

Child psychotherapy with looked after and adopted children: A UK national survey of the profession

*Fiona Robinson^A, Patrick Luyten^{A B} and Nick Midgley^{A C}

^A *Department of Clinical, Educational and Health Psychology, University College London, London, UK*

^B *Faculty of Psychology and Educational Sciences, University of Leuven, Leuven, Belgium*

^C *Anna Freud National Centre for Children and Families, 12 Maresfield Gardens, London, UK*

*Corresponding author: fiona.robinson.15@ucl.ac.uk

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Biographies:

Fiona Robinson is a PhD student on the Psychoanalytic Studies programme at University College London, London, UK. Her PhD focuses on psychodynamic models of intervention for looked after children with histories of trauma or maltreatment.

Dr. Patrick Luyten is a Reader at the Research Department of Clinical, Educational, and Health Psychology at University College London, London, UK and Director of the PhD in Psychoanalytic Studies programme. He is also Associate Professor and Director of the Psychoanalysis Unit at the Faculty of Psychology and Educational Sciences, University of Leuven, Belgium.

Dr. Nick Midgley is a Child and Adolescent Psychotherapist at the Anna Freud National Centre for Children and Families, and a Lecturer at the Research Department of Clinical, Educational, and Health Psychology at University College London, London, UK.

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Abstract

Background: Relatively little empirical data is available about the range of work undertaken by child psychotherapists in the UK; however previous surveys have shown high levels of complexity amongst children referred to child psychotherapists and an increasing level of work with children in foster or adoptive placements. Aims: We sought to examine child psychotherapists' working practices with looked after and adopted children, including the types of activities undertaken and their views on this work. Method: An online survey was designed to elicit this information from the members of the Association of Child Psychotherapists (ACP), the regulatory body for child psychotherapists in the UK. The survey included a number of categorical and open-ended questions, which were analysed quantitatively and qualitatively. Findings: 215 responses were received (24.5% of the eligible ACP membership). The vast majority of the sample were working with looked after and adopted children in some context (87.9%). Respondents were conducting a range of work: the most frequently conducted activities were assessment (83.7%), direct psychotherapy (82.3%), work with foster carers and adoptive parents (80.9%) and consultation with the professional network (76.7%). Thematic analysis of qualitative data suggested the complexity of problems amongst the children attending psychotherapy, as well as the perceived need for long-term work with these children. Many respondents placed emphasis on the importance of working with the professional network around the child, including foster carers and adoptive parents, despite feeling that this was often an under-resourced area of child and adolescent mental health services. The implications of the survey for practice and future research are discussed.

Keywords: *child psychotherapy; looked after children; adopted children; survey.*

1. Introduction

Despite being both a core profession within Child and Adolescent Mental Health Services (CAMHS), and a growing profession in the UK (Barrows, 2004), relatively little empirical data is available concerning the activities of child psychotherapists, and the range of work undertaken with some of the most vulnerable young people in our society, including looked after and adopted children.

Only a limited number of national audits have been undertaken of the child psychotherapy profession in the UK (Beedle & Payne, 1987; Rance, 2003; Sherwin-White, Shuttleworth, Tydeman, & Urwin, 2003). These focused on the working environments of child psychotherapists and the characteristics of the children seen in individual psychotherapy. Amongst the findings, both the Beedle and Payne (1987) and Rance (2003) surveys noted respondents' perceptions of high levels of disturbance and complexity amongst the children attending therapy. Furthermore, over a third of the children (37%, n=381) seen by child psychotherapists had the involvement of social services, according to the most recent survey (Rance, 2003). Although drawing from a larger sample, the Rance (2003) survey also noted an increase in the number of children seen by child psychotherapists living with foster carers or adoptive parents compared to an earlier audit; 15.6% lived with foster carers (n=160) and 9% with adoptive parents (n=92), compared to 4% (n=17) and 1% (n=5) in the Beedle and Payne (1987) sample more than a decade earlier. Although these audits give some indication of the type of children being seen in psychotherapy, the Rance (2003) survey only included children in long-term individual therapy, which perhaps is viewed as the 'traditional' approach of the child psychotherapist (Petit & Midgley, 2008), but potentially excludes other aspects of child psychotherapists' work, identified by Sherwin-White et al. (2003) as including assessment work, direct work with carers and consultations with other professionals. Similarly an audit undertaken on a smaller scale within inner London, also found that individual psychotherapy only formed one aspect of child psychotherapists' workload within the service (Kam, 2004).

Given the findings of previous surveys indicating the perceived level of complexity and problems amongst children seen in psychotherapy, and that a proportion of them were not living with their birth parents, there is a need to more fully explore the working practices of child psychotherapists specifically with looked after and adopted children (LAAC). The number of children under local authority care in England is increasing, with the latest figures

showing 70, 440 children looked after as of March 2016 (Department for Education, 2016). The number of children adopted from care has also been increasing over recent years, although the Department for Education (2016) recently reported a decrease for the first time since 2011. The majority of children are taken into care as a result of abuse or neglect (Department for Education, 2016). Looked after and adopted children are at an increased risk of a range of negative outcomes compared to children living with their birth parents, including mental health problems (Meltzer et al., 2003; Ford et al., 2007; Tarren-Sweeney & Vetere, 2014), attachment related difficulties (e.g. Dozier et al., 2001), and behavioural and biological dysregulation (e.g. Dozier et al., 2006).

To date there has been very little research assessing child psychotherapy's use and effectiveness with LAAC (see Boston & Lush, 1994; Boston, Lush & Grainger, 2009), despite practice-based evidence suggesting it is used widely and that the child psychotherapy approach can be particularly relevant for children who have experienced early attachment trauma (Boston & Szur, 1983; Hunter, 2001; Hunter-Smallbone, 2009). However, no surveys of the child psychotherapy profession in the UK have been undertaken to explore the extent to which this treatment is being used with LAAC, as well as the nature, range and context of therapy.

The aim of this study was to survey UK child psychotherapists about their working practices with LAAC, including the professional network around these children. We sought to explore the range of activities undertaken by child psychotherapists concerning these children, including assessment work, individual psychotherapy, work with the professional network, and research and evaluation. By including open-ended survey questions, we also sought to discover child psychotherapists' views on these aspects of their working, and what they thought the contribution was that child psychotherapy could make to these children and their network.

2. Method

2.1 Survey instrument

As part of a larger study on the effectiveness of child psychotherapy with LAAC, we constructed a survey to ascertain child psychotherapists' working practices with this population of children and their carers. The questions concerned the range of activities potentially undertaken regarding these children, namely: assessment, direct psychotherapy i.e. meeting the child in person, work with foster carers and adoptive parents, consultations, supervision, teaching, training, research and evaluation. These categories were broken down further, for example the direct psychotherapy section included questions on the format of sessions, length of therapy, and presenting problems of these children. To ensure that the survey was not too time consuming to complete, LAAC were combined in the questions. For the majority of questions, respondents were required to select answers from pre-defined categories or enter percentages. Several open-ended questions were included as well. We piloted the questions on six child psychotherapists with differing levels of experience with LAAC, and amendments were made based on their suggestions.

Opinio, an online survey tool, was used to construct the survey (<http://www.objectplanet.com/opinio/>).

2.2 Participants

Participants were members of the Association of Child Psychotherapists (ACP), which is the main professional body for psychoanalytic child and adolescent psychotherapists in the UK and is registered with the Professional Standards Authority (PSA). It was established in 1949 and all ACP registered child psychotherapists have completed an NHS child mental health based training which lasts for at least four years. There were 875 eligible members at the time the survey went live. Those who worked outside the UK were excluded, however members were eligible to participate even if they weren't currently working with LAAC (and this was stated on the participant information sheet).

2.3 Procedure

The survey link was emailed to all ACP members in March 2016. The survey was live for three weeks. A reminder email was sent before the survey closed.

2.4 Data analysis

Descriptive statistics have been used to present the majority of the quantitative data. Chi-square tests of independence were used to compare working patterns across different respondent demographics. Fisher's exact tests were used where expected counts in the 2x2 contingency table were less than 5. Chi-square tests of independence are used to determine whether a significant association between two categorical variables exists. Fisher's exact tests are used in cases where sample sizes are small, to give a more accurate result.

The qualitative data was analysed using thematic analysis (Braun & Clarke, 2006). The purpose of the qualitative analysis was to enrich the quantitative data by providing further insight into the nature of respondents' work and also their views on working with these children and their professional network. Braun and Clarke's (2006) method of analysis was followed, including generating a list of codes from the qualitative data, organising them into potential themes, then revising and redefining themes following discussion amongst the team, until mutual agreement was reached. The qualitative data are presented alongside its respective quantitative data, in order to elaborate on some of the quantitative findings and place them in a broader context. In order to triangulate the data, the quantitative and qualitative data were compared and contrasted, and quotations from survey respondents from different backgrounds have been used where possible. The source is presented in parantheses after the quotation, including the respondents' qualification status, gender, and location. The abbreviation CPT has been used for the word child psychotherapist.

2.5 Ethical considerations

Ethical approval to conduct the survey was granted in February 2016 by the University College London Research Ethics Committee (Project ID: 8293/001). The ACP chair also granted approval of the final survey questions.

Participants were required to give informed consent before completing the survey. An online consent form preceded the survey questions, including right to withdrawal, confidentiality, and anonymity procedures.

3. Results

3.1 Respondents' demographics

215 responses were received, which was 24.5% of the eligible ACP membership. In order to assess the representativeness of the sample, the characteristics of survey respondents were compared to those of the general ACP membership (see Table 1). 80.9% of survey respondents were female; this was very comparable to the gender breakdown of the general ACP membership (81% female). More than half of survey respondents had trained at the Tavistock and Portman NHS Foundation Trust (58.6%), although a variety of training schools were represented. This was again similar to the general ACP membership, with 59.4% of members having trained at the Tavistock. The majority of survey respondents were qualified child psychotherapists (80.9%), with a mean number of 11.6 years qualified (SD 8.8, n=173). Again this was comparable to the qualification status of the general membership (82.9% qualified). 60% of those surveyed said that they had worked with LAAC in some way prior to training as child psychotherapists. More survey respondents lived in London (43.7%) than other UK locations, however there was quite a spread of respondents across the UK. Comparable information was not available on the location of all ACP members, although according to the ACP's most recent membership records 35.2% of members had recorded their location as London.

[Table 1 here]

3.2 Workplaces with LAAC

The majority of respondents reported that they currently worked with LAAC in some context (87.9%). Table 2 displays survey respondents' workplaces, both where they worked generally as a child psychotherapist, and where they worked specifically with LAAC. The majority of respondents worked in NHS CAMH services (60% general workplaces, 59.1% specifically with LAAC). For general workplaces, this was followed by private practice (26.5%) and targeted LAC teams within CAMHS (17.2%). For workplaces specifically with LAAC, 20% of respondents worked in targeted LAC teams and 15.8% in private practice. Although these three settings were the most common, it was clear that respondents worked in a wide variety

of settings, including the voluntary sector, specialist post-adoption services, educational settings and residential units. Furthermore, a proportion of respondents worked in more than one setting (36.2%). It was difficult to assess the representativeness of survey respondents' workplaces compared to the general membership, as the ACP registers workplaces in a different way to the way the information was collected in the survey.

[Table 2 here]

3.3 Respondents' activities regarding LAAC

Respondents were asked to record which of seven possible activities they were currently undertaking with or regarding LAAC. The most frequently conducted activity was assessment (83.7%, n=180), closely followed by direct psychotherapy (82.3%, n=177), work with foster carers/adoptive parents (80.9%, n=174) and consultation work (76.7%, n=165). Supervision was conducted to a lesser extent, although still by over half of respondents (52.1%, n=112). The least common activities were teaching and training (38.1%, n=82), and research and evaluation (26%, n=56).

We will now present more detailed data on each of these activity categories.

3.3.1 Assessment

Respondents were conducting a variety of assessments regarding LAAC (see Table 3). The most common were those assessing a child's suitability for psychotherapy (80%), however assessments were also undertaken for non-treatment reasons, with state of mind assessments conducted by two thirds of respondents (66.5%), and other assessments for court by a smaller proportion (14%). Generic assessments, probably at the initial point of referral to CAMHS, were conducted by around half of respondents (52.1%). Nearly a fifth of respondents (19.5%) stated they were conducting other types of assessments; when asked to specify the nature of these, many comments focused on assessing suitability of placements, or using specific tools such as the Story Stems Assessment Profile (Hodges et al., 2004).

[Table 3 here]

The analysis of qualitative data clearly showed the importance that respondents placed on this aspect of their work with these children; for example, one respondent commented, *'the assessments and consultations provide a key foundation from which the work might begin.'* (Trainee female CPT from London). Assessments commonly involved different approaches, lengths, and models of working, which varied across services. Such approaches included liaising with the professional network, reading paperwork and the child's records, assessment or observation sessions with the child and/or foster or adoptive family members, *'Most assessments involve an initial period of discussions/consultation with the network, followed by assessment sessions with the carers/parents, then family/child.'* (Qualified female CPT from London).

It was clear from respondents' comments that assessment did not only mean working with the child individually, instead emphasising the importance of working with the network prior to, and during, the assessment phase. Respondents reported that a number of people were often involved in the assessment process, including members of the professional network, foster carers or adoptive parents, as well as the birth family and siblings on occasion. Although a distinction had been made between assessment and consultation work in the survey questions, respondents commonly emphasised the overlap between the two, with other professionals using the assessment period as a means of seeking a child psychologists' advice about a case, *'We have good ongoing relationships with several LA [Local Authority] social workers, who use the assessment format as a way of accessing consultation to themselves and their colleagues around difficult cases.'* (Qualified female CPT from the Midlands). In some services, child psychologists were working jointly with other professionals to undertake multi-disciplinary assessments of LAAC, *'I work in a team where Clinical Psychologists and Child Psychologists work jointly on assessments on point of entry to [name of service]'* (Trainee male CPT from Southern England).

The involvement of the professional network surrounding the child was often linked with a perception that these assessments were typically complex in nature. This complexity appeared to be compounded by many of these children's difficult presentations and histories. One respondent highlighted the burden this sometimes placed on the therapist and the skills needed when assessing this group, *'The assessments for LAAC child are always complex,*

require a high level of skill in devising the formulation and care pathway to deliver a target service to the child or young person. ' (Qualified female CPT from Southern England)

3.3.2 Direct psychotherapy with LAAC

Table 4 summarises the data on respondents' direct work with LAAC. The mean per cent of LAAC making up respondents' caseloads was 46.4% (n=167, SD=34, 10 missing responses).

Characteristics of LAAC seen in psychotherapy. Respondents were asked to select up to five of the most common presenting problems of LAAC in psychotherapy. The most commonly selected problems were attachment related issues (72.1%) and impact of trauma or maltreatment (70.2%). However, as can be seen from Table 4, a broad range of problems were selected by respondents, including externalising problems such as behavioural difficulties, and internalising problems such as anxiety and depression. Risk of foster/adoption placement breakdown, and risk of school exclusion were also rated by a proportion of respondents. Furthermore the diversity of problems selected by respondents perhaps shows the perceived level of complexity and range of issues amongst these children.

The most common ages of LAAC seen in psychotherapy, as reported by respondents, were 6-10 years (69.8%) and 11-15 years (68.8%). However, a proportion of respondents were also working with young people aged 16 and above (53.5%) and children under five (43.3%) as well.

Format of sessions and length of psychotherapy. The most common format of sessions were individual (80.9%), with family based sessions (i.e. with either foster/adoptive family or birth family as we did not specify) conducted by nearly two thirds of respondents (62.3%). However, group based sessions were conducted by only a minority of respondents (5.6%). The most common frequency of sessions was weekly (79.5%), however around a third of respondents were seeing these children on a more frequent basis (34.4%). Only a minority of respondents (14.4%) were conducting less than weekly sessions.

Open-ended psychotherapy, usually more than a year in length, was most commonly practiced with these children (75.8%). This was followed by open-ended psychotherapy, usually less than a year (49.8%). Although to a lesser extent, brief (20.9%) and short-term (39.1%) work was also being conducted.

[Table 4 here]

The analysis of qualitative data provided much greater detail about respondents' views on their direct work. Respondents frequently commented that LAAC present with a complex combination of problems. However, as the quantitative data analysis showed, most comments particularly focused on attachment related difficulties, and the impact of trauma and maltreatment: *'the level of difficulty which these children present with as a consequence of early neglect and abuse takes a great deal of time to shift.'* (Qualified female CPT from London). When respondents spoke about the troubled histories and complex presentations of these children, they often linked it to the difficulties for the child psychotherapist in engaging them in therapy. LAAC were commonly perceived as testing the limits of the therapists' resilience and ability to form a workable therapeutic relationship with them, *'often it is offered for children who are extremely "hard to reach" or highly defended, and they can test the therapist's capacity for fidelity in the face of intense projections.'* (Qualified male CPT from London). Some respondents then related this to the skills needed by the therapist in being able to tolerate these disturbing and erratic behaviours, *'The therapist (ideally) should through their personal analysis be more psychologically robust, as such children are more likely to be highly mistrustful, and testing of boundaries.'* (Qualified male CPT from London).

Despite these difficulties, several respondents perceived the therapeutic setting as an appropriate environment for addressing these children's problems. They felt that the emphasis on a safe, reliable, predictable setting lent itself to these children's need for consistency, *'they respond to the boundaried way we work.'* (Qualified female CPT from Eastern England). However, the perceived level of disturbance presented by these children led respondents to comment on what they believed to be the necessary format of sessions, and length of therapy. Many respondents suggested that a minimum of weekly sessions was necessary to build a meaningful relationship. There was even concern amongst a minority of respondent that some of the most disturbed children *'cannot be treated safely or effectively on once weekly work'*

(Qualified female CPT from Southern England), with more frequent, intensive work required in these cases. Despite these views, there were reservations amongst these respondents that they were able to offer this level of input. It was clear that child psychotherapy was viewed as a limited resource, mainly due to constraints on their time, service resources, or service remit limitations,

I would want to be able to offer a more substantial intervention to LAC children in my CAMHS ie longer term work, higher frequency of sessions, parallel parent support work etc. However the CAMHS only supports short term minimal psychotherapeutic interventions. What I am able to do I feel is minimal and inadequate. (Qualified female CPT from Eastern England)

The length of therapy with LAAC was also perceived as vitally important. Supporting the quantitative findings, respondents felt that long-term, open-ended psychotherapy was often needed. There was an emphasis on adopting a very gradual approach to the developing relationship, going at the child's pace,

It allows time and space for the child to become known to the psychotherapist. Defences can be addressed sensitively and at a pace the child can manage. The child can have an unhurried and unpressurised experience of being with an adult and can learn gradually that the adult does not want to exploit or hurt the child. Time is allowed for the process of engagement as this could take many months. (Qualified female CPT from London)

Taking this one step further, some respondents felt that brief psychotherapy was unsuitable and could even be detrimental for these children. One respondent remarked that short-term therapy, *'only replicates the child's experience of being left, and the feeling of being "too much" for anyone.'* (Qualified female CPT from Eastern England).

Other occasions when child psychotherapy might be unsuitable for these children were also commented on. Mainly this appeared to be for those who lacked some form of stability in their lives, for example, those in unstable placements or going through court proceedings. The need for child psychotherapists, and other professionals, to be realistic about what could be achieved in therapy with LAAC, was also emphasised by a few respondents, *'I am concerned*

that there are often explicit or implicit aims of therapy (usually requested by allied professionals such as social workers) that are unrealistic given some children's histories.' (Qualified male CPT from Northern England). Again this perception appeared to be based on the depths of the problems many of these children presented with.

Several respondents felt that child psychotherapy was often chosen as a 'last resort' option when other, more empirically tested and often briefer approaches, had failed. This perhaps supports the quantitative data, in which 15.8% of respondents stated that this approach was chosen because previous treatments were unsuccessful. This was viewed negatively by some respondents, in that child psychotherapy was not being given the recognition it deserved compared to other treatments. However for other respondents there was some positivity behind this statement, for example one respondent commented, *'I think it offers the possibility of working through trauma in infancy in a way which other interventions are not able to do.'* (Qualified female CPT from the Midlands). The perceived uniqueness of the child psychotherapeutic approach was often contrasted to other treatment methods, for example the intensity and depth of the intervention was seen as very appropriate for LAAC – one respondent remarked that it *'facilitate[s] lasting change that other treatment models do not.'* (Qualified female CPT from the Midlands), while another commented *'it is a treatment that brings about internal changes and not just a reduction in symptoms'* (Qualified female CPT from Southern England).

3.3.3 Work with foster carers and adoptive parents

Table 5 shows the range of work conducted with foster carers and adoptive parents. The majority of this work comprised direct work, either running parallel to psychotherapy with the child (72.1%) or stand-alone work with carers (60.9%), as well as consultation work (60%). Nearly a fifth of respondents were training foster carers and adoptive parents (19.1%). A smaller proportion reported working with carers/parents in a group setting (13.5%).

[Table 5 here]

The analysis of qualitative data clearly showed the importance that many respondents placed on this type of work: *'I think this is at least as important and possibly more crucial than work with the child.'* (Qualified female CPT from Southern England). However despite this perception, it was equally apparent that many child psychotherapists felt there is inadequate support available to foster carers and adoptive parents. Psychotherapeutic work with carers was perceived as often being undervalued by services or constrained by resource limitations. There was a sense amongst respondents that in many services, more weight was given to a child psychotherapists' direct work with these children, rather than the family around the child. This could lead to carers feeling overwhelmed and unable to cope with the child's behaviour, *'Their work is desperately important and yet the carers rarely have sufficient training or support to understand these doubly-damaged children and young people.'* (Qualified female CPT from Southern England).

The focus of work with foster carers and adoptive parents mainly centred on helping carers to understand *'what the child is communicating through their behaviour'* (Qualified female CPT from the Midlands). Psychoanalytic concepts were used to frame this understanding, such as helping carers to learn about unconscious processes and to withstand the child's projections, as well as providing a general understanding of attachment and the impact of trauma. Several respondents mentioned that this work aimed to strengthen the connection or bond between carer and child. Furthermore, this was viewed as a space to think about the impact of this work on the carers, the painful feelings that may be aroused in the face of seeming rejection by the child, and also the ways in which their own previous experiences may affect their relationship with the child, *'families are often relieved to have space to make sense of child's and family's experiences, a space to name very difficult feelings eg anger and rejection and possibility to understand projections.'* (Qualified female CPT from the Midlands)

The qualitative material supported the quantitative data in that a range of work was being conducted with carers, from 'holding' sessions prior to therapy with the child commencing, to direct work alongside therapy with the child, to standalone work with carers,

I am likely to work in this way rather than directly with the child for quite some time to stabilise the placement before considering individual work. Often the therapeutic need can be met with this approach, and direct work is not necessary. (Qualified female CPT from the Midlands)

Interestingly, while the quantitative data revealed that group work with carers was undertaken less frequently than individual or family work, several of the qualitative comments focused on this area of practice. These respondents felt that this format was an effective way of working with carers. Several respondents mentioned that their service was in the process of setting up groups for carers.

3.3.4 Consultation work

We collected data on the types of professionals that respondents were undertaking consultancy work with regarding LAAC. Table 6 shows that a variety of professionals were offered consultation, with social care professionals being the most common (66%). This was closely followed by mental health professionals and colleagues in education (each 56.3%). Although to a lesser extent, other child psychotherapists also formed a proportion of some respondents' consultancy work (34.9%). Nearly a fifth of the sample stated they were consulting with other professionals, this included staff at residential units, legal professionals, and voluntary sector organisations, among others.

[Table 6 here]

The qualitative data supported the quantitative data in that there were a range of professionals respondents were providing consultations for. Furthermore, a variety of approaches were being used: both in a group setting and individual consultations; one off consultations where professionals wanted advice about a specific case; as well as planned, ongoing work such as regular consultation slots and attendance at multi-agency meetings. The contribution that the child psychotherapists felt they were making during these network meetings was apparent, with several respondents noting that their focus on the internal world and unconscious ways of relating was unique to their way of thinking, *'providing the perspective of thinking about a child's internal world which is often not spoken about e.g. in network meetings where the emphasis can be on child's actions.'* (Qualified female CPT from Eastern England).

Respondents also spoke about the focus and purpose of their consultation work. In many ways this paralleled the focus of work with foster carers and adoptive parents, and

could be divided into two broad categories: providing an understanding of the child's behaviour; and providing support to the network around the child. With regards to the child's behaviour, in a similar way to work with carers, this again focused on *'helping those working directly with the young person to better understand their puzzling or unsettling behaviours or presentations, using a psychoanalytic perspective.'* (Qualified female CPT from London). Common themes included providing insight about attachment difficulties and the impact of trauma and maltreatment, for example, as one respondent commented, *'providing a framework with which to try to make sense of children's behaviour e.g. stealing in the context of an early experience of neglect.'* (Qualified female CPT from Southern England). Additional areas included thinking about the child's emotional state and mental health needs, as well as being called on for advice regarding care planning, contact with birth family members, placement planning, and at times of transition such as changes of placement.

It was also apparent that providing support to the professional network itself was viewed as a crucial aspect of respondents' consultations. Many respondents spoke about consultations being a space to encourage reflective practice; for the professional network to consider the effects of working with these vulnerable children on themselves. Understanding and reflecting on network dynamics, for example *'splits in the network'* (Qualified female CPT from the Midlands), was also viewed as important to secure stability amongst professionals, and in ensuring they did not re-enact the child's previous experiences with their birth family. One respondent remarked, *'to understand how dynamics within the network system, between different professionals/teams- often reflects something of the child's experience and that of the birth, fostered families.'* (Trainee female CPT from London) Linked to this, some respondents spoke about the child psychotherapist providing a containing function for the network, frequently viewed in terms of managing their anxieties about the child and the work, *'Containing the anxiety of other professionals, sometimes under a great deal of pressure to "fix" the child, and promoting the idea that the priority is for the child to feel safely and securely placed.'* (Qualified female CPT from the Midlands).

There was a general feeling that working with the professional network was a vital aspect of a child psychotherapists' work regarding LAAC; often seen as equally, or sometimes even more valuable than, direct work with the child, *'[consultation] to the network around the child where the mobilisation of the network is likely to be more valuable than direct work with the family.'* (Qualified female CPT from Southern England). However there was concern amongst respondents that this aspect of their work, similarly to their work with

foster carers and adoptive parents, was not always given the recognition that it needed compared to their direct therapeutic work. This was despite the fact that some respondents thought their input was valued by other professionals. Again when respondents spoke about these difficulties, they linked it to service remit and resource limitations, *'consultations are valued by social workers even when there is no direct work, but this can be harder for commissioners to understand.'* (Qualified female CPT from London)

3.3.5 Supervision

We also asked respondents for details of the type of professionals they supervised regarding LAAC (Table 7). The professionals most commonly supervised by respondents were child psychotherapists (34%) and other mental health professionals (33%). However a small proportion of respondents provided supervision for those outside the mental health profession, including social care colleagues (19.5%) and foster carers and adoptive parents (12.6%).

Respondents were not asked to provide any qualitative data regarding their supervision work.

[Table 7 here]

3.3.6 Teaching and training

Teaching and training of other professionals regarding LAAC was undertaken less frequently compared to the other activities already discussed. Of those conducting teaching and training, this was most frequently provided for social care professionals (21.4%), although as can be seen from Table 8, there was a fairly even spread across other professions, including teaching and training of foster carers and adoptive parents (17.7%). We asked respondents about the focus of this work, and coded the 68 responses into broad topic areas. The most common topics mentioned were: attachment (n=28); effects of trauma and abuse (n=14), child development (n=12); the psychodynamic / child psychotherapeutic approach (n=11);

behaviour management / understanding the child (n=11) (respondents could fall into more than one category).

[Table 8 here]

3.3.7 Research and evaluation

The least frequently conducted of the activities, research and evaluation was undertaken by 26% of respondents. As Table 9 shows, the most common form of evaluation was routine outcome monitoring (20% of 56 sample), although service audits (14%) and qualitative feedback (13%) were also used by some respondents. Respondents who indicated that they used routine outcome monitoring were asked to provide further details on this. 12 responses were received. The most frequent measures used were: the Strengths & Difficulties Questionnaire (Goodman, 1997) (n=10); goal-based outcome measures (Law, 2013) (n=7); the Revised Children's Anxiety and Depression Scale (Chorpita et al., 2015) (n=6); and the Children's Global Assessment Scale (Shaffer et al., 1983) (n=4), although other measures were also mentioned. These were typically collected at the outset of therapy and then at six monthly intervals until the therapy's closure.

[Table 9 here]

3.3.8 Differences between trainee and qualified child psychotherapists

Qualified child psychotherapists' activities were compared to those of trainee child psychotherapists. We found that significantly more qualified child psychotherapists were working with foster carers and adoptive parents (Fisher's exact, $p < 0.05$), as well as undertaking consultation work (Fisher's exact, $p < 0.005$), supervision ($\chi^2(1, 186) = 53.22$, $p < 0.0005$), and teaching and training ($\chi^2(1, 183) = 22.79$, $p < 0.0005$).

Examining respondents direct work with LAAC, significantly more qualified child psychotherapists were working with older LAAC age 16 and above ($\chi^2(1, 176) = 9.53$, $p < 0.005$). They were also conducting more brief ($\chi^2(1, 176) = 6.17$, $p < 0.05$) and short-term

therapy ($\chi^2 (1, 176) = 17.81, p < 0.0005$), as well as more family based therapy than trainees ($\chi^2 (1, 176) = 20.73, p < 0.0005$). In contrast, significantly more trainee child psychotherapists were conducting long-term psychotherapy, usually lasting over a year in length (Fisher's exact, $p < 0.05$), and meeting LAAC for greater than once weekly sessions ($\chi^2 (1, 176) = 41.89, p < 0.0005$). However, the majority of qualified child psychotherapists were also conducting some long-term psychotherapy (89.8%, $n=123$).

No other significant differences were observed in the working patterns of qualified and trainee child psychotherapists.

4. Discussion

This is the first survey of UK child psychotherapists about their work with LAAC. We found that the majority of child psychotherapists surveyed were doing some form of work with these children. On average, LAAC also formed quite a substantial part of these child psychotherapists' caseloads. Although the findings should be taken with caution, given that only a quarter of the eligible ACP membership responded to the survey, the proportion of respondents doing such work indicates that this is a significant feature of child psychotherapy work in the UK.

This study has identified the variety of contexts child psychotherapists are working in, both in their general practice and specifically with LAAC, extending far beyond the traditional NHS CAMH setting. This has been noted by a previous survey of the profession (Sherwin-White et al., 2003) and perhaps indicates the expanding nature of the profession. Furthermore, a wide range of activities were being conducted with LAAC. The most common activities were assessments, direct psychotherapy, work with foster carers and adoptive parents, and consultation with the professional network. Other activities were also conducted, albeit to a lesser extent, including supervision, teaching and training, and research and evaluation. This provides some support for, and comparison to, previous surveys of the child psychotherapy profession, which similarly identified a broad range of activity amongst the profession (Sherwin-White et al., 2003; Kam, 2004; Kam & Midgley, 2006). This also lends support to the notion that child psychotherapy as a profession is extending further than the traditionally perceived role of individual psychotherapy. Indeed, a particularly noteworthy finding was the widespread perception that individual work with LAAC was just one aspect of a child psychotherapists' work, with more emphasis placed on work with the network around the child, including foster carers and adoptive parents. Working with the professional network comprised a large proportion of child psychotherapists' work with LAAC, including assessments, consultations, supervision, and teaching/training. This finding perhaps indicates the way in which actual practice seems to have adapted to the nature of these children's problems, and furthermore supports the growing recognition amongst therapeutic interventions of the importance of network working, particularly in complex cases. Fonagy et al. (2015) have argued that the extent to which the person benefits from therapy may depend on what they encounter outside the therapeutic environment, in their social world. Despite the

importance that respondents in this survey placed on these aspects of their work, particularly work with carers and consultations, there was a sense that these areas were under-resourced and sometimes under-valued by services and commissioners, compared to their direct work with children. The relative lack of research and evaluation undertaken by respondents, particularly considering the increasing importance placed on evidence-based practice, perhaps suggests the need for greater development of these areas within the profession.

Examining respondents' direct psychotherapy, this study supports the previous literature in finding that respondents' reported a complex combination of problems amongst many of the LAAC seen in therapy (Beedle & Payne, 1987; Rance, 2003). Other literature has highlighted that this complexity of difficulties amongst children who have experienced trauma or maltreatment often makes categorisation into clinical mental health diagnoses problematic (e.g. DeJong, 2010; Midgley & Kennedy, 2011). Attachment related problems, and the impact of trauma and maltreatment, both rated highly, and these children were often perceived as being very mistrustful and testing the boundaries of the therapeutic relationship. This perhaps lends supports to recent research around the role of attachment and early adversity in the development of epistemic trust, i.e. the capacity to trust others as source of knowledge concerning the (interpersonal) world, with survey respondents' comments highlighting the perceived levels of epistemic mistrust and epistemic hypervigilance amongst this group of traumatised children (see Fonagy et al., 2015; Fonagy et al., 2016). Hence, the very children that many benefit the most from establishing such a relationship, seem to have marked problems in this area. Furthermore, a proportion of respondents said that child psychotherapy was chosen as an approach when other treatments had been unsuccessful, perhaps lending support to previous literature highlighting that referrals to child psychotherapy are often made as a 'last resort' option (Kam & Midgley, 2006).

The most common ages of LAAC seen in psychotherapy, as reported by respondents, were 6-10 years, possibly showing the need for early intervention amongst this group. Sessions were most often undertaken on a weekly and individual basis, although family based therapy was also used by a proportion of respondents. Long-term psychotherapy was most frequently adopted, especially by those child psychotherapists still in training, and the qualitative data showed the emphasis respondents placed on long-term, and sometimes intensive, work with these children. Respondents often related this need to the nature of these children's problems, with complex attachment and trauma related issues severely impairing their capacity to establish a trusting relationship with their therapist, therefore meaning a

much longer engagement period was necessary. This supports previous literature which has highlighted that children with complex difficulties are more likely to need the depth of treatment offered by intense psychotherapy (Green, 2009).

However, the quantitative data also showed that some respondents, particularly qualified child psychotherapists, were conducting brief and short-term psychotherapy, perhaps again a reflection of the different ways in which child psychotherapists are currently working compared to the traditionally perceived role (Petit & Midgley, 2008). This might also reflect organisational pressures for brief treatments, as suggested by many respondents. Further differences in the working patterns of trainee and qualified child psychotherapists were also found. More qualified child psychotherapists were conducting work with the professional network than trainees, namely work with foster carers and adoptive parents, consultation work, supervision, and teaching/training. This could conceivably be explained by both levels of experience and training requirements, for example qualified child psychotherapists may often support the individual work of trainees by conducting work with carers themselves. Furthermore, significantly more trainees were conducting long-term psychotherapy and meeting LAAC for greater than once weekly sessions. Again, this could possibly be due to training requirements.

4.1 Limitations

This study is somewhat limited by its' sample, which although comparable to other national audits of the UK child psychotherapy profession (e.g. Rance, 2003, surveyed 213 ACP members, compared to 215 in this survey), means that the majority of child psychotherapists were not surveyed. It is also possible that many respondents completed the survey because they had an interest in LAAC, and currently worked with these children. Therefore the large proportion of respondents working with LAAC in this survey may not necessarily reflect the working practices of the wider ACP membership. However, it is worth noting that survey respondents' characteristics were quite similar to those of the general ACP membership.

In addition, the decision to combine looked after and adopted children in the survey, which was done to shorten completion time of the survey, means that distinctions between types of work with these children has been lost. For example, it might be that network working takes place more frequently with looked after rather than adopted children. It is also

conceivable that brief work might be more connected to children who are transitioning between placements.

Furthermore, most of the questions in this survey used pre-defined response options. Although the survey questions were piloted on child psychotherapists working in this field, and all questions included an 'other' response option, it is possible that some types of work may have been excluded. However, we did include a qualitative component to many questions, which allowed respondents to expand on their answers in greater depth. Indeed, the qualitative data provided much more detail about the focus and variety of respondents' work, as well as their views on working with these children and their professional network.

4.2 Conclusion and implications

This study has shown that child psychotherapy with LAAC is being practiced by at least a proportion of child psychotherapists in the UK. Furthermore, respondents perceived it to be an appropriate and suitable approach for addressing the depths of many of these children's difficulties, particularly in comparison to other treatment approaches.

This survey has some implications for practice and research. Firstly, as stated above, the perceived need for long-term, often intensive work with these children was highlighted. Some respondents even felt that in some cases work that was too short-term could be detrimental to some of the most vulnerable LAAC, replicating their experiences of being abandoned. However it was equally apparent that many respondents perceived there to be organisational and resource constraints to achieving this way of working. For example, some respondents commented that the remit of their service was to only provide short-term interventions, while other respondents remarked on the inability of their service to cope with more demand than available resources. Furthermore, the perception that child psychotherapy was a 'last resort' option compared to other, more empirically tested, treatments suggests a need for further research into child psychotherapists' work with LAAC, with child psychotherapy possibly being studied as an intervention for 'treatment resistant' cases, or for children with complex, developmental trauma. Furthermore, given respondents' emphasis on working with the professional network around LAAC, including foster carers and adoptive parents, there is clearly a need for further research into this area. The perception that this is a vital yet under-resourced aspect of their work suggests an area for future development of child psychotherapy services.

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