

# CHILD PSYCHOANALYTIC PSYCHOTHERAPY IN PRIMARY SCHOOLS

TAVISTOCK APPROACHES



EDITED BY  
KATIE ARGENT  
WITH INTERVIEWS BY MILLY JENKINS

**THE TAVISTOCK CLINIC SERIES**

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“Anyone working in education or with children will benefit from this excellent book, with examples and insights from families and professionals. As a teacher, I was especially interested in how early childhood anxieties and experiences can impact on the way a child manages school—manifest in behaviour that’s immediately noticeable even if the reasons for it are not, or in behaviour that’s not initially concerning and “goes under the radar”. The book made me consider the work schools and psychotherapists need to do to ensure that our different approaches complement each other in supporting the children and families we work so hard with.”

**Don McGibbon, *Head Teacher, Fleet Primary School***

“An excellent resource for professionals in education, social care and child mental health, and for parents who are unsure about their children receiving therapeutic help at school. The editor and contributors remain true to the tradition of psychoanalytic thinking about learning and teaching which has characterised the Tavistock Clinic’s approach for more than ninety years. At the same time, the book is absolutely up-to-date with the current socio-political context in which therapeutic services are based in schools, ensuring greater equity of access and closer links between teachers, parents and clinicians. Chapters include interviews with parents and teachers and vivid observations from classrooms and therapy sessions, providing convincing accounts of the psychoanalytic perspective.”

**Biddy Youell, *Consultant Child and Adolescent Psychotherapist***

“This book provides detailed insight into children’s emotional health and the social/emotional factors that influence their well-being and ability to cope with home and school life. It provides a real-life account of the challenges faced by teachers and other professionals working with children with emotional difficulties on a day to day basis. The need for specialist child psychotherapy is greater than ever. The case studies and interviews demonstrate how child psychoanalytic psychotherapists, families and schools working together can provide effective intervention and support, allowing children’s emotional obstacles to be explored and overcome.”

**Karen Filiz, *Acting Deputy Head, Early Years Foundation Stage and Inclusion Lead, Beckford Primary School***



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# CHILD PSYCHOANALYTIC PSYCHOTHERAPY IN PRIMARY SCHOOLS

This book investigates the experiences of severely troubled children and their families, teachers, and child psychoanalytic psychotherapists working together in primary schools.

The book begins by looking at children's emotional life during the primary school years and what can disrupt ordinary, helpful social development and learning. It examines what child psychoanalytic psychotherapy is, how it works, and why it is offered in primary schools. The following chapters intersperse accounts of creative child psychoanalytic approaches with interviews with parents, carers, teachers, and clinicians. A section focusing on mainstream primary schools presents parent-child interventions for a nursery class; child group psychotherapy with children from traumatized families; and consultation to school staff, with personal accounts from parents, a kinship carer, a family support worker, a deputy head, and a child psychotherapist. Chapters then focus on alternative educational settings, featuring a school for children with severe physical and cognitive disabilities; a primary pupil referral unit; and a therapeutic school. These chapters show psychotherapy with a non-verbal boy with autism; therapy groups with children who have missed out on the building blocks of development alongside reflective groups for school staff; and child psychotherapy approaches at lunchtime and in breaks, with insights from a parent, a clinical lead nurse, a head teacher, and a child psychotherapist. Finally, there is an evaluation of evidence about the impact of child psychotherapy within primary schools.

Recognizing the increasing importance of attending to the emotional difficulties of children whose relationships and learning are in jeopardy, this book will be invaluable to all those working in primary schools, to commissioners of child mental health services, to parents and carers, and to experienced and training clinicians.

**Katie Argent** is Head of Child and Adolescent Psychotherapy at the Tavistock and Portman NHS Foundation Trust. She has a special interest in the usefulness of psychoanalytic thinking outside the clinic.

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CHILD PSYCHOANALYTIC  
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PRIMARY SCHOOLS  
Tavistock Approaches

Edited by  
*Katie Argent*

with interviews by  
*Milly Jenkins*

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## *SERIES EDITORS' PREFACE*

Since it was founded in 1920, the Tavistock Clinic—now the Tavistock and Portman NHS Foundation Trust—has developed a wide range of developmental approaches to mental health which have been strongly influenced by the ideas of psychoanalysis. It has also adopted systemic family therapy as a theoretical model and a clinical approach to family problems. The Tavistock is now one of the largest mental health training institutions in Britain. It teaches up to 600 students a year on postgraduate, doctoral, and qualifying courses in social work, systemic psychotherapy, psychology, psychiatry, nursing, as well as child, adolescent, and adult psychotherapy, along with 2,000 multidisciplinary clinicians, social workers, and teachers attending Continuing Professional Development courses and conferences on psychoanalytic observation, psychoanalytic thinking, and management and leadership in a range of clinical and community settings.

The Tavistock's philosophy aims at promoting therapeutic methods in mental health. Its work is based on the clinical expertise that is also the basis of its consultancy and research activities. The aim of this Series is to make available to the reading public the clinical, theoretical, and research work that is most influential at the Tavistock. The Series sets out new approaches in the understanding and treatment of psychological disturbance in children, adolescents, and adults, both as individuals and in families.

*Child Psychoanalytic Psychotherapy in Primary Schools: Tavistock Approaches*, edited by Katie Argent, brings together a range of perspectives on an endeavour that is becoming increasingly important: that of attending to the emotional distress and disturbance of primary-school-aged children and their families, and doing so in the school setting itself. Written in a style refreshingly free of professional jargon, the book covers both mainstream and specialist schools and brings together the perspectives of child psychotherapists, school staff, and parents and carers. Interviews conducted and written up by Milly Jenkins and material from a research study conducted by Mel Serlin provide the means to bring in, respectively, the voices of parents and school staff and a grandparent "kinship" carer. These chapters beautifully offset those written by child psychotherapists, which bring the clinical work, and the presence of the children themselves, vividly to life.

The book is divided into four sections. In the first, the rationale for providing child psychoanalytic psychotherapy in primary schools is emphasized. Complementary chapters on children's emotional development and the nature and function of child psychotherapy articulate the importance of provision in the school setting, while Jenkins contributes a "brief history of a long relationship": namely, an account of the relationship between Tavistock child psychotherapy and schools. The latter includes the history of Tavistock teaching and training in this area, including most notably the Emotional Factors in Learning and Teaching course. Originally set up by Martha and Roland Harris in 1968, this course ran for many years and gave rise to the influential book *The Emotional Experience of Learning and Teaching* (edited by Isca Salzberger-Wittenberg, Gianna Williams, and Elsie Osborne), which was reissued in our Series in 1999. Jenkins then describes the history of two provisions: TOPS (Tavistock Outreach in Primary Schools), providing psychotherapy directly in mainstream primary schools; and Gloucester House, the specialist setting attached to the Tavistock, formerly referred to as the Mulberry Bush Day Unit (or just "Day Unit"). Both these innovative projects, in their current forms, are the focus of dedicated chapters later in the book.

Parts II and III focus on therapeutic work in mainstream and alternative provisions, respectively. The former attests to the range of styles of psychoanalytic work it is possible to offer in this setting, including a chapter on working in a school nursery by Kathryn Fenton and Anya Suschitzky, as well as a chapter on group psychotherapy by Marta Cioeta. The impact of child psychotherapy on parents and carers comes through powerfully here. The parents interviewed by Jenkins describe their child's psychotherapy with Cioeta and how they were able to work together to understand his difficulties in the context of the two cultures

of their country of origin, and the UK, and of their own experiences as children. Their son's own voice comes in very powerfully in his parents' account: he "still talks about his therapists, asks if they are still here, talks about what they did together and the toys that were in the room". In Mel Serlin's chapter, a carer whose grandchild had therapy in TOPS describes her initial embarrassment—as though "I'm doing something wrong if she needs therapy"—and how her feelings were carefully attended to by school and therapist. The final chapter in Part II, an interview with a deputy head, a family support worker, and a child psychotherapist (Cioeta), illustrates the ways in which these professions can work together and the "constant communication" needed. As Cioeta notes: "the staff are excellent observers. And then, when we feed back . . . that can then help the school put a particular incident or behaviour into a frame of reference and understanding."

Turning to specialist provisions in Part III, we find chapters on psychotherapy within Gloucester House and within primary pupil referral units (PRUs) such as Robson House. Again the diversity of approaches is impressive. Carlos Vasquez writes of his work with a boy with autistic spectrum disorder in a special school; Fiona Henderson describes staff and children's groups in Robson House; and Ruth Glover explores the way a child psychotherapist's work in a therapeutic school extends outside the therapy room and into the corridors and even the school lunch-room. Glover, working at Gloucester House, is also interviewed in the final chapter in this section, along with its head teacher, and lead nurse/clinical lead. What comes across so clearly here, as throughout the book, is the power of conversation, within what Argent describes as a "framework of emotional relationships". The interview chapters weaving through the book's structure thus demonstrate the importance of the therapeutic dialogues that bring children, families, staff, and therapists together in diverse ways in these different primary school settings.

The final section of the book demonstrates a different sort of dialogue: between those who run therapeutic provisions and those who commission and fund them—a dialogue requiring "evidence" to justify continued financial support. Here, Cioeta (formerly the project lead for TOPS), together with one of us (JC), draws on her experience of evidencing the project over many years to think about the various creative ways in which this can be done. Using a report on one year of work in TOPS as its "case example", the chapter explores how such a project can be evidenced by collecting both quantitative data (such as "routine outcome monitoring" data collected through questionnaires to parents and teachers) and qualitative data (such as can be collected through formal questionnaires and clinical review meetings). This is a different sort of

dialogue, but here, too, it is essential that the power of the therapeutic work shines through, to support the continuation of such endeavours.

This final chapter makes clear that projects such as TOPS cater for children with highly complex emotional and psychological needs, who are also usually from socioeconomically deprived groups. Since the book was written, the COVID-19 pandemic has arrived on our shores, which led to the closure of most schools in the UK to all but tiny numbers of children for many months; at the time of writing, schools have only recently re-opened. While the impact of this "lockdown" on children's mental health is yet to be clearly documented, evidence of its disproportionate impact on those already at a socioeconomic disadvantage is already emerging. *Child Psychoanalytic Psychotherapy in Primary Schools* articulates the significance of small specialist provisions like Gloucester House, which was allowed to remain open during the pandemic. At the same time, it highlights the careful yet profound therapeutic thinking of which, during these last months, significant numbers of children and their families will have been deprived. We can only hope that the "framework of emotional relationships" provided by such work is soon to be robustly reinstated.

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### *Confidentiality*

All chapters are written with identifying details changed or using composite cases to protect confidentiality. Generous permission was given by families and schools for the interviews and detailed clinical material.

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# Introduction

*Katie Argent*

**T**his book offers teachers and school staff, clinicians, and primary education and child mental health providers and commissioners an understanding of the scope and limitations of locating highly specialist clinicians in primary educational settings. We hope it will also be useful to parents and carers wanting to know more about how a child psychoanalytic psychotherapy approach can help. It considers ways of bringing child psychotherapy into primary schools that can be timely, responsive, and effective for children and families with complex, chronic, and severe emotional difficulties. Our focus is the experience of children and their families, education professionals, and child psychotherapists engaged with Tavistock Clinic child psychotherapy approaches in a range of educational provision.

School learning happens in a framework of emotional relationships. School staff know that the quality of a child's adult-child and peer relationships will be a key indicator of the child's enjoyment of and success in school. This means that what happens in primary schools, alongside what happens at home, plays a critical part in children's emotional development as well as in their capacity to learn.

The immediate context is escalating worry about high levels of mental health difficulty for school-age children and young people. There is national concern about emotional help for children being available early enough and accessibly enough. The 2017–18 government Green Paper on transforming mental health care for children (Department of Health/

Department of Education, 2017) and the *NHS Long Term Plan* (NHS, 2019b) promote school-based child emotional health work. Schools are under pressure to demonstrate good practice in supporting whole-school emotional health as well as in responding to acute emotional problems. Meanwhile, Child and Adolescent Mental Health Services (CAMHS) are under pressure to reduce waiting times and speed up through-put with pared-back budgets. There is a political and financial push to provide services quickly at the lowest possible cost, so there is a need to be clear about why highly trained and skilled clinicians are critical to effective child mental health work.

Children go to school throughout their childhoods, and all have emotional difficulties at some points in their progress through the primary school years. Ordinary healthy development is about exploring and exercising emotional capacity when things are difficult as well as when they are easy. Most children need thoughtful, sensitive help with this from their families and schools. Usually everyday school interventions, such as extra classroom support, time with a learning mentor, or a period of art or drama therapy, in parallel with family care, is enough to help children manage the inevitable ups and downs of childhood.

In this book we concentrate on work with those children and their families about whom parents and carers, schools, GPs, and social workers are most worried. This is the small but significant number of children whose difficulties are severe and long-standing enough to meet the high threshold for referral to CAMHS but who, in a school's view, would not get to a CAMHS clinic. These are children who are likely to have had several supportive interventions already but have not been helped by this, or not helped enough. For these children and their families, a therapeutic approach that specifically works with precarious engagement and specializes in complex, challenging behavioural and non-verbal communication, including the extremes of withdrawal and aggression, is likely to be needed.

Schools—teachers, teaching assistants, school nurses, SENCos, office staff, playground and lunchtime staff—are in an unusually good position to observe children's interactions and to pick up when there are difficulties with relationships and with learning. Primary schools also see some of what happens between parents and children and make a relationship with parents as well as with children. Even for parents with an ambivalent relationship to their child's school—perhaps those whose own experience of school as children has been difficult—there is a relationship that can be built on, which can open the door to a child getting psychotherapeutic help.

Noticing that something is the matter is an essential first step in finding ways of helping, but it is not always straightforward. Children with

chronic and severe difficulties may not show their worry, distress, confusion, anger, or fear in straightforward ways. Adults may find themselves provoked, enraged, or uninterested rather than curious and concerned. When communication is repeatedly fraught or stuck and emotional relationships become paralysed or volatile, this can suggest that the child's learning and emotional life at home and at school is in jeopardy.

Children and families who are referred to school-based child psychotherapy services often have a history of non-engagement with services. There can be considerable worry for parents or carers about being criticized or blamed for complex, chronic difficulties that may have affected a family across generations. The primary relationship for the family is with their child's school, and the school's hosting of other agencies, including psychotherapy, can help to ameliorate wariness and doubt about showing how hard things can be.

The chapters in this book show how child psychoanalytic psychotherapists work with fundamental anxieties and emotional conflicts that children and their families and schools may not be aware of, as well as with more identifiable problems, family and social/economic circumstances, developmental difficulties, and life events. It is often the less known-about fears—perhaps long-standing and deep-rooted, troubling, shameful, and distressing to put into words—that generate the hardest to resolve emotional obstacles to relationships and learning. Psychoanalytic psychotherapy attends to what is not or cannot be talked about or shown in straightforward ways. It draws on the feelings at play between the child, family, school, and therapist, gradually to build up a shared picture of the dynamics of a child's emotional experience in order to make emotional life more understandable and manageable for them in their family and school.

The following example provided by a child psychoanalytic psychotherapist gives a flavour of how school-based work can facilitate an immediate and tangible linking up that is helpful to families who tend to slip through the net.

### Marie

Marie, who was 7 years old, had been in once-weekly psychotherapy in a mainstream primary school for some months. She was referred to the primary-school-based child psychotherapy service because of concern about her disruptive and aggressive behaviour, difficulties with concentration in class, and growing social isolation—friendships with peers were increasingly hard for her to sustain. Marie was a lively, wiry white girl who came across as bright, articulate, and sparky, with sudden mood changes. She

could plunge into intense frustration and fury in a moment, overwhelmed by feeling unfairly treated. Other children found her controlling and often backed off. Teachers felt wary of her volatility and increasingly concerned that they could not support the considerable potential they saw in her.

This was a child who had caused a lot of worry in the school for a long time. Marie had been allocated additional support from a classroom assistant and a period of art therapy, but the difficulties continued. She was often to be found with the head teacher or deputy head, trying to work out what had caused the latest incident.

Marie lived with her mother, Bridget, and three older siblings. The family had lived in the area for several generations. There was a history of disruption, with dad coming and going unpredictably and the older children in and out of trouble at school and with the police. They were hard up financially, as were nearly all the families in school, and mum juggled different part-time jobs and seemed under significant strain. There had been a referral to Social Care, but the family did not meet the threshold for child protection, and it had been hard to arrange network meetings with Bridget and the professionals involved. There had also been a referral to CAMHS for Marie, but appointments were not attended.

### The therapist's account

“As I ran down the school corridors after Marie, who had burst out of the therapy room when the session drew near the end, I had a familiar sense of disappointment. The play and talking for the previous 35 minutes seemed to count for nothing. I felt helpless and useless about not being able to keep Marie in the room. I anticipated my limitations being humiliatingly exposed as I tried to return her to the classroom without her injuring herself or someone else as she hurtled along.

I thought, by running off as the end of the session approached, Marie was giving me a taste of what it was like for her to come up against ordinary boundaries like a ‘no’ or a ‘stop’, making her feel small, powerless, and not in control. It was intolerable to her to have a sense of her own wants or needs and to feel that she might want or need something from someone else. She would rather be the one cutting short her own session time than the one left wanting. Adrenaline-charged excitement anaesthetized her from feelings of loss or from worry that there wasn’t enough of what she needed available. She fought to stay feeling in charge by making others be the ones to get in a panic. Running around school was an effective way of heightening anxiety in the education staff and me. It generated confusion and an idea of emergency.

One day, after several weeks of running out, Marie started the session by winding Sellotape around the furniture in the therapy room, creating a woven, hanging, invisible hammock. She told me she wanted something that was just there, so she could lie there too, in the gap between the solid things: it wouldn't be like lying on something, nor like lying in something. I talked to her about her longing for there to be something around her, holding her in a hammock kind of way, suspended, letting her sink in as though she was weightless. She asked me to help her find the end of the tape and hold it, so she could cut it into strips, and I said she wanted me to help her—she gave me a suspicious look—but in an invisible kind of way.

Marie continued to weave the tape into a hanging, transparent mesh and then delicately positioned herself over the hammock. She lowered herself. The tape snapped under her weight. She leapt up yelling, 'Ow!', distressed and furious, shouting at me that I hadn't done it right. I said she felt that I had broken the hammock feeling. She shouted that I shouldn't have cut it like that. I said she felt I was someone who made her crash down with my bad cutting, she got a shock and shocks hurt. Marie was deflated and tearful, she said she wouldn't be able to make it again and now it was all in a mess. I said perhaps she wasn't sure that she and I could do something about the mess together. Marie watched sullenly as I started to pick up sticky tape from the floor and I said it looked like it was only me who thought we could do some sorting out after a mess. She got up and told me I had missed bits and began to unwind tape from the chairs and table, saying miserably that it always goes wrong and she can't make it strong enough. I said she had wanted something strong that would bear her weight and she wanted me to know about disappointed and panicky feelings when there was a crash. She gathered all the bits of sticky tape into a ball.

When the ball was round and firm, Marie said it could be a cricket ball, and now we had to make some strong bats to hit the ball and play. I said she wanted things between her and me to be ok after the crash and after she was angry with me—she wanted to check that I was sticking with her. I added that she wanted us to play something where we could hit the ball strongly with our weight, but we'd have to wait until the next session, because it was almost time to stop. Marie shouted that it wasn't time to stop, and it wasn't fair. She held the ball as though she was going to throw it at the window. I said she felt like throwing me, her stopping-things-therapist, and the ball out of the window. She hesitated, put the ball into her personal toy box, and carefully put the lid on."

Following this session, the therapist arranged to meet with the head teacher and SENCo. They discussed Marie's communication of urgency gathered over the last weeks. The therapist explained what she had understood both about Marie's need to protect herself from painful shocks by being the one to give them, and about her powerful longing for a supportive structure that could be reliable and robust while not intrusive or demanding. There were questions about what kind of communication structure could be put in place that would be helpful and respectful to the family and to Marie.

The head teacher met with Bridget to ask whether she would consider meeting with her regularly to keep the school and family linked up. She also suggested having frequent joint meetings together with the therapist to sustain a shared picture of Marie's development in her family and school contexts. Bridget began to meet weekly with the head teacher, and the complexity of what she was trying to manage became clearer, even though there were no immediate solutions. Marie started to stay in her session for the whole time and became less overwhelmed by her strong feelings of panic, fury, and distress. She was a little calmer in class, with less need to take up a controlling position. In review meetings Bridget let the head teacher and therapist know that she thought Marie did worry about things a lot. When the therapist suggested that Marie might be worried about how Bridget herself was feeling, she was able to acknowledge this.

Broadly speaking, schools and child psychotherapy share the aim of trying to maximize children's potential for learning. Both are interested in supporting children to use their minds in the service of helpful development. Both consider children's development as individuals and as members of family and peer groups. But education and psychotherapy approaches do not necessarily share working structures and boundaries or theoretical frameworks for understanding and managing behaviour and emotional states. Trying to address the emotional/behavioural needs of a class of 30 is a very different task from trying to understand the ways in which a specific child or group of children show their feelings. The differences in working culture can afford a rich range of perspectives on children's emotional lives; not surprisingly, this can also generate tension and friction between professionals. And there is a history of conflict between Education and Health at local-authority and central-government levels in terms of who is responsible for what and where the funding comes from.

This book presents an exploration of the dynamics at play when child psychoanalytic psychotherapy is offered within primary school settings. We look at mainstream and alternative educational settings