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Implications for Psychodynamic Practice: Working with the adolescent client in the school setting

This is a copy of the paper given by Angie Doran, Researcher, at the A Space/ University of Essex Symposium held at Iniva, Rivington Place on 11 July 2013 (copyright, Angie Doran)

This paper begins by briefly outlining the context for the research project, it goes on to describe the features of the school-based practice style that emerged through the data-gathering process, and finally the paper focuses on the research findings, particularly relating to the initial and final phases of therapy.

Context for the Research

Entering a school for the first time as a practitioner, like all other new therapists working in schools, I had to face powerful transference feelings. Schools evoke strong emotions in us, and as adults these connect with our earliest experiences of anxiety and vulnerability. I arrived as a trainee practitioner with my own hopes and fears into a setting where I was faced with a unique interpretation of my role and its possibilities.

The anxiety felt by new therapists at the start of their career clearly parallels that of a new client and such feelings should not be eradicated or ignored. The kinds of anxieties that are triggered during that first encounter give the therapist valuable counter-transference information about the client's attachment style and his transference to the experiences of receiving support and of being the object of another's curiosity.

Although every new client arouses a degree of apprehension in the therapist, managing this becomes easier for all of us with practice.

When I look back at my work as a new school-based practitioner, however, I think it is also the case that *some* of the anxiety I felt was related to the difficulties I experienced in translating particular aspects of the model I was learning into practice, From discussions with other new therapists working in schools as part of this research project, I find that such difficulties are far from unusual.

These 'technique-based' challenges fall into two categories:

- First, the difficulties I experienced in creating and maintaining a psycho-analytically informed therapeutic frame, and, second,
- The struggle I had of keeping to a psychotherapy approach that has its roots in private and clinic-based *adult* work.

I'm sure we are all able to bring to mind examples of times when the 'therapeutic frame' has been breached in our school-based work:

- A member of staff has left something in your room and enters, interrupting the session, despite the Do Not Disturb sign on the door
- Your client observes you in the corridor talking to a member of staff
- A pupil goes past your room and pops in to say hello
- A member of staff stops you in the corridor to ask how sessions with a particular pupil are going … and why he still can't focus in lessons

- A client isn't able to manage the full time allocated for your session and leaves early…..Incidentally, in such a situation, how do you manage the school's perception of this, or, worse, of those clients who don't turn up to sessions at all?

These kinds of incidents - and many more like them - all have to be negotiated in school-based work every day. Instances like this, in which boundaries are broken, are particularly difficult when you arrive in a school organisation as a new therapist with hopeful expectations of being able to hold a firm frame around your work.

In a similar way, it's also true that the 'classical' psychoanalytic approach that I certainly struggled to adhere to during my first couple of years as a therapist is often actually unsuitable in work with adolescents in schools. The classical psychotherapy techniques – the therapist as a 'blank screen', an extensive use of silence, offering interpretations to the client - can actually present a barrier to the development of a therapeutic alliance with a new young client who arrives at his first therapy session suspicious, and perhaps unmotivated to attend.

….It's really important to say here that some adolescent clients who arrive in the counselling room can use the time fully from the start – in this instance, there is a 'good fit' between what the psychodynamic therapist is offering, how she offers it and the young person's need.

But, from my own experience I also know that there will always be young people who need more 'orientation' before they can access what therapy offers. I'm aware that for some young people, the counsellor's invitation to reflect on their emotions and consider their circumstances is so unfamiliar that it can be experienced as alienating, even frightening.

Beginning therapy in school is a complex undertaking for both client and therapist. Before work starts referral information may be sketchy, the client may feel obliged to attend and may not even be sure what counselling is, or why they are being asked to see the school therapist. School clients arrive in the counselling room with a wide range of concerns: we may see young people for whom a life event has occurred - a change in family structure, a recent bereavement, for example - and others who have deeper structural issues and maladaptive techniques for coping - conduct disorder, self-harming behaviour, low motivation, for instance. Without access to a multi-professional clinical team, the school-based therapist's assessment protocol used at the start of the work and the therapy she then offers need to accommodate young people who occupy different points on a number of spectrums. They may range between being defensive or receptive to what's being offered; they may be concrete thinkers or psychologically minded; they might be experiencing a life event, which has brought them to the school's attention or a have a behavioural issue or both; their motivation could be high or low or anywhere in between.

In a similar way, ending therapy in schools raises other challenges. The school-based therapist and client are expected to accommodate pressing external priorities – exam preparation, sudden exclusion or the young person unexpectedly moving home and school. Second, the referrer and school staff in general often expect visible outcomes at the end of the work, looking for evidence of improved academic performance and reduced absenteeism, for example. In addition, the visibility of the therapist around school clearly has implications for the management of the final phase. The therapist's availability through pathways like re-referral, drop-in appointments, review sessions and repeated uptake of therapy services during the course of the pupil's school years also add complexity to therapy endings.

Experienced practitioners know that training is shaped by practice.

Our responsibility as we develop as therapists is to respond creatively and professionally to practice experiences, to the context in which we work and to each client we work with.

The following factors can help us achieve this: regular reflection in good supervision and personal therapy, involvement in Continuing Professional Development programmes, but also through the lifelong process of identifying effective casework strategies and modifying our practice accordingly.

With these ideas in mind, therefore, the joint A Space and University of Essex research project aimed to explore the ways in which, with increased casework experience, school-based psychodynamic therapists adjust their practice to address the challenges they face.

My research study involved interviews with 19 practitioners whose primary orientation is psychodynamic or psychoanalytic. The interviewees were comprised of 4 trainees therapists, 6 Emerging therapists (defined as practitioners with up to 6 years of practice experience), 5 senior therapists (who had between 7 and 23 years of practice behind them) and 4 additional Senior practitioners, who were interviewed in their capacity as Supervisors of school-based therapists.

All interviewees generously gave their time and shared their thoughts and experiences in audio-recorded interviews lasting for about an hour each. The focus of the interviews was on school-based practice protocols, and in particular how therapists conduct the beginning and ending phases of the therapy they carry out with young people. I offered the therapists a chance to describe the 'operational' techniques they employ in practice.

Limited space here means that the material presented largely focuses on data gathered from the more experienced therapist interviewees.

School-based Practice: A Model in Mind

Across all the samples, the interviewees describe an inherent tension in their work. As they begin their careers in school-based practice, Trainee Therapists imagine that they will be working to a traditional psychotherapy model, observing the standard clinical protocols of therapist non-disclosure, client confidentiality, firm boundaries of time and place, open-ended working, allowing for and managing silences and following a client-led paradigm. What they discover is that in school-based practice the psychodynamic model is a place from which to start rather than a model to apply in its traditional form. Student therapists quickly realise that the school environment impacts on the client's pathway to counselling, and alters the way in which therapy can be offered on arrival.

The Emerging Therapists explain that the young people they see in schools are often bewildered by the experience of therapy and that the process of orientation to the work at the start can take some time. As therapists progress in their careers they develop the skills required to move up and down the register marked by directive approaches at one end and non-directive at the other.

The more seasoned therapists practice what may be called an 'applied model of psychotherapy', characterized by clarity of purpose, activity and 'appropriate transparency'. The model they describe emphasizes the value of attuning to the client and starting from a position that the client can relate to. The core skill of the experienced therapists is to manage complex psychodynamic thinking whilst relating in the moment to the young person's lived experience and in language the client can understand. Rather than simply transferring the classical clinical model

directly into the school counselling room, experienced therapists respond to the individual client but also, more broadly in their practice, reflect the developmental stage of their client group as well as the setting in which they work. Meanwhile, their understanding of what is being presented by the client and their discussion of case material in supervision remain firmly rooted in psychodynamic thinking.

The Senior Therapists make the most of what interests the client, following and building on their lead, whilst also actively opening up conversation around what the client brings to the session, moving in and out of more directive techniques. They also aim to be appropriately transparent. This means, for example, that when faced with a dilemma the therapist may share her own thought processes openly with the client, may bring in to the session new information about the client that has been passed on to her by the school, and may explain explicitly to the client how therapy differs from classroom learning. The therapist may also choose to invite the client's views on techniques and protocols, such as thinking about how silence is managed in the sessions and whether or not the therapist will pick up the client from class when he has not arrived for an appointment. By being appropriately transparent about her own thinking, the therapist is modeling a way of relating collaboratively, and emphasizes to the young person that the task of therapy is a shared one.

The Senior Therapists use the transference and counter-transference to manage powerful projections and see their psychodynamic thinking as central but apply it lightly with their pupil-clients. Interpretation is used sparingly and only when a therapeutic alliance has been established.

With experience, the therapists describe how they may draw from other approaches and adapt the boundary where appropriate (adjusting the length of sessions, acknowledging clients outside the room, offering review sessions, for example). Some experienced therapists may also offer psycho-educational input, which supports adolescent development and addresses their clients' day-to-day concerns and confusions. Some of the therapists make use of CBT-type tools and thinking when they consider it would be useful, and others incorporate art materials and other creative resources in order to engage young people. Some of the therapists recognize that open-ended therapy can be off-putting to young people, stimulating unconscious anxieties about both dependence and separation. For this reason the therapists frame the length of the work at the outset (offering regular opportunities to extend the sessions half-termly or termly, as the client becomes more engaged).

The Senior Therapists recognize the importance of co-creating a relationship with the client that feels 'alive' and authentic. They bring more of their own personality into the work, whilst still considering their practice to be psychodynamic. The Therapists describe how they may include humour in their relationship with the client, they may share practical information and respond to the young person's need

for thoughtful adult guidance when appropriate. The experienced therapists keep the meetings lively and show genuine interest. They aim to balance neutrality with an encouraging warmth.

My research found that the more experienced school-based therapists tend to reserve the use of silence for later in the work. These therapists value silence and are at ease using it, but know that it can be intensely difficult for their adolescent clients. Because of this, they use silence sparingly until a therapeutic alliance has been established and only once the client is committed to the work, making use of counter-transference feelings in order to assess its usefulness.

Many of the young people the therapists see already have complex relationships with adults, especially those with authority, and the counsellors are aware that if a new ambivalent or reluctant client's anxiety level is too high he will not engage with the work.

The Senior school-based Therapists actively create an environment that aims to minimize the first-time client's anxiety whilst at the same time helping him understand that the counselling relationship is different to any other he has previously had. Paradoxically, many of the Senior therapists use a sense of their own benign adult authority (rather than dominance or control) to engage young people, and so they may sensitively challenge young people's misjudgements and misunderstandings about therapy and about the wider world. The therapists work in a way that subtly acknowledges an adult's natural authority. The therapist's warm but firm attitude chimes with school staff and therefore is less likely to confuse or alienate the clients they work with.

The therapists offer the client something that is different to the rest of school.....but not frighteningly or off-puttingly different.

The experienced therapists work hard to safeguard their services, by managing the expectations and perceptions of the school community around them. Establishing a secure physical place from which to work is considered essential but other aspects of the therapeutic frame may be negotiable, depending on the individual school system and what the therapist considers will best meet the needs of each client.

The experienced therapists find it necessary to attend to the realities of school life and work around school priorities. As a way of managing the tension between the priorities of their own work and respecting the school's interests, they may spend time raising their profile within the school organization. In contrast with the classical model in which the therapist aims to avoid projecting an image of herself, some of the more experienced school-based therapists consider it beneficial to the pupils, their own work and the counselling service to be visible and embedded within the

wider culture. The Emerging and Senior Therapists may talk in classes and assemblies about counselling and the services they offer, they may see members of staff for consultation meetings on an informal basis, they fit meeting times around school activities, may offer shorter sessions if this is all the client can manage, and may even allow new clients to think of them initially as a member of school staff, such as a support worker, when it might be helpful to the work.

The Senior Therapists are unequivocal about their need to work within the existing school organization, and this requires a great deal of thought and management. The more experienced therapists interviewed suggest positioning themselves as a 'resource' to young people and as a 'consultant' to school staff. They work hard to engage young people in counseling but make suggestions to the school for alternative interventions when a young person can't make use of what they are offering.

The research shows that experienced therapists are moving away from more clinical or medical language, such as asking the school for 'referrals'. The suggestion is that schools 'recommend' students to be seen. 'Recommendation', unlike the term 'referral', may suggest to school staff that counselling is a positive process of engagement rather than a one-sided diagnostic exercise in which young people are 'cured' by the therapist.

It is apparent from the research that transferring clinical ways of working to school practice may not always be appropriate. So, for example, in a clinical setting sessions that are not attended are not used to see other clients, and the therapist may hold the space in mind for the absent client. In the school context, however, the therapist risks appearing as if she is not using her time effectively and may stir up negative feelings in school service-commissioners and non-counselling colleagues. In such circumstances, it may be a good idea to use 'vacant' sessions (when a regular client is absent, for example, or unavailable because of a school commitment), to see other pupils. For instance, Year 7 pupils can be seen for one-off appointments and the meeting used to explore their feelings about the transition to secondary school, to help the therapist build up a profile of the new yearly cohort and to introduce herself to pupils in a non-stigmatizing way. Alternatively, an unattended appointment can be used for a review session with another pupil.

The initial phase of casework

Referral

The types of referrals described by the practitioners interviewed cover the full range of those presented in clinical settings, although referrals around behaviour difficulties are particularly well represented. All of the practitioner interviewees

describe the information they receive about new clients from school staff as patchy, ranging from thorough to non-existent….even within the same school.

The senior therapists' comments indicate the value to them of having as much detailed information as possible about the client's history from whatever sources are available (school files, parents and staff). Of course, the way the client tells his story, what he emphasizes and what he omits, are important material for the therapist, but assessing this while also gathering a comprehensive account of the young person's life, starting from a position of little or no information, requires sophisticated technical expertise, and experience.

In the same way that a clinician might have a meeting with a parent or carer, Senior Therapists may conduct three-way 'handover' meeting at the start of the work with a new client and his parent or teacher in order to manage his initial anxiety and to communicate the purpose of counselling. Such a meeting can also convey to new clients that the therapist is part of a wider network and that adults have the capacity to think together about him. It also reduces the possibility that the positions of counsellor, young person and school become or remain 'split' rather than complementary. Relationships are the key to therapy and modelling 'integrated' thinking with parents, staff and pupils is an important aspect of the Senior Therapists' practice.

Assessment

The Senior Therapists tend to define an assessment period fairly firmly and treat this period, of up to four sessions, as one during which the client and the therapist have a chance to assess their capacity to work together.

By and large the experienced therapists will work with all clients who are willing to make use of therapy, and although it is not always possible, the therapists describe themselves as working hard to encourage engagement. Their internalized framework of assessment entails the process of developing a therapeutic alliance, actively gathering information about the young person's life and experiences, taking note of the transference and counter-transference, clarifying what is being offered in therapy, establishing the client's reasons for coming, and exploring with him how counselling might help his situation. As well, the senior therapists describe four additional and complementary areas of their assessment practice. They describe carrying out sensitive but active exploration of the young person's thinking style, working to develop a personal connection based on appropriate transparency, encouraging the client's creative collaboration in the task of therapy, and identifying to the young person where they (the therapist) is positioned in his network of relationships (once again to avoid some kind of split in the client's mind between parents, school and counsellor).

The experienced therapists in this research seem to be describing themselves as willing to expose some areas of their own individuality without compromising their neutrality. They guide, and may even actively direct, the first phase of the work and use resources (art materials, media, timelines, family maps and genograms as well as narrative based assessment tools) when they consider it necessary. The therapists use their understanding of young people and adolescent development to gauge the types of resources suitable for different clients. Taking a more active role in this way means that the therapist is bound to expose aspects of her personality while building the working relationship, such as showing a lively curiosity or using humour, while creating a family map or completing an assessment form with the client, and so on.

Using an internalized framework of assessment thinking, which applies to every new client, their assessment practice is then subtly tailored to each individual young person in the counselling room. Their practice style during this period is flexible. It shifts and responds to the client's presentation, to the transference information and to what their expertise tells them might be therapeutically appropriate to enable engagement. They are acutely aware that there is often a limited period of time in which they may be able to engage an ambivalent or reluctant adolescent client in therapy and they want to use that time as effectively as possible.

If a client has little or no reflective capacities and no real sense of 'having a mind' this has to be developed before the client can gradually take more of a lead in the sessions. This suggests that therapists could usefully be encouraged to attend closely to the pupil's communications about *how* he is able to engage, perhaps even checking in with the client more directly during the first few sessions. Asking such questions as: *How do you think our work together is going? Do you think the way we are working together is of use to you? What would make it more helpful?*

What the practitioners describe is a process in which the therapist is getting to know the client and thinking about how counselling can work best for him. The client, rather than getting to know the therapist in a similar way, is finding out what a therapeutic relationship can be like and how the counselling process works. In essence what the experienced therapists are using is a relational approach, underpinned by psychodynamic thinking. The therapists' sensitive and thoughtful questions about, for example, the client's use of counselling in the past, about his family and peer relationships, about how the transfer to secondary school unfolded for him, about how school is for him now, all give both therapist and client valuable information about the client's responses to offers of support, to his significant attachments, to new experiences and to authority. The transference will come alive in this process and the therapist may need to interpret it to herself at the same time as she is actively reaching out to the client.

When young people arrive in therapy, particularly in schools where there is a broad demographic, there are several areas that may immediately alienate new pupil-clients from the work - cultural, social, ethnic, power and age differences, for example, will play their part, A therapeutic environment in which warm curiosity is encouraged helps the client get beyond the 'person' of the therapist so that he can experience the process. The Senior Therapists' descriptions of their practice style, suggest that in the face of evident difference, points of connection with the young person may need to be actively sought out. Building on this finding, and the transparency that experienced therapists consider helpful to their practice, it is possible that areas of social and interpersonal difference might usefully be named by the counsellor and talked about openly with the young person at the start of the work. This might sound something like*: It might be hard to imagine that a middle-aged woman like me can have much idea of what it's like to be a 14 year old boy, but it's true to say that we all have in common the emotions we feel – so I also know what it's like to feel, for example, impatient, angry, excited or safe. Emotions are something we all share, whoever we are.*

Client Self-Report Forms

The Senior Therapists positive comments on the use of Client Self-Report forms in sessions with clients include their usefulness in expanding information not given at the referral stage, in identifying a focus for the work, providing a collaborative task in order to engage a new ambivalent client and in refocusing work that has become stuck later on in the process. The negative opinions expressed about forms were around the length of the forms (both too short and too long), the inaccuracy of tick-box measures, the unfamiliar or insensitive - to the client - language used in the forms and the way in which they can impact on the client-led quality of the encounter. The Senior Therapists only use the forms when they consider them to be beneficial to the therapy as the client presents, and none of these practitioners share the information gathered in forms with their schools.

The challenge seems to be to develop collaborative assessment forms that capture the client's presenting circumstances and relevant life history information, use age- and context-appropriate language *and* record the client's aims for the therapy.

Identifying Risk

The experienced therapists interviewed tend to treat risk as a specific area to be addressed during the first phase of work with a new client. These therapists use their counter-transference feelings and observations initially to guide them, but some of them use self-report forms as a normalizing structure, and others use sensitive but explicit questioning to open up conversations about areas of risk in the first few sessions.

Time-conscious adolescent therapy requires the counsellor to facilitate the development of trust in the relationship, and some of the experienced therapists describe doing this through their emphasis on transparency. By directly and sensitively addressing risk issues, they indicate to the client that conversations about these areas are possible in therapy. Creating a safe and non-judgmental environment for disclosure about areas of risk is considered to be key by the Senior Therapists interviewed. If a client denies risky activity that is known to the therapist, the therapist uses her counter-transference and assessment skills to help her think about this. She may then choose to ask the client directly about areas of concern at what she assesses to be the right moment.

The experienced therapists describe exploring the client's unhelpful and/or dangerous behaviour through psychodynamic thinking, but they also indicate that they may offer clients practical guidance about the consequences of their involvement in risky behaviour.

The implication for practice that emerges from the interviewee responses is that the area of risk may be directly explored, with or without the use of a form. The therapist might allow for the client's risk disclosures by asking sensitive exploratory questions, along the following lines:

- *I'm not sure if any of the issues we're talking about apply to you - do you think any of them do?*
- *Sometimes we get involved in things that we know aren't good for us - do you think that might be something that applies to you?*
- *What do you* do *to make yourself feel better when you feel like that? (Highlighting 'do' in this question may lead to a disclosure about cutting or substance misuse)*

Feedback to the School and Respecting Confidentiality

The experienced therapists are very clear about their need to develop and maintain professional relationships within the school network. They engage with the professionals around them, give general feedback verbally on a regular basis at referral and liaison meetings and may give what they consider to be relevant feedback about individual clients in discussions with other involved professionals. They also use liaison meetings to communicate information to school staff about what therapy can offer. The experienced therapists are aware that the information flow in schools needs to be more flexible than in clinical settings, and that their commitment to the welfare of their clients may mean a more nuanced definition of privacy.

The uncertainty around the issue of confidentiality in school counselling may in part be because the complete privacy protocol that applies with self-referring adults in clinical and private psychotherapy has been transferred almost wholesale to school-based work with young people.

It's possible that, rather than offering the standard terms of complete confidentiality, the school-based therapist might instead choose to really explore the boundaries of counselling privacy with the client in the first session.

To begin, the therapist might tell the client that as their meetings progress, the school may pass on information to the therapist about the client that is helpful to their work. Knowing this positions the therapist within the school network in the client's mind and informs the client from the outset that there will be communication *from the school to the counsellor.* Knowing this also helps the young person understand conversations he may witness in passing between a member of staff and the therapist.

In addition, the therapist can tell the client that she may be asked to give back her impressions of how things are going for the client, and that she'll do so when it is in the client's interests. The statement describes the reality of the counsellor's role in school and informs the client that the counsellor is part of a 'thinking' network.

But, and this is important, the therapist also tells the client that any feedback she gives will respect the privacy of the client's thoughts and feelings, and how he uses his time in sessions. The therapist can explain that the sessions offer a private talking space. The client can feel free to say what he needs to and to try out different ways of thinking, safe in the knowledge that this information will not be shared with anyone else.

Following this protocol means that a candid discussion with the client about information flow between the therapist and the school becomes part of the first phase of the work. The therapist ensures that the client understands exactly what is being said about feedback and privacy. This is how school-based counsellors tend to work in reality and fits well with the message of thoughtful transparency that underlies the experienced therapists' practice style.

The therapist also tells the client that serious concerns may need to be shared with the Safeguarding Officer (a named member of staff) and that, if the need arises, she will aim to discuss this with the client before doing so, and will continue working with the client if at all possible.

In addition, submitting a short confidential written report to the contact member of staff at the end of the assessment period, might forestall *ad hoc* requests for

feedback. The report may consist of the referral information, a brief summary of the client's initial presentation and circumstances, the therapist's assessment of the client's ability to engage with therapy, and what the focus or main themes of the work might become. This report does not compromise the confidentiality of the client's thoughts and feelings, but does reinforce the counsellor's position as part of a team and could help to educate schools about what therapy can and cannot offer and the kind of work that is done.

The Focus of the Work

The experienced therapists all describe their work as client-led, although part of the initial phase for most of the experienced therapists is to identify a focus either in their own mind or explicitly with the client.

Since most pupils are referred to see the counsellor rather than being self-referrals, the interviewees consider it important to start the work thinking with the client about what he wishes to get from the experience. Taking this approach makes it much more likely that the young person will continue to attend. The experienced therapists also note that establishing a focus at the start can re-vitalise work if it becomes stuck later in the process.

In addition to this, however, counsellors working in schools are aware of the impact a young person's experience of school has on his life chances and future well being, of the modest timescale of the intervention (although often open-ended, it is time-conscious) and also that schools are paying for the service and therefore has aims and expectations. To be most effective, most experienced therapists in the research find it appropriate to help pupil-clients address the issues that are preoccupying and disturbing them whilst also actively helping them make connections from these to the realities of how their behaviour is perceived by others…particulalry where conduct in school is an issue. Saying for example: *I wonder if how you're feeling is linked to the way in which people see you in school? Perhaps the feelings you're describing make it difficult for you to focus when you're at school?*

The Final Phase of Practice

Reviewing the Work

Engaging in relatively frequent reviews with the client, as some of the experienced therapists do, can help avoid unplanned endings on the client's part, ensure that the young person doesn't feel dropped if the therapy has to come to a close for school-based reasons (the pressure of waiting lists, the trainee therapist leaving, for example), and also keeps the reality of the end of the work in mind. In practice time-conscious, rather than time-limited, therapy may translate into multiples of the standard 6-week half-term or the natural length of an academic year – usually 36 weeks of school attendance.

The experienced therapists and supervisors suggest that the ending phase should have a distinct quality to it. These practitioners encourage the client's reminiscences about the relational and creative aspects of the work and the client's thoughts about progress and changes in all areas of his life. In addition, the therapist may offer her own observations and thoughts about changes that she has observed. This phase of the work, as described by the experienced therapists, has the quality of a guided discussion, a shared exchange of thoughts, an active review by both parties. There is a sense too from the interviews that these practitioners work with a lightness of touch that acknowledges real difficulties but also keeps the dynamic and progressive character of the adolescent period in mind. Working in such a way acknowledges both the therapist's role in supporting the adolescent developmental tasks of individuation and separation, as well as the understanding that a 'good enough' experience of school-based therapy can lay helpful ground for therapy accessed later in life.

Using Outcome Measures

Across all the samples, several advantages were cited for using outcome measures during the final phase of therapy. The benefits noted were that during the final phase they may help the client reflect on and evaluate the work that has been done, outcome forms can gather evidence which may protect services, they offer a final collaborative task for the client and therapist, and they can be used creatively to frame the final phase of the work. Outcome measures are quite welcomed by some of the more experienced therapists interviewed for these reasons, but with the caveat that the form is tailored to the needs and experiences of the young person in front of them. The optimum time for using an outcome form with a client in therapy is one or two sessions before the end of the intervention in order not to obstruct the relational aspect of saying goodbye.

The interviews suggest that outcome forms as they currently exist require a high degree of skill to incorporate into psychodynamic sessions. Without the benefits of the therapist's technical aptitude and confidence, the forms are seen to disregard the emotional depth of the counselling experience, and gather information in a way that diminishes both the client and the therapeutic encounter.

The interviews suggest that the forms currently in use in school-based therapy are either too individualized, and therefore too private, to share with the school *or* do not reflect the priorities valued by psychodynamic practitioners. The conclusion reached through the interview data is that outcome measures may have a role in the final phase of the work but rather than simply incorporating forms that are used in clinic or community settings, school-based psychodynamic therapists may need to create new ways of informing schools about the work that is being done.

The Experience of Loss

The experienced therapist interviews remind us how complex finishing therapy is for young people. Even pupil-clients who have used the counselling well may not manage an organized or planned ending. In addition, feelings of guilt, omnipotence and anxiety, relating to the developmental task of separation, may be stirred up in the young person when the end of the work is in view.

The experienced practitioners understand that the process of adolescence will be reflected in the work.

During adolescence the young person's relationship with significant adults at home is changing, but not necessarily ending, and school-based therapy offers a possible parallel process for working through this negotiated separation. For example, the counsellor and client may see one another around school after the end of therapy, and schools are the ideal place for young people to make repeat use of therapy, in a way that reflects the gradual and negotiated separation of adolescence. For this reason, the experienced therapists consider it important that both what has been achieved and the future are given emphasis in the ending phase. The experienced practitioners offer review meetings when appropriate and may involve other adults, a parent or a trusted teacher, in the final phase. Working in this way, communicates to the young person the therapist's understanding that this work has been one aspect of on unfinished process.

Although in the psychodynamic tradition, the negative transference is worked with throughout the therapy, at the end of the period of counselling, the senior therapists aim for the young person to Internalize as much 'good' from the working relationship as possible. In work with young people endings may need to be guided more closely than with adults. To address any unresolved omnipotent, angry or guilty feelings the client has towards the therapist, the counsellor might actively manage the ending. This may be done by going and collecting the young person for a final session if he drops out suddenly, or alternatively writing a letter to a client who has withdrawn, acknowledging the number of sessions attended, noting in broad terms the progress that has been made, as well as welcoming the client's return to the service at any time in the future.

The interviews suggest that the therapists who have less structured endings and use no outcome measures are less clear about what has been achieved in the work. It is possible that the therapist's feelings of loss, anxiety about the client's future and opportunity to assess what has been achieved might be addressed through the process of writing a short confidential report to the school. This practice might represent a useful activity for both therapist and client as it can help focus the therapist's thoughts about what the client has gained through coming to sessions. Individual sessions looked at in isolation can often feel hard to understand, whilst

looking at the whole shape of the work, as well as thinking about the detail of changes that have been observed in the client, can be a helpful process. The therapist's report to the school contact could help process the sense of loss by reflecting on the work that has been done and by making recommendations for possible interventions and observations for the client's future, Writing the report can serve as closure for the therapist and gives a sense that the counsellor is handing on the care of this young person, together with the notion that he can be thought about back to the school or on to the next person who comes into contact with him.

Final Thoughts

In summary, the research suggests that, without compromising our psychodynamic *thinking* and with a practice style grounded in psychoanalytic and psychodynamic theory, it is helpful for school-based practitioners to continually reflect on how appropriate some aspects of 'pure' practice are for the client group we are aiming to support in the setting in which we are working.

It may not only be helpful but also necessary to modify the model of practice that is taught on psychodynamic training courses. We may find that our role in schools needs to be a flexible one which can include using a wider range of resources with our clients, such as CBT type handouts or exercises and making use of questionnaires, self-reporting forms, evaluation forms and report writing in general. We might also choose to feedback and share information with school staff to a greater extent than a clinic-based therapist. Such approaches could feel counter-intuitive given the theoretical orientation of our training, but they may be necessary to encourage our younger clients to engage with us in a collaborative way that doesn't alienate them or expect too much from those who have yet to learn to reflect and to think for themselves. Our primary purpose is to offer a useful service to young people and we need to be able to work in a range of ways to meet their needs. Our psychodynamic thinking remains our model in mind but our practice must always be grounded in reality.

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

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iniva creative learning

in partnership with A Space

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**.