

*Adapting our Psychodynamic Practice:  
Using Protocols and Questionnaires developed by A Space in  
the Secondary School Setting*

**This is a copy of the paper given by Lyn French, Director, A Space for Support at the A Space/ University of Essex Symposium held at Iniva, Rivington Place on 11 July 2013 (copyright, Lyn French)**

Angie Doran's research study has highlighted something most of us who have a psychoanalytically informed training know from our own professional trajectory but isn't always talked about openly or expanded on in child psychotherapy literature and that is that we need to be prepared to adapt aspects of our practice. This is especially the case if we work with adolescents in the school setting. Our first taste of reality usually comes when we start our trainee placement as an absolute beginner. Even though student therapists are usually in a relatively protected position as they generally see 2 or 3 longer term clients and their supervisor or team leader deals with referrals and manages the day to day relationships with school staff, there are still all the seemingly contradictory aspects of our role to become familiar with such as being warm and receptive while also owning our authority and holding a neutral, more objective stance; staying in touch with our anxiety and our client's but not being too impacted by it; making space for the client to take the lead but not leaving them floundering if they're not ready for this and so on. At the same time, we need to get used to de-coding unconscious communications, making use of them and developing the language to offer meaningful interpretations and links that the client can understand and make sense of. The second stage of adjusting to the reality of our role generally takes place when we take on paid work in a school and start seeing five clients per day offering short and long term contracts as well as seeing pupils for one-off consultations on those occasions when we have a regular client who is away.

While all of us at A Space are stimulated by the challenges implicit in our work and are committed both personally and ethically to providing a service that is meaningful, valued, effective and reality based, most of us have had to process the losses inherent in letting go of an idealised picture of what we thought our therapeutic relationships would be like. Therapy with adolescents can be everything that it originally set out to be. We may find ourselves in the privileged position of working with a client who is emotionally receptive, psychologically minded, able to tell their story, has the capacity to make links, can bear uncertainty, isn't overwhelmed by anxiety, can tolerate not knowing, is open to feeling vulnerable, can take in our interpretations, is motivated to keep coming back and is willing to try to make changes in and outside of the consulting room. However, when working in

inner city secondary schools such clients are usually the exception rather than the norm. Our chances of making connections with the young people we see are often limited especially as the majority are sent to us and self-referrals are few and far between. We need to be able to find a way through to them within a couple of sessions at the most otherwise our opportunity to engage them can be lost.

How do we do this while remaining true to the core values and techniques of our psychoanalytically informed training? And why can it be so hard to adapt or adjust our way of working? Perhaps it's difficult to do so as we've all invested professionally, intellectually and emotionally in a model of practice that drew us in the first instance because it spoke deeply to us, that is to say, it resonates consciously and unconsciously with our experience of internal and external realities. To modify our practice raises uncomfortable feelings – for example, are we betraying our professional family if we go against its culture even in seemingly small ways? We might well wonder, 'What is driving our sense that we need to adapt or change aspects of our practice – are we succumbing to unspoken and even unconscious pressures to be more effective more quickly at whatever the cost even if the gains are only short term? Or is the pressure coming from the organisation – would school

staff be more comfortable with us if our role was more like the kinds of support roles they are used to and would we, in turn, feel more at ease in the school? Maybe the pressure has an external source – do we feel we have to become more like CBT practitioners who have manualised practices that lend themselves to outcome studies and to creating an evidence base? Or is it anxiety driven? Are we worried that we won't be able to keep clients unless we meet them more than half way? Or are we trying to alleviate the client's anxiety by transforming what we are offering them into something that is less unfamiliar and unknown to them?

Literature offers us some useful insights. In the introduction to the book 'Off the Couch' published in 2010, Alessandra Lemma and Matthew Patrick pose the same kind of question which is at the heart of my musings. They wonder why psychoanalytically trained therapists and analysts have predominantly shied away from evolving new applications of our theory and practice. They speculate that 'Perhaps part of the problem is that the analytic model is so linked to the work of Freud .... that as practitioners we are unwilling to challenge, discard, develop and change elements of practice that are not found to work. As such, development and change can be experienced as 'crimes against the father' (that is, almost literally murdering Freud, the father of psychoanalysis, by killing off his body of work). (Lemma & Patrick, 2010) Lemma and Patrick go on to say that: 'One professional expression of this is the way in which, within our own working or supervision groups, it can at times feel as if kudos is most associated with the refinement of, and fidelity to, an illusive, pure version of our (psychoanalytic) model as opposed to improving patient outcomes.' However, they add, 'The aim of psychoanalytic applications

(which has at its centre, making what is unconscious conscious) is to help those with emotional and mental health problems. In order to achieve this ... positivist goal ... our services need to reflect therapeutic plurality so as to do justice to the diversity of the problems we are presented with and the diversity of those who come seeking help. (Lemma and Patrick) have in mind here, for example, diversity of culture, of ways of approaching psychic distress, of values and personal goals – all of which will play a part in how congenial and helpful any therapeutic model will feel to a given individual. (Lemma & Patrick, 2010).

In contrast, other psychoanalytically trained therapists might take a position more closely aligned with that implied by Neville Symmington who writes in his book 'The Making of a Psychotherapist' that 'what is so traumatic for the client is that the knowledge of who he is, which to date has lain hidden, is now to be revealed. Although it is a great relief when he comes into possession of that knowledge, he first of all fights it off with all the power he can muster. He has organised his life on the basis of not knowing it and now here ... (we) come to disrupt this state of affairs. This fight (against self-knowledge) takes many forms but there is one common denominator: to persuade the therapist to give up the pursuit of knowledge. If the therapist tries his utmost to be true to his task, (that is to continue in the quest for the kind of knowledge which will reveal a truer picture of the client especially their hated or feared parts), the client is enormously strengthened and has some ...' internal resources' with which to counter the blows of ... fortune that may assail him in future. Bion once said that, at the end of it all, the therapist's task was to introduce the client to himself and that there has never been an individual who has come to knowledge of this sort without reaching a crisis point.' (Symmington 2002 p 114-115).

What Symmington is alluding to here, as I understand it, is that it takes psychological strength and emotional courage to resist becoming the therapist the client may think they want us to be. His position conveys the explicit message that we are not trying to protect our clients from the pain of life – we are putting them in contact with previously unconscious or disowned hated and hateful parts of themselves, un-mourned losses, destructive urges, denied wishes and so forth, thereby strengthening them so that they can manage the worst that might come their way.

Symmington, of course, is writing about adults being seen in long term psychotherapy or psychoanalysis however the essence of this fundamental aim remains true whatever the age of our client. But, how, exactly does what he is talking about apply to our work with adolescents in the school setting? What does our practice look like? And can we claim to be staying true to this aim even if we modify what we do?

Our theory teaches us the importance of being able to attune ourselves to a child or young person at the same time as carrying out a number of other equally important tasks such as managing the levels of anxiety in the room –both our own and our clients’ - and understanding what, specifically, this anxiety is telling us; understanding the defences at play; gathering some information from the client about their own concerns and their current and past lives without being too directive; allowing for silences and trying to read these silences to gauge how, precisely, they are being used by the client; knowing how to put interpretations and meaningful observations into language that can be understood by our young clients; figuring out who we represent for them and how they are perceiving us and why they are relating to us as they are and making use of the ‘felt experience’ to give us some idea of what it is like to be our client.

Taking the goal of Lemma and Patrick as a starting point, we all know that the reason we are working as therapists in schools is that we want to be able to help young people who are either aware of their own distress or causing concern in the adults around them. How do we do this if we are dealing with reluctant, resistant, wary or withdrawn teenagers who have not asked to see us but have been ‘sent’ to us and who may not know how to articulate their feelings or thoughts, how to engage in collaborative discussion, or how to stand back and reflect on their experiences?

The questions we have been asking at A Space, and a dimension of the research study Angie Doran undertook, is to what degree, and how, might we need to modify our practice to ensure that we are being as effective as we can working in the school setting with pupils who may have little or no motivation to see us but have complex family histories or troubled lives in general and are clearly in need of support?

Each of us will have to answer this question for ourselves within the context of our own working environment and taking into consideration some of the points made by Angie Doran in her paper. Angie Doran and those therapists she interviewed for her research highlight a number of the realities that we, at A Space, continue to work with. Examples include the fact that our service is paid for by the schools we work for. This means that schools decide who will be referred to us. Pupils are often sent to see us because they are causing staff real concern but the young people themselves may have little or no idea of why they are coming or, if they do, scant understanding of what we are supposed to be offering them. More often than not, a referral consists of only a sentence, even just a few words, and background information on the client’s family history is not provided. Some pupils do have an idea of what they’d like help and support with but it may not match why the school wants us to see them so we have to work quite hard to try to make space for both, even harder if the school’s reasons and the pupil’s areas of concern don’t easily sit

together. A number of pupils cannot imagine sharing personal information with us as they lump us together with all the authority figures in and outside of the school who are 'against them' and so on.

There are usually some clients who are receptive from the beginning. If we start our first session by saying to them, '*it would be helpful to hear from you why you think the school thought it was a good idea for us to meet*', we might discover the client can tell us his story and in the process either give us important background information or provide us with the openings to be able to naturally insert questions about family, severity of the presenting problem, how long its been an issue and so forth. Others will be highly defended, either blank or too anxious to think or cut off or entirely lacking in curiosity; a question we continue to re-visit at A Space is what do we do when we meet with these clients for the first time? How do we engage them?

Sheldon Bach, an American analyst from the Institute for Psychoanalytic Training and Research in New York, says we should aim to give the client the implicit message that we 'are totally at their disposal and listening without judgment or expectation, either of reasonableness, coherence or morality.' This feature of our work is, in fact, Bach says, 'the swiftest possible route to connection and healing.' The worst kind of first session, (he adds), is one which resembles 'a standard psychiatric kind of interview' where the therapist is working through 'a mental check list', asking question after question to gather together all the facts. (Bach, 2011)

However, Bach also describes the kind of client who may be unable to give a coherent, consecutive, narrative account of themselves or a history of their life or even of their recent past. Bach says that with such clients, 'their past history does not yet psychically exist and a large part of the therapy will be devoted to creating a mental space and a mental capacity that will allow past history to come into existence, allowing thinking to develop in a way that is necessary to construct a personal history. In a first meeting conducted along psychoanalytic lines, we are primarily trying to listen to the client in order 'to recognise who he is or at least to let him know that we will be available for this purpose should he desire'. (Bach, 2011)

Being recognised like this leads to truly seeing ourselves and, as Symmington noted in my earlier quote, not all clients are ready for this kind of experience. Some may have erected a multitude of defences to hide behind. As we know, a common defence against being seen in the therapy room is wanting information, advice and a 'quick fix'. Interestingly, and in contrast to how most of us have been trained, Bach says that if a client comes to him in crisis and seeks advice, he is 'perfectly willing to discuss apparently common sense solutions to problems while still wondering analytically why this particular client might need advice, reassurance, re-orientation and so forth.' He goes on to say that 'any place the client wants to start is good

enough' and that he is 'willing to do anything that will not compromise an ultimate analytic outcome allowing for the transference.' What I take him to be saying is that it's not so much *what* we say but *from what position* we are saying it. For example, the therapist who finds the client's anxiety gets too deeply into her and unhelpfully intensifies her own might too eagerly give advice rather than, as Bach is suggesting, offering one or two sentences of what he calls 'common sense' to calm and contain the client not from the position of the 'rescuer' or 'the fixer' but instead from the sidelines, looking on, as it were, while also thinking about the client's presentation from a more analytic stance, that is to say, observing everything about the client and looking for opportunities to sensitively and gently guide the client to a place where she or he feels able to reveal more.

Bach notes that 'analysability does not reside within the client: it is a function of a particular client working with a particular analyst at a particular time and so our reaction to the client as well as the client's reaction to us are crucial in determining whether the relationship has a high or low probability of succeeding.

This description of the client/ analyst pair can be seen to share features with the mother/child dyad. We cannot take for granted that all babies and young children will find enough in their everyday encounters with their mother or primary carer to give them a sense of being held in mind, thought about and related to in the on-going-ness of an intimate relationship, a necessary experience for the formation of a secure attachment and for being able to fully use one's mind in future.

The ability to reflect, think for themselves and give shape to their experiences from more than one perspective, that is, to mentalise, is often missing or underdeveloped in the clients we see. Being able to mentalise relies on having the sense that our mind can not only generate an on-going narrative which describes experiences, creates perceptions and names emotions but can also forge meaning out of the raw material of everyday life, meaning which is not to be taken as 'the truth' or 'the only reality' but meaning which is flexible enough to allow for modification in the light of new experiences.

A large number of the adolescents who are asked to see an A Space therapist do not have this capacity or have only a limited ability to use their minds in this way. They have what Fonagy describes as 'a specific defect in the apparatus of thought'. (Holmes, 2010).

For such clients, taking their seat in a therapy room for the first time and being expected to generate their own thoughts can, at best, be the start of a transformative experience and, at worst, a destabilising and highly anxiety provoking one which, if not managed sensitively, drives them away. For some, the experience of sitting down in the presence of a stranger – that is, you or me as



therapists – can feel like stepping into a formless, bottomless void or entering a blank, sterile space or even dropping off the edge. This ‘falling into space’ feeling might be deeply unconscious (perhaps echoing the terrifying infantile experience of falling out of the mother’s mind) and the client who experiences this may do anything to avoid it such as shut down or distract themselves by fidgeting or ignoring us or finding some way to just tune out or try to get out altogether by repeatedly asking if ‘they can go back to class now’.

With clients like this, our manner, tone of voice, body language and the sound of our words rather than what we say may be enough to act as a containing structure which might make us, and the implicit task of forming some kind of working relationship together, less unimaginable for them. We have to remember, however, that for some, not only do they lack the capacity to reflect on their experiences or find words to describe what they think or feel, they also see what we are trying to offer them as just too far removed from their own life in terms of culture or social class or family norms to be meaningful.

In order to meet the many and varied needs of adolescents, A Space has been developing a portfolio of different resources comprising questionnaires, exercises and creative worksheets which can be used when needed in sessions with young people or simply read by the therapist in order to aid their own thinking about how to open up conversation and exploration with their clients. We have also co-published two sets of emotional learning cards in partnership with the Institute of International Visual Arts and are currently working on a third set to be available from spring 2014. Over the course of the next year, the site will be further developed with more exercises added. Themes covered will include making sense of family relationships, understanding anger, exploring our relationship with food, working through loss, thinking about changes and transitions, exploring identity and sexuality, understanding and managing anxiety and so forth.

[www.inivacreativelearning.org](http://www.inivacreativelearning.org)

Our Beginning and Ending Therapy Questionnaires which we have been developing at A Space are not on this creative learning website yet. These questionnaires, which are still being piloted, are being designed as a resource for therapists to manage the entry and exit stages of psychodynamic therapy provided in schools as well as to formulate realistic aims for the course of therapy and, near the end of the work, to review and identify insights gained and any progress made. The Beginning Therapy Questionnaire serves a number of functions: it enables the therapist to gather detailed background information on the client which schools usually do not have or do not have the time to pass on; it helps us to better gauge the seriousness of our client’s presenting issues and assess risk; it gives us the opportunity to form aims collaboratively with our client which can then be referred back to at different points, especially at the end of our work with them; and, importantly, it forms a

container for the first phase of the work as well as providing a bridge between the therapist and the client. The questionnaire can serve to ease the client into the culture of therapy as well as making it possible for us to role model how sessions can be used to explore personal and general life issues.

Used sensitively, the Beginning Therapy Questionnaire (BTQ) can first and foremost aid relationship building while also offering the opportunity to gather evidence which will enable us to evaluate how effective the sessions have been once we reach the end of the therapeutic contract. The BTQ features 30 questions and is designed to be used literally as a paper form in the first phase of work with the client or as background guide notes to be read by the therapist to help them to shape what they might want to explore with their client and to prepare them to identify risk or child protection issues as well as formulate goals which will probably be modified or built on over time and will usually reflect relational aims. The questionnaire can provide an access point into checking in with the client about what they know about our service or seeing someone for one to one support as well as addressing any misconceptions, describing how we will work with them, going into confidentiality in some detail and talking about our role in the school in general. We may never refer to ourselves as ‘counsellors’ or ‘therapists’ but talk instead of how we work and the ways in which this might differ from what they are used to.

The questionnaire offers guidance for the therapist, especially those still in training, giving them ideas of how, for example, they can not only make a family map with their client but open this up to include mapping family relationships, exploring feelings about different family members, identifying who is closest to whom in the family network, recording changes to the family composition, and so forth which can also lead into useful exploration of common but unhelpful assumptions about what a family ‘should’ look like and so on.

There is no ‘one way’ or ‘right way’ or “one size fits’ all way’ of shaping first sessions or the initial phase of the work. All of us need to find ways to work that sit comfortably with us as well as allow us to gather crucial information about our clients and to track their progress. Tracking progress is no longer seen by A Space as a paper bound task driven by a school’s agenda to prove value for money. Instead we try to embed monitoring progress into our everyday practice, noting improvements, however incremental, at regular intervals as we go along. As research is revealing, the kind of authentic feedback which highlights efforts made by the client, insights they’ve gained, small changes they have made especially in relational terms and any other kind of progress we’ve observed as well as identifying the client’s strengths all help the client to experience us as attentive and engaged. Most importantly, it allows them to internalise a more positive picture of themselves, seen through our eyes, which, research is now showing, is one of the key agents of change. Our initial aims formulated in the first phase of the work and the outcomes



we have observed are all summarised in an End of Therapy Report for the school. A confidential reports recording more sensitive information about the family is filed with A Space so if the client returns, we have their background information to hand and can begin the work from an informed position.

To reach the stage of composing questionnaires and then using them in the sessions, we've all had to work through our initial reactions and transferences to such resources and think carefully about how they are worded and when, how or if to use them. Even more experienced therapists on our team who have internalised the kinds of questions and areas for discussion included in the Beginning Therapy Questionnaire may still bring out a paper copy if they feel it is in service of the core task of relationship building with their client.

The Beginning Therapy Questionnaire we've been developing at A Space is proving to be a useful teaching aid for trainees. We emphasise that questions shouldn't simply be asked and then a two or three word answer from the client accepted. Instead, we encourage trainees to become familiar with, and develop, the language to open up the conversation.

As well, if trainees do use the questionnaire in their first session, it can contain their beginner's anxieties so that they feel a little more at ease in their role and perhaps better placed to contain and hold their clients. If they choose not to use it in the actual session, we recommend they make time after the session to start filling it in themselves and adding to it as they go along as it shows up what important information might be missing as well as encourages the therapist to formulate goals at the start which can then be used as a benchmark to identify improvement and progress at the end. As therapists build their skills, they can use the questionnaire in more flexible or creative ways.

When used therapeutically, a questionnaire such as ours should provide a gentle way into opening up a dialogue that can sensitively be backed away from if it seems too anxiety provoking for the client. A Beginning Therapy Questionnaire such as the one being piloted by A Space enables the therapist to move step by step into personal exploration, gauging when to shift the conversational register up or down the scale. It can function as a way of building the client's capacity for more free flowing and spontaneous work over time and be an important record to refer back to at the end of the therapeutic relationship.

The End of Therapy Questionnaire we are also developing is, on paper, much shorter and is used in the last stage of the work. It too can be usefully built on by the therapist. Using it helps the client begin to move out of the therapeutic experience and into an observing role from which they can look back on their time at A Space and reflect together with the therapist on what it felt like to come to A Space in the

early days, what their life was like then, what their main concerns were, what they were feeling and what has changed or what insights have been achieved. Gathering together information including any progress made in a sensitively worded End of Therapy report for the school goes a long way towards raising awareness of what we, as therapists, do and provides the senior leadership team with evidence of our professionalism and of the efficacy and value of our work.

Every therapeutic relationship is a voyage into the unknown for both client and therapist. It can be helpful to have some navigational aids to support us. There are those which we internalise from our supervision, from our training and from our own therapy and provide us with an inner resource to draw on as well as those aids which we might bring into the session in the form of a questionnaire which may usefully function as a containing structure. If it has the opposite effect, and amplifies rather than eases anxiety, it can be put to the side and returned to later in the work, for example, at the end of a half term when it can be used as a tool for the therapist and client to chart where they've been, what has been learned so far and where they might still want to go. Either way, it is the shared voyage embarked on and the relationship at its core that are the agents of change. The use of 'navigational aids' always needs to be in support of this.

## References

- Sheldon Bach, *The How-to Book for Students of Psychoanalysis and Psychotherapy*, Karnac 2011
- Jeremy Holmes, *Exploring Security: Towards an Attachment-Informed Psychoanalytic Psychotherapy*, Routledge 2010
- Alessandra Lemma and Matthew Patrick (eds), *Off the Couch: Contemporary Psychoanalytic Applications*, Routledge 2010
- Neville Symmington, *The Making of a Psychotherapist*, Karnac 2002

**What did you think of this resource? We want to hear from you...**

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### About Iniva Creative Learning

Iniva Creative Learning is a not-for-profit partnership between A Space (arts and therapy service, Hackney) and Iniva (the Institute of International Visual Arts). We share a commitment to producing art-based resources and delivering initiatives which promote emotional learning, personal development and psychological growth.

### Emotional Learning Cards

It is now widely recognised that well-being in every part of life depends on successfully building understanding, insight and emotional resilience. **A Space** and **Iniva** have been co-publishing **Emotional Learning Cards since 2008** and they now occupy a leading position in the growing fields of **emotional learning and psychological therapies**.

### Each boxed set of Emotional Learning Cards includes 20 cards:

- **On the front:** visually rich images of a contemporary artwork by a variety of culturally diverse and emerging artists known for their engagement in social or political enquiry.
- **On the back:** open questions and discussion prompts around the theme 'What do you feel?', 'Who are you? Where are you going?' and 'How do we live well with others?' for group or one-to-one use.

Suggestions for using the cards in different contexts such as school, home, gallery workshops and individual or group therapy settings are offered in a **fold-out leaflet**.