a secular therapist are?

In Chapter 8, Tasha Bailey contextualises what it means to bear witness when a child is holding and processing their grief. The author describes theoretical approaches to understanding grief for children and young people and the benefits of using play and metaphor as vessels for making the unbearable bearable. The chapter looks at this through case studies which demonstrate individual grief, collective grief related to social injustice, and grieving the end of the therapy.

In Chapter 9, "Working therapeutically with uniquely wired children", Sasha Morphitis demonstrates the requirement to develop one's own skill and practice as a child psychotherapist when working with a specific client group. The author illustrates how she has enhanced her capacity to serve children and young people with neurodiverse brains

and their families, and their carer and support systems, by integrating the practice of Developmental, Individual-difference, Relationship-based (DIR), also known as Floortime (Greenspan & Weider, 2006), into her practice as an integrative child psychotherapist.

In Chapter 10, Anna Tuttle asks, “Is it too late?”, in relation to fetal alcohol syndrome disorders (FASDs). The author shows how many children and young people seem resistant to conventional one-to-one psychotherapy that may indicate undiagnosed FASD. She identifies the need for a multiagency approach in working with this often-unrecognised client group, identifying primary, secondary, and tertiary implications and the crucial need to address this issue before further damage is caused. Anna proposes a holistic treatment programme within which the child psychotherapist can support others in the system to understand and address this widespread and far-reaching condition.

Kelly Brackett, in Chapter 11, acknowledges the failings in the residential care system and invites engagement in the ongoing conversation of what really works for some of society’s most vulnerable children. Drawing on her extensive experience of working in this sector, the author applies her psychological thinking developed as a child psychotherapist and proposes a much-needed, and very much overdue, reflective, collective approach for our looked-after children and young people.

In Chapter 12, Nadja Rolli highlights the link between disorganised attachment behaviour and early relational trauma as a result of emotional neglect and the unavailability of the primary carer. She writes about the impact on the child’s emotional and psychosocial development leading to controlling-punitive and controlling-caregiving behaviours. The author reflects upon how, through play and the therapist’s capacity to mentalize and be a “marked mirror” of the child’s expressions, the child learns to integrate inner experiences and create moments of repudiating and reaccepting the object, without the risk of being overwhelmed and dysregulated.

We hope you find the chapters informative, helpful, and as moving as we have, and may you use them within your own endeavour to enrich and improve the quality of the lives of our children and young people.

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