SMALL STEPS WITH CHILDREN:

A beginner's guide and a beginner's mind when meeting young children in family therapy

"I am still a child. I am learning. My name Satyarthi means, "student of truth "and I want to remain like that. If I remain a child, I remain a student". Kailash Satyarthi (joint winner, with Malala Yousafzai, of the Nobel Peace Prize 2014, for their struggle against the suppression of all children and young people and the right of all children to education.)

Introduction

The idea for this article came after I met with students and teachers from the Family Therapy training course at The Institute of Systemic Thinking and Psychotherapy, Thessaloniki via a Skype seminar link up. I decided to base the article on the main points of the seminar together with the questions and responses from participants in order to present a more organic, shared expression of the interests of the group in our exchanges. What follows is something of a practical lead in to the complex matter of how to make useful connections with young children from a systemic, narrative, and dialogical orientation to practice. The article highlights the challenges to, and enjoyment of, working therapeutically with younger children. These are the small, faltering steps that can help us to get going but just like a young child it is anticipated that the beginner will over balance and trip themselves up ~ just as the more experienced practitioner will also do!!

I have set out the article as a series of steps which I have found useful when embarking on first meeting with children in Family Therapy. But the steps are not set out in a lineal progression; in fact it is more like a dance that is responsive to the steps of the family members towards or away from our attempts to join them. However , for the sake of clarity I have numbered them below . The steps are not fail safe devices but rather, they point to conditions that can help us to make the best of our beginnings in meetings with children who are experiencing distress. Like all general tips they require amendment for each unique encounter.

The age range of children addressed in this article is preschool (under four years of age) to pre-teens.

Step One: Pay attention to our embodied responses: A story from training

The trainee family therapist is interviewing a young couple and their two young children. The children , emboldened by one another, begin to explore the therapy room. They approach the young therapist, lean over her, crawl on the floor and draw attention to themselves by asking questions of their parents who give cursory and slightly awkward responses as their children's noise levels steadily increase.

I notice that the therapist is embarrassed and doesn't know how to respond to the children. She continues to speak with the parents and ask them questions about their concerns. The children interrupt the flow of the conversation with enquiries of their own, "Mum can I go to the toilet? ". "Dad can we play this game here!? " The intrepid family therapist continues to ask questions seated on her therapist's chair, and as she does so,her embarrassment shows in the way her neck turns red ~ a creeping redness that steadily moves up the neck to her cheeks. However, she pursues her questioning of the parents and, in desperation, makes awkward, stilted gestures toward the children.

After forty minutes or so she leaves the room to consult with her fellow trainees behind a one way screen.

Here is summary of the conversation ;

One of her consulting trainee team says, “The couple rarely looked at one another during the session .Perhaps there is an underlying marital problem, and the children are distracting attention from this more severe problem.”

The therapist likes this formulation and her red neck began to fade.

Another team member says, “ I also wonder if the parents would benefit from coming together without the children to discuss parenting styles as I noticed they didn’t intervene to control the children in the session “. Again the trainee looked relieved and her red neck faded some more.

The rationale of the team members would have excluded the children from subsequent work. Their ideas were reasonable enough but at no point did anyone suggest including the therapist’s evident red necked embarrassment and awkwardness during the session. This is the point. If we only look towards formulations that find comfortable congruence with our already established ways of working, how will we ever expand our practice repertoires? To do so requires us to challenge our practice in order to take us into new unexplored territory. We learn through trial and error.Our mistakes and embarrassment teach us how to improve our practice.

For many years the family therapy training programmes in the UK, whilst ostensibly valuing the relevance of children in therapy , taught methods that were mainly adult focused and largely verbal in style: emphasising wording that was useful for adults and conducting therapy from a sedentary , rather composed and physically contained stance .

In the above illustration the trainee’s embarrassment was a gift to further useful exploration of her reluctance to meet again with young children. This is a crucial dimension to explore in our therapeutic development, and an area that is still insufficiently attended to in some training courses in family therapy today.

Step Two: Pay attention to our Prejudices about Children and Childhood

We all have prejudices. These are the reverentially held values or preferred truths that can influence and shape how we interact with children. An exploration of our prejudices helps to clarify those “reverences” that can sometimes lead us to be too certain about therapeutic goals and how to achieve them. (See Cecchin et al 1994 for full exploration). It is important to explore our prejudices, not as pathologies but as starting points to tackling certain views that may restrict useful connections with children. As with the trainee with the red neck, not everyone will feel at ease in working with children but to train as a family therapist this discomfort or reluctance is a crucial focus of attention. It is not simply a matter of learning techniques to engage children but an attitude by the therapist that is seriously playful and able to entertain ways of meeting with children which, “ gets down to their level” For some this means quite literally getting out of one’s chair and playing on the floor . For others this is not within their style but nevertheless ways can still be found to engage children’s interest and curiosity in the family session whilst expanding one’s repertoire of practice within one’s unique style (Wilson, 2007).

Step Three: Consider two rules :

1) To speak or not to speak. Somewhere near the beginning of a session it is helpful to set out two preferred ways of conducting the session.

The first is to let each family member know that you you will invite each person's views but that no one should talk about matters they do not wish to discuss. This helps avoid the trap of parents expecting the therapist to "magically "get their child to talk about matters that they themselves have failed to address. Equally it provides a possible relief to the child that the therapist is not going to be only on the parent's side. The rule applies to all, and although the wording varies depending on the context it should be something like this: "You should only discuss matters that feel safe enough to talk about …. It's the same for all of us. We need to feel its ok to discuss matters that are important to us ".

2) State simply your rationale for meeting a family. It is important to explain to children (in age appropriate language) about your aim and your ways of working. Too often young children are brought to a therapist without any prior knowledge of why they are seeing a therapist. They don't know what therapy will entail and often worry that the therapist can read their "minds ".

It is useful to be able to say something along the lines, "I would hope to appreciate each person's point of view so I can be of use to you and your family. No -one can read another person's mind but I want to be able to try to get a picture of you and your family so I can be useful in our meeting. ".It's not possible to capture the nuances of each unique encounter with these words but a variation on this explanation often sets people at ease.

On the rare occasion that abusive arguments ensue despite one's best attempts to create a safe enough context, the therapist also needs to give herself permission to stop the session. This is not a failure; it's an ethical decision based on the principle that therapy, as with any interaction, should not dehumanise participants.

Step Four : **Make a bridge to the parents** .Wherever possible the therapist needs to find a useful connection with the abilities of parents and their concern and love for their children. This is tricky especially if parents are hateful and furious about their child's behaviours. The therapist needs to tolerate this negativity but not at the expense of abusive behaviours towards the child present. We need to make a decision on how to hear "problem saturated "(White , 2011) talk yet avoid being trapped by negativity. To do this each of us has to find in our own style, a way to hear the words of complaint and at the same time, allow oneself to interrupt, to engage in ways that connect with the parent's words of concern rather than being drawn into an alliance against the child. To do this without cutting out the complainant is best done by joining with their concerns and naming their apparent anger or frustration. One needs to connect with the parent's sense of worry but not indulge in their negativity or anger. The negativity expressed is best thought of as an offering to the therapist to accept the point of view of the parent and yet not let it dictate the course of the session.

Just as each of us holds prejudices about children and childhood it can be helpful to create opportunities for parents to bring their prejudices into the conversation. Each family member will have their own unique relationship to childhood and how children's "voices "could or should be heard. I need to attend to their narratives if I am going to make a useful cultural connection with the child and her parents. I need to ask, for example;

- What is generally expected of children's contributions to family conversation / authority / etiquette / expected behaviours in this family?
- What does it mean to each parent / sibling to hear the child's perspective?
- What do other children in the family session consider important to discuss?

- Are there ways to hear children's views without feeling threatened?
- Are children's views considered too domineering in this family ?
- Do parents feel children should be heard all the time and treated as "little adults "or a parent's "best friend "?

These enquiries can help the therapist to position herself in response to the "prejudices "brought by family members.

The idea here is to explore the logic of each prejudice and see where exceptions may be found to look to a wider set of possible responses between parent and child .

Step Five: Consider practice as if entering a playground of possibilities. Family therapists may be trained in versions of the" talking cure "but for children the language of play and performance are modes that connect with their language. The playground of practice is a place where art, music, use of multi-media, storytelling, playful games, the written word, poetry, imaginative role play all co-exist with time for silence, reflection and stillness in our range of therapeutic modes.

Research into children's views of therapy suggest that young children prefer a combination of play and action, as well as talking. They also prefer to be involved in family sessions so long as they are not the only focus of attention. This is crucially important otherwise the family session can begin to feel like a court room with the therapist as prosecutor, judge or advocate for the defence. These positions close down options for creativity and fresh connections between participants.

Here is an example from my Playground of Possibilities.

Billy is twelve years old. He is frightened of many things including being in school after one of his classmates has been at home, sick. He doesn't like to be around "bugs ", and he thinks they are everywhere. His mother comes with him to the first session with me (The father is fearful of going outdoors so does not make it to this session)

I feel at ease with this thin, apprehensive little boy who looks much younger that his twelve years. His mother is also apprehensive and talks in a hurried worried way about her son's behaviour.

I ask Billy at one point if there are bugs in the room. He says there are, and they are invisible. I nod and say, "Are they on my hand? "Yes", he says. "Ok …. Can I ask you a question? … He nods. "If you had a bug spray just good enough to kill some of the bugs on my hand what would it be like …?" He says it is quite a big spray and it has a top on it that you press: I muse ," Well I imagine as the bugs are invisible we'd need an invisible bug spray for it to work" … He nods and I notice he is interested in this idea. However I glance toward his mother whose nervousness has given way to some degree of incredulity and perhaps thinks the therapist might be a little crazy. However I proceed.

"Ok. Could please use the spray to get the bugs off my hand. Could you do that?". " Yes" he says with a smile and after the spray is applied I ask if they have gone? "Yes" he says …. I look a little puzzled " That's great …. but the trouble is there are so many bugs out there that the spray will run out of bug killing juice " . But Billy is triumphant . He says, "No it's a self-refilling spray!" So began the therapy with Billy his mother and later his anxious father.

Step Six: **Look for connecting themes** . This will help to de centre the child, and has the benefit of engaging family members in a joint discussion that seeks resources, explanations, new narratives, and fresh options and so on. However the themes have to be relevant to, and engaging of, all participants, and linked to the central concerns of the family and their child's problem. This focus may alter in time but in the early stages of connecting with a family it is problematic to move away

too soon from the expressed concerns about a child. You need careful attention as to when to broaden the conversation to include other matters. It can be quite useful to preface one's wider exploratory questions by saying something like: "Can I just ask a wider question to help me get a picture of your family? … " or, " This might seem a bit irrelevant right now but is it OK to ask how you have so far tried to help John with his OCD behaviours ? " or, " I can see it is important not to move away from your worries for your son . I don't want to do this either so I will come back to this. Right now is it ok to ask some more about ….. ?" .

Step Seven :**Try to develop a "bilingual" approach to the spoken word**. So often we don't consider how our words may fly above the heads of young children in therapy sessions. If I become too adult focused in a session I can begin to talk only in the language of the adult and forget to " translate " what I am trying to contribute into words and actions to connect with the child's appreciation of what is being said . More often than not by asking parents to help me I can remind myself to continue with this bilingual or trilingual attempt at translation .

Step Eight: Find a Style of connecting that fits with the family We should ask the question of ourselves : How can I find a suitable connection with the style of a family without succumbing to ways that fail to challenge their ideas when I think I need to? For example, some families are so noisy and vociferous that I seem to become a conductor of the session directing the traffic of conversation.

With other families their very gentle style of talking brings me to become a jester, a gentle challenger of their too fragile sensitivities. In other words helping to engage children in family sessions needs the orchestration of all participants and the therapist is sometimes a follower and sometimes leader. The skill is in sensing when and where to position oneself in relation to all those present. Supporting children in family sessions is not done at the expense of closing down the voices of all the others. The child's voice is part of the chorus that needs to be heard and appreciated if progress is to be made.

Step Nine: Give consideration to separate sessions for children and parents

In the seminar questions were asked about when to consider excluding young children from sessions; this is an important question because excluding children from sessions is not to exclude them for your thinking or your concerns for their wellbeing. On occasion children benefit from sessions without their parents, and similarly parents can make good use of sessions without their children present. This is especially so if parents feel constrained not to hurt their child's feelings by expressing negative feelings in their presence. However seeing parents without their children can run the risk of alienating the child from any alliance with the therapist. Exploring the reasons and the consequences of meeting separately is important so that the rationale is clear and each member is aware of the bounds of confidentiality to be agreed upon. If parents insist that their child *should* be seen by you there is little point in simply refusing to go along with this. I consider this request as a way of attempting to join with the parents' concern to get help for their child rather than a manoeuvre to side step responsibility for aiding in the helping process. However seeing a child for one or more individual sessions needs to be coupled with a clear aim of engaging the parents at a later stage in joint exploration. Exploring the reasons for individual sessions with their child is crucial otherwise the danger is that the parents may feel they have handed over their child's problems to you to somehow solve. This tends to create a situation where the child feels supported and the parents may feel relieved that something is "being done". Though more often

than not the context of life at home remains largely unaltered and the danger is of the therapist becoming a fixture in the life of the family . Perhaps in some situations this is all can be reasonably achieved. If so it is best to name this as supportive child work but not family therapy.

When I see a child on his own I am always trying to keep in mind how and what matters can be discussed and fed back to the parents with the young person's co-operation. When very young children are seen on their own I try where possible to encourage the parents to observe my session and later comment on their reflections. By using terms like, "As parents you are the ears and eyes to help our work with your son." or, "It's important to for you (the parents) to be part of our team if we are to do a good job on behalf of your son". In other words the therapist tries to introduce the idea that the relational context of therapist, child and parents is the therapeutic medium and that expertise resides in joint participation between us. However simply saying this to parents who are convinced that their child needs an expert to "fix" him, is unlikely to be accepted at first. So the therapist needs to be constantly mindful of trying not to introduce a "too unusual difference " (after Tom Andersen) into the therapeutic arena.

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Sometimes we need to wait until we are offered an entry that provides a wider relational landscape in which to work. For example a parent may say, " Well I also had a troubled childhood " or, " I sometimes think I'm reacting in ways that make the problems worse " or, " there's been so much tension lately I think our child picks this up. ". All these are examples of relational openings where the child's difficulties can begin to be considered in a wider context and where negative connotations , diagnostic categories and individual pathologies , begin to hold less of a central position in the understandings of " what is the matter" . In contrast to the naïve search for culpability by parents the therapist can encourage more co-operative exploratory practices. (Wilson 1998)

With older children it is even more necessary to discuss what is hoped for in individual sessions. The child has to feel safe in this setting and trust the therapist enough not to break their confidences. At the same time this raises a further critical issue about one's ethical position. Just as child- care matters of abuse require action on behalf of the child to safeguard her , similarly the therapist may find that certain disclosures by a child may place the therapist in a position of having to talk with parents about a serious matter against the wishes of their child . There is no hard and fast rule here but it is important not to avoid making known any matters that would be damaging to the child's welfare or place him at continued risk. This is an area that is best further explored in case by case discussion but the basic point is that as therapists we are also citizens with the rights of children and adults to uphold. To be invited into secret alliances by a child is a toxic invitation and one that requires careful handling and discussion in supervision to explore the complexities of the situation. In this article it is important to underline the danger of secret invitations especially where the child offers a coalition with the therapist against the parents (or other carers).

Step Ten : Watch your language!

In general it is best to avoid the idea that a family should come for family therapy because the child's problem is located within family dysfunction. This is what I term the Culpability Approach and In my experience this is a very effective way to ensure families will drop out of therapy even before it begins! . I prefer to assume that most parents are worried, or frustrated or feel they are failing when their child is referred for therapy so it is better to tune into feelings of care, concern and love that accompany the often expressed frustrations, anger and hurt when parents discuss their child's

problems rather than to imply straight off that they are contributing to their child's difficulties. Once the context feels safe enough parents are more likely to bring their own vulnerabilities to the conversation

Towards a Connectionist Position

The above steps are intended to help set the scene for a practice orientation that is, wherever possible, geared towards meetings with children and their families or carers, focusing on the psychosocial resources of all participants, including those of the therapist. This orientation takes precedence over formulations that categorise or otherwise close down narratives about children to diagnostic formulations or where treatment programmes are implemented without due respect for the complexity of each child's situation and abilities . The job of the therapist is in creating contexts of possibilities with their clients. This is an exploratory process which is seriously playful, at times irreverent and experimental but grounded in theoretical study and reflexive critical thinking. The theoretical and philosophical influences are embedded in an orientation to practice that is anti-oppressive without being dogmatic and sees our actions as therapists as first and foremost a process of mutual humanisation (Wilson 2015). The embarrassed trainee with the red neck was also able to develop her creative power as she became more able to face up to the challenges and satisfactions of working with children.

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