

**Working with parents and carers within  
psychodynamic child and adolescent  
psychotherapy**

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**2008**

**A dissertation submitted to Auckland University of  
Technology in partial fulfilment for the degree of Master  
of Health Science (MHSc)**

**Faculty of Health and Environmental Sciences**

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# Contents

<b>Attestation of authorship</b>	<b>p. 1</b>
<b>Acknowledgements</b>	<b>p. 2</b>
<b>Abstract</b>	<b>p. 3</b>
<b>Chapter One: Introduction</b>	<b>p.4</b>
1.1 <i>Background to my choice of research topic</i>	p. 4
1.2 <i>Overview of the literature</i>	p. 5
1.3 <i>Dissertation outline</i>	p. 6
1.4 <i>Important clarifications</i>	p. 7
<b>Chapter Two: Methodology</b>	<b>p. 9</b>
2.1 <i>Introduction</i>	p. 9
2.2 <i>The modified systematic literature review in EPB</i>	p. 9
2.3 <i>Ethical approval</i>	p. 13
2.4 <i>Summary</i>	p. 13
<b>Chapter Three: Theoretical discussion</b>	<b>p. 14</b>
3.1 <i>Introduction</i>	p. 14
3.2 <i>Historical context</i>	p. 14
3.3 <i>Evolution of clinical understandings that have informed work with parents and carers</i>	p. 17
3.4 <i>A framework for psychodynamic work with parents and carers</i>	p. 23
3.5 <i>Technical difficulties for work with parent and carers</i>	p. 29

3.6 <i>Contraindications for work with parents and carers</i>	p. 31
3.7 <i>Summary</i>	p. 32
<b>Chapter Four: Models of working with parents and carers</b>	<b>p. 33</b>
4.1 <i>Introduction</i>	p. 33
4.2 <i>Brief work with parents and carers</i>	p. 34
4.3 <i>Engagement with parents and carers in preparation for therapy</i>	p. 36
4.4 <i>Work with parents or carers concurrent with a child or adolescents therapy</i>	p. 38
4.5. <i>Parent therapy: work with parents or carers as either the primary or initial mode of therapy</i>	p. 41
4.6 <i>Tripartite child-parent therapy</i>	p. 43
4.7 <i>A blend of approaches</i>	p. 45
4.8 <i>General discussion</i>	p. 46
4.9 <i>Summary</i>	p. 47
<b>Chapter Five: Summary and conclusion</b>	<b>p. 48</b>
5.1 <i>Introduction</i>	p. 48
5.2 <i>Reviewing the literature</i>	p. 48
5.3 <i>Implications for clinical practice</i>	p. 51
5.4 <i>Future directions for practice and research</i>	p. 55
<b>References</b>	<b>p. 57</b>

## **Attestation of authorship**

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been accepted for the award of any other degree or diploma of a university or other institution of higher learning.

## **Acknowledgments**

My thanks to Josie Goulding and Carol Shinkfield who have supervised me through the process of this dissertation.

Jill, thank you for your support and friendship throughout our study.

James, I thank God for the blessing you are in my life. You are my partner through life, my best friend, my staunch supporter. Thank you for continuing to believe in me through the times I stopped believing in myself, I could never have achieved what I have without you.

Jesse and Liam, my sons, you have both travelled this journey with me. My hearts desire is that I will inspire you to be all you were meant to be. Follow your dreams. Aim high. Live life fully. Don't compromise and settle for less than the best. I love you both.

## **Abstract**

This dissertation uses a modified systematic literature review to look at working with parents and carers within child and adolescent psychotherapy, and to consider this tasks relationship to therapeutic outcomes for children and adolescents. The topic is important because psychotherapy with children and adolescents inevitably involves additional relationships.

The literature indicates the way this undertaking has been regarded has varied through the history of psychodynamic child and adolescent psychotherapy. Numerous writers reflect on the ongoing neglect and absence of systematic thinking in relation to the task of work with parents and carers. This lack of attention is understood to have been influenced by the traditional model of child and adolescent psychotherapy where the source of the child or adolescent's distress or difficulty was regarded as being primarily intrapsychic.

What is now known regarding the current and active nature of the child or adolescent's relationship with the parent or carer, and the power and persistence of the parent-child bond has resulted in an acknowledgement of the need for a more equitable balance of focus between internal and external factors. In acknowledging that the external can no longer be seen as peripheral there are compelling clinical reasons to work with parents and carers. This undertaking should not be seen as dependant on the therapist's orientation or interest.

The significant scope of possibilities for work with parents and carers within child and adolescent psychotherapy is explored; however there is a lack of data relating to the clinical effectiveness of these approaches. The future need is for systematic thinking, and the development of practice guidelines for this clinical task.

## Chapter One - Introduction

This dissertation looks at a theoretical rationale for work with parents and carers when children and adolescents are referred for child and adolescent psychotherapy. It considers the continuum of work undertaken with parents and carers, and questions the relationship of this work to therapeutic outcomes for children and adolescents.

The topic is important because working with children and adolescents is necessarily triadic, in that it inevitably involves additional relationships (Nevas & Farber, 2001). As Shirk and Russell (1996) explain “child psychotherapy does not occur in an interpersonal vacuum, but instead is imbedded in the context of other significant interpersonal relationships” (p. 345). Fauber and Long (1991) suggest individual child psychotherapy is a misnomer; rather, involvement with parents exists on a continuum. Therefore the importance of parents and carers within child and adolescent psychotherapy cannot be denied or ignored (Nevas & Farber).

Bailey (2006) makes an apt point regarding the involvement of parents and carers when working with children and adolescents in psychotherapy. Holding in mind Winnicott’s famous statement about there being no such thing as an infant, only mother and infant together, Bailey states,

...they do not exist in isolation, separate and independent...We should add that there is no such thing as a toddler, a child, or an adolescent, as their parents are always present in our work, even if we are mostly working with the child (p. 180).

### ***Background to my choice of research topic***

From the beginning of my training as a child and adolescent psychotherapist I was aware, just as Bailey (2006) suggests, of the presence of parents even when mostly working with the child or adolescent. I thought frequently about this, wondering about the task of

work with parents and carers and its relationship to therapeutic outcomes. I believe my experiences as a parent and my previous work with children and families shaped my thinking and led to a particular interest in this undertaking.

Discussions with child and adolescent psychotherapists who I came in contact with alerted me to diverse views in relation to what was regarded as appropriate and sufficient work with parents and carers within child and adolescent psychotherapy. In an effort to increase my understanding, I began to explore psychodynamic literature. I wanted to know more about the topic generally, and to determine what sort of work with parents and carers was being undertaken and written about. Essentially I hoped to work out in specific terms how work with parents and carers might proceed. When the time came for me to decide on a topic for my dissertation, the topic of work with the parents and carers within child and adolescent psychotherapy appeared an obvious choice.

### ***Overview of the literature***

As early as the first symposium on child analysis Esther Bick (1962) (who had a significant role in the development of child psychotherapy), showed an awareness of the challenge of work with parents. She discussed the tension between internal and external stressors; the difficult position brought about by the therapist being responsible to both the child and the parents, and, the need to keep both in mind. She commented,

I cannot go into the many vicissitudes of the analyst's difficulties in his relationship with the parents. It is an integral part of his work, intricate and delicate to handle, needing flexibility and considerable confidence in child analysis in general and one's own work in particular (p. 328).

In spite of an early acknowledgement of the child psychotherapist's role in working with parents and carers, (Bick, 1962; Furman, 1957; Hug-

Hellmuth, 1921; Kolansky & Moore, 1966) Patone (2000) suggests these ideas “had not caught fire” (p. 21).

Numerous writers reflect on the ongoing neglect and lack of systematic thinking regarding work with parents and carers when children and adolescents are referred for therapy. Horne (2000), for example, writes that amongst child psychotherapists the nature of work with parents has “long been a debate” (p. 50). Novick and Novick (2005) describe a “history of relative neglect of parent work” (p. 2) and Rosenbaum (1994) reflects on an “absence of clear technical guidelines for work with parents” (p. 466). Patone (2000) clearly of the same view describes the available literature as “scant... and of little assistance” (p. 20). Furthermore, Sutton and Hughes (2005) comment on the limited attention given to work with parents in psychoanalytic literature, and reflect on “working with parents being regarded as peripheral or optional” (p. 170).

However the development and accumulation of knowledge within child and adolescent psychotherapy points to increasing acknowledgement of the value of work with parents and carers. Child and adolescent psychotherapists generally agree that work undertaken with parents or carers is of some importance (Bailey, 2006; Novick & Novick, 2005; Piovano, 2003). Significantly, research conducted by Fonagy and Target (1997) found contact with parents was important to positive outcomes within child and adolescent psychotherapy.

### ***Dissertation outline***

In light of the lack of systematic thinking in relation to this important area of work, I have undertaken a modified systematic review of the literature, extensively searching for pertinent psychodynamic literature with the purpose of bringing it together and assessing it. My aim has been to gain a broad understanding, and from this to provide a constructive synthesis of the literature regarding psychodynamic work with parents and carers within child and adolescent psychotherapy.

The information will be discussed as follows; in chapter two, I describe the methodology used for this dissertation. In chapter three, I provide a theoretical discussion, firstly considering the historical context, secondly, the evolution of clinical understandings that support a focus of work with parents and carers. Thirdly, I consider a framework for psychodynamic approach to work with parents and carers. Finally, within this chapter I reflect on contraindications for work with parents and carers. In chapter four, I provide an introduction to the multiple and diverse ways literature shows work with parents and carers is being undertaken. In chapter five, the summary and conclusion chapter, I firstly provide a synthesis of material from the previous chapters, pointing out what is understood, and what is not yet clear regarding work with parents and carers. Following this I look at the implications of this investigation to practice and to future research.

### ***Important clarifications***

The majority of writers included in this dissertation refer to parents when writing about work with the primary carer in the child or adolescent's life. While I will use wording consistent with the authors of whom I am referring, I believe it is essential to acknowledge the wide range of people who may have the role of primary carer (whether they be biological, step, adoptive or substitute) in the child or adolescent's life. In light of this, wherever possible I will use the term 'work with parents and carers' to acknowledge the range of primary carers children and adolescents may have.

Sutton and Hughes (2005) propose an important question when they ask "What does it mean this ubiquitous term "working with parents?" (p. 169). While the terms "work with parents" and, "working with parents" are used pervasively within the literature, at no point is a definition provided. While essentially the term is used to refer to the involvement of parents and carers within child and adolescent psychotherapy, I suggest the lack of

clarity around this term also reflects a lack of clarity surrounding the task of working with parents and carers.

Finally, in further clarifying wording, within this dissertation the words psychodynamic and psychoanalytic should be regarded as interchangeable.

## Chapter Two – Methodology

### ***Introduction***

This chapter presents the methodology employed in the research I have undertaken. As previously explained, I began with a broad question that had emerged from my clinical practice, regarding work with parents and carers within child and adolescent psychotherapy. The methodology used is a modified systematic literature review, guided by the evidence based practice (EBP) tradition.

### ***The modified systematic literature review in EBP***

EBP is a systematic approach to using the best available information resources (Dickson, 1999), an effective and fast way to bridge the gap between current research and clinical practice (Hamer, 2005). However there are incompatibilities between the world view of psychoanalysis and that of empirical science, specifically EBP (Fonagy, 2003). While the available evidence within child and adolescent psychotherapy is from a qualitative paradigm (Midgley, 2004, 2006), within EBP the relevance of scientific data is emphasised as “a linear and rational approach to decision making based on quantified data” (Midgley, 2006, p. 232). Due to this incompatibility it has been necessary to modify this review by the use of qualitative rather than quantitative data.

Fink (1998) defines a literature review as a “systematic, explicit, reproducible method for identifying, evaluating and interpreting the existing body of recorded work produced by researchers, scholars and practitioners” (p. 3). Its purpose is to provide a comprehensive understanding of what is known about a topic, and from this to inform and improve clinical practice (Mertens, 1998). In undertaking this modified systematic literature review I have used the six components listed by Dickson (2005) to guide my approach.

### Defining the research question

My interest in work with parents and carers within psychodynamic child and adolescent psychotherapy led me to ask the broad question: What does the literature say regarding the clinical task of work with parents and carers within child and adolescent psychotherapy, and, what is this task's relationship to outcomes for children and adolescents?

### Methods for identifying research studies

Having read several books on my chosen topic I began to identify key issues and concepts, and from this began the process of systematic searching. Wanting to find everything of relevance in my subject area I conducted a comprehensive search of high sensitivity and low specificity.

I undertook database searching using the databases PsychINFO, Psychoanalytic Electronic Publishing (PEP) and MEDLINE via PubMed. Some relevant articles within the Journal of Child Psychotherapy contained key word lists which were helpful in finalising the key words for my search. Where relevant I truncated words to allow for all variants of the word. The search words in no particular order were:

Work with parents  
Parent-child psychotherapy  
Mother-child psychotherapy  
Mother-child relationship  
Parent-child relationship  
Psychotherapy of parenthood  
Parent work  
Parenting capacities  
Parent consultation  
Parent psychotherapy  
Parent therapist alliance  
Parental alliance  
Parent participation  
Parental expectation  
Parental functioning

Parental involvement  
Transgenerational issues

Following the collection of articles I checked the bibliographies and conducted searches for citations in order to identify any other studies that met my inclusion criteria. In addition, I came across a helpful reference within the Journal of Infant, Child and Adolescent Psychotherapy, a journal which was not available on the Auckland University of Technology (AUT) databases. To search this journal I individually scanned the table of contents for this journal on google scholar, finding several highly relevant articles. In addition, while the Journal of Child Psychotherapy is accessible on the AUT databases I undertook a hand search of each volume of this journal as I felt it was possible there would be relevant studies that I may not have accessed via database searching.

As I began to find the same authors and articles and no new material I was aware I had reached saturation point. At this stage I had 156 references.

I supplemented the systematic search by browsing the catalogues of online bookstores Amazon and Karnak. I found two very relevant recently published books this way. Secondly, I browsed both the AUT library, and the library at Auckland Family Counselling and Psychotherapy Service finding additional helpful literature.

### Selection of studies

Only literature in English was included, therefore articles I was unable to obtain in English were excluded. I gathered articles and literature from a psychodynamic perspective only, excluding other therapeutic modalities. I included literature referring to children over three years of age, and adolescents up to sixteen years of age. It became necessary to exclude material relating to infants and toddlers because the abundance of literature available relating to the mother-child relationship and mother-infant psychotherapy would have extended the study beyond manageable limits.

### Quality of appraisal of included studies

Dickson (2005) notes “the usefulness of any systematic review is largely dependant on the quality of studies included in it” (p. 53). In appraising the quality of the studies included in this review it is important to consider that within EBP different forms of evidence are seen as being within a hierarchy. Clinical case studies, descriptive studies and opinions based on clinical experience rate very low in the EBP evidence hierarchy. One of the criticisms voiced regarding the knowledge base of an individual clinician is that it cannot be generalised beyond a specific case (Humphris, 2005).

Almost all of the evidence within this review is at the bottom of the EBP pyramid. However Dickson (2005) suggests that “we cannot ignore the value of a review that uses less rigorous evidence” (p. 45) suggesting the value of such a review is in clarifying current levels of knowledge.

It is also important to acknowledge that within the field of child and adolescent psychotherapy such evidence, the opinions of respected and experienced therapists in the form of the clinical case study has a long tradition. Clinical case studies are identified as having many strengths, and contributing significantly to the development of new ideas (Midgley, 2006). They continue to be the primary source of clinical understanding (Rustin, 2003).

EBP is criticised for its emphasis on scientific evidence at the expense of professional experience, knowledge and reflection (Trinder, 2000). Trinder suggests “the definition of what constitutes evidence and the hierarchy of evidence require rethinking” (p. 236). It is her belief it that it is vital that qualitative approaches “are accepted and valued on their own terms” (Trinder, 2000, p. 237).

Rustin (2003) concurs, believing opinions based on experience in the field are valuable and important in discovery and generation of new ideas. However, he also acknowledges that using case studies as a primary source of understanding “leaves the child psychotherapy profession very

vulnerable to criticism” (p. 142). Rustin suggests a willingness to make use of other more formalised research methods to support and confirm new ideas as they emerge from clinical understandings is important to the reputation of child psychotherapists within the field.

### Data extraction

I used the 4-S system (Boddington & Clancy, 1999) as an approach to reading the literature in order to extract relevant data.

### Synthesis of the data

Because the data is qualitative in nature all of the analysis is presented as a narrative summary of the findings.

### ***Ethical approval***

Ethical approval was not required as no clinical material was used. Only publicly available documents and data were used and therefore this activity is exempt from requiring AUTEK approval (article 6.2).

### ***Summary***

This dissertation uses a modified systematic literature review guided by EBP. The purpose being to provide a comprehensive understanding of what is known about the topic of work with parents and carers within child and adolescent psychotherapy in order to inform clinical practice. It is acknowledged that the collected data rates at the bottom of the EBP pyramid. It could be argued there is a need for more formalised research methods within the field of child and adolescent psychotherapy. However, it is also important to note that within the field professional experience and reflection are a primary source on clinical understanding. As such they are highly valued and should not be dismissed as poor evidence.

## **Chapter Three – Theoretical discussion**

### ***Introduction***

This chapter discusses how the literature reviewed within this dissertation reflects a development and accumulation of knowledge within psychodynamic psychotherapy and related fields regarding working with parents and carers, and how this points to an increased understanding of the value and importance of this work.

To provide a context in which to locate this premise, it is important firstly to look at the historical context of psychodynamic child and adolescent psychotherapy; with particular attention to understanding the development of work with parents and carers. Secondly it is important to consider the evolution of clinical understandings that have informed work with parents or carers. Finally, a framework for a psychodynamic approach to work with parents and carers, including considering a technical difficulty, and contraindications for work with parents or carers will be explored.

### ***Historical Context***

The practice of child and adolescent psychotherapy has its roots in the theories of psychoanalysis, of which Sigmund Freud's work is regarded as fundamental. While Freud's interest was not in the treatment of children, but rather the impact of childhood experiences in shaping the adult psyche (Fonagy & Target, 2001; Ritvo & Ritvo, 2002), one of his most significant contributions lends much support to the need to attend to the interpersonal world the child is imbedded in, that is, the idea that "development is shaped by our earliest conscious and unconscious loving and hating experiences towards our parents" (Siegler, 1995, p. 43). In addition, Freud's (1909) publication of the treatment of 'Little Hans' via his father is reported as beginning the early history of work with parents (Cohen & Lwow 2004; Ritvo & Ritvo, 2002).

Following on from Freud's significant contribution to psychoanalysis, psychoanalysis as a method of treating children began in the 1920's with Hermaine Hug-Hellmuth, Anna Freud and Melanie Klein held to be pioneers (Novick & Novick, 2005). Hug-Hellmuth (1921) is credited with first considering the differences in working with children and adolescents from that of adults, recommending techniques that continue to be pertinent today (Fonagy & Target, 2001; Ritvo & Ritvo, 2002). In her paper, "On the technique of child-analysis" Hug-Hellmuth explored issues in the psychodynamic treatment of children and adolescents, including the complex relationship between the therapist and parents and its impact on treatment. She notes "the peculiarity of the child-psyche, its special relationship to the outside world, necessitates a special technique" (p. 286).

Anna Freud (1946) and Melanie Klein (1932) are acknowledged as the originators of psychodynamic child psychotherapy (Badoni, 2002; Fonagy & Target, 2001). Freud and Klein developed different approaches, emerging as the founders of two schools (Ritvo & Ritvo, 2002) or, as Bateman and Holmes (1995) describe "two distinct camps" (p. 9).

Child and adolescent psychotherapy was developed directly from the adult analytic model resulting in "psychoanalytic theory developed in the context of a treatment conceived as one person therapy primarily centred on the patient" (Brish, 2002, p. 74). Initially both Freud and Klein developed "models of exclusively one to one work with child patients" (Novick & Novick, 2005).

As Freud's ideas developed she came to believe a "more supportive technique was needed in treating children" (Bateman & Holmes, 1995, p. 9). Observing that enabling parents to have insight into their child's problems would ultimately benefit the child (Badoni, 2002), Freud demonstrated a shift in her thinking (Ritvo & Ritvo, 2002) and noted, "In child analysis, assistance from both sides is needed – internal help for the method of coping, but external help for undue pressures on the child" (Sandler, Kennedy & Tyson, 1980, p. 268).

Giving specific guidance about contact with parents Freud commented, “There is a wide range of possible arrangements, from simultaneous analysis of child and parent to having mother within the treatment room even if only for a short time, to regular contacts, to occasional contacts only, and so on” (Sandler et al, 1980, p. 214). In comparison to Freud, Klein had less interest in working with the external aspects of the child’s life (Fonagy & Target, 2001).

For Klein, contact with the family of a child or adolescent raised questions about distortions of the analytic process (Piovano, 2004; Rosenbaum, 1994). She was particularly concerned about the child’s transference being contaminated (Herman, 2005). Klein’s methods minimised contact between the analyst and the child’s parents, and “encouraged deep interpretations” (Ritvo & Ritvo, 2002, p. 78). Bateman and Holmes (1995) suggest Klein’s focus remained consistently on the interpretation of the child’s unconscious. From this perspective, the environment is seen as peripheral (Brafman, 1997).

Klein’s influence endured in regard to the environment being seen as peripheral and not collaborating with parents. In relation to this Nevas and Farber (2001), Piovano (2003), and Novick and Novick (2005), criticise Klein for ignoring environmental effects. Her emphasis on unconscious phantasy and the role of internal objects is something Piovano believes “minimised the importance of the relationship with the parents and interfered with the elaboration of a theory on work with parents” (p. 258).

However Greenberg and Mitchell (1983) suggest the failure of many critics to fully consider Klein’s ideas have lead to misconceptions regarding her work. They believe that “real other people are extremely important in Klein’s later formulations” (p. 127) and regarding the child, suggest Klein saw that “the quality of his relations with his parents and the quality of his subsequent relations with others determine the sense he has of himself” (Greenberg & Mitchell, p. 127).

Greenberg and Mitchell (1983) identify Klein as “a key figure in the shift in emphasis within the psychoanalytic literature to the study of the earliest relationship between the infant and the mother” (p. 145). Holmes (2001) also notes Klein was concerned about the role of the mother, suggesting she “put the mother on the psychoanalytic map” (p. 3). Klein however tended “to see the effect of parents on the child as uniformly positive” (Greenberg & Mitchell, p. 146). Greenberg and Mitchell suggest that what is missing in Klein’s ideas is the possibility of problematic features of the parents own personalities. For example, the parents’ own difficulties in living may contribute in a more direct and immediate way to the original establishment of bad objects and thus to the beginning of psychopathology of the child (p. 147).

While the work of Sigmund Freud, Anna Freud and Melanie Klein continues to be valued, a subsequent growth of new ideas has built on their work, informing contemporary child and adolescent psychotherapy practice, including work with parents and carers (Bateman & Holmes, 1995). While acknowledging the diversity of ideas that have developed, some clinical understandings, particularly those from the ideas of Bion, Winnicott and Bowlby are particularly relevant to work with parents and carers and will therefore be discussed in further detail.

### ***Evolution of clinical understandings that have informed work with parents and carers***

Psychoanalytically informed work with children and adolescents has evolved over the course of a century (Cohen, 1997). Within the body of knowledge that makes up psychodynamic child and adolescent psychotherapy there is no agreed upon formulation (Fonagy & Target, 1996). Rather, knowledge has “accumulated in logical and ‘accountable’ ways, in the sense that successive advances in theories and techniques have been explicitly built on earlier discoveries” (Rustin, 2003, p. 139).

This is important as these successive advances in theories and techniques have impacted the development of work with parents and carers. While traditional child and adolescent psychotherapy was based on the assumption that “internal psychological processes are the source of children’s overt emotional and behavioural problems” (Shirk & Russell, 1996, p. 330) accumulated understandings have resulted in an increasing acknowledgement that the external world also plays a significant role (Altman, 2004).

To focus on the child’s internal psychological processes at the exclusion of an awareness of the child’s external life and circumstances when this “surrounds, enfolds, invades the child” (Bolland, 1997, p. 5) means ignoring factors that continue to be formative in the child or adolescent’s development. Working with parents and carers within the context of child and adolescent psychotherapy enables work at the interface between the internal and the external (Bolland, 1997; Shirk & Russell, 1996). In relation to this, Bolland explains that his approach to therapeutic work with children is “based on the premise that children do not exist in a vacuum, that a child is not just a neat little parcel consisting of an unconscious plus an assortment of defence mechanisms” (p. 5).

In considering the evolution of ideas relevant to work with parents and carers within child and adolescent psychotherapy it is necessary to consider the problems that have been identified within the approach of working primarily with the child or adolescent individually. Following this an acknowledgement of how the importance of the parent-child relationship has contributed to the evolution of a more equitable balance between internal and external factors within child and adolescent psychotherapy will be addressed. This includes highlighting the development of mother-infant therapy which has significantly influenced the development of work with parents and carers.

### Inherent problems in working primarily with the child or adolescent

In considering working with parents and carers within child and adolescent psychotherapy it is important to consider reasons why working primarily with the child or adolescent might not be indicated. A number of inherent problems and negative effects have been identified, each contributing to the potential for negative impact on the family (Furman, 1995; Jacobs, 2006; Jacobs & Wachs, 2002). When meeting initially with the parent or carer at the start of therapy, and then having minimal ongoing contact; the available clinical data is limited to one vantage point. Thus the therapist deprives themselves of a broader understanding, including the identifying obstacles that might interfere with the therapeutic process (Furman, 1995; Rosenbaum, 1994).

Further concerns are expressed by Dowling (2006), Horne (2000), Klauber (2005) and Jacobs and Wachs (2006), who suggest the child may be stigmatized and the parents or carers condemned, excluded or disempowered if the therapist replaces them as the ultimate expert on their child. This may result in their confidence being undermined and their parenting capacity threatened. Furman (1997) identified a major anxiety for parents whose children are seen individually for therapy is that the child's loyalty or affection will be stolen by the therapist. In addition, the therapist may identify with the child and develop a negative transference with the parents or carers (Jacobs & Wachs, 2006).

While it is suggested that these problems are inherent when working primarily with the child or adolescent, it could also be seen that these concerns support the importance of a therapeutic alliance between the therapist and parents or carers. It is my belief that a therapeutic relationship between the therapist and parents or carers can enable the therapist to recognise, address and provide adequate support to the parent or carer.

### The importance of the parent-child relationship

Bion, Winnicott and Bowlby were pioneers in highlighting the importance of the external world, particularly the parent-child relationship. Each of these men had an interactional view of relationships and saw that a child's development was impeded by inadequate parenting (Bateman & Holmes, 1995; Brafman, 1997; Mitchell & Black, 1995). The ideas of these theorists have contributed to a more equitable balance of focus between the internal and external world within child and adolescent psychotherapy.

Within Bion's concept of "maternal reverie" the mother is seen as playing a crucial role in the child's development as a reliable adult thinking about her child's feelings. Bion saw that the child requires an attentive carer, able in the state of "reverie" to take in and think about their feelings, struggling to make sense of and understand them, without becoming overwhelmed by anxiety. When able to make sense of the feelings the mother can respond in an appropriate way, providing the maternal capacity Bion called "containment" (Barrows, 2008; Emanuel & Bradley, 2008).

Winnicott gave importance to the real, actual influence the mother has on the child, not only in infancy, but throughout an individual's life (Brafman, 1997, p. 21). He developed "strikingly innovative and enormously provocative ideas about both the sort of mothering that facilitates healthy development and the sort that leads development astray" (Mitchell & Black, 1995, p. 124). Winnicott contributed a number of widely accepted theoretical concepts important to work with parents and carers (Fonagy & Target, 2001). A pertinent example is the concept of the 'good enough mother' where Winnicott saw the mother's provision of a 'good enough' environment as necessary for the child to develop a healthy sense of self (Winnicott, 1965).

Bowlby who is recognised as "the father of attachment theory" (Warshaw, 2007, p. 4), saw the potential for psychological health rested in the attachment bond. Bowlby believed "the formation of character and the psychic life of the child are inextricably entwined with the relationship with

the caregiver” (Jacobs & Wachs, 2006, p. 2) and in this way he saw children’s behaviour as significantly impacted by the nature of their relationship to their primary carers (Jacobs & Wachs). Bowlby originally emphasised the child’s attachment style, however more recent research by Mary Main, Peter Fonagy and colleagues also considers the parents parenting style as significant (Brisch, 2002).

Bowlby, who at one point was supervised by Klein, disagreed with Klein’s view that it was contraindicated to see the parents of a child in treatment (Holmes, 1993; Nevas & Farber, 2001). He believed parental relationships should be taken into consideration when children are in psychotherapy, and therefore “invited parents into therapy with their children” (Brish, 2002, p. 244).

The clinical contributions of Bion, Winnicott and Bowlby have enriched and advanced the understanding of the place of the external world in the development and maintenance of disturbance in children and adolescents. Many writers suggest what is now known regarding the active nature and interplay between the parent and child provides compelling reasons to work with parents or carers when children and adolescents are referred for psychotherapy, thus addressing both the child’s psychopathology and the child and parent pathology (Cohen & Lwow, 2004; Edwards & Maltby, 1998; Novick & Novick, 2005; Frisk, 2000; Herman, 2005; Rustin, 1998; Siegler, 1995; Slade, 1999; Warshaw, 2007). One such approach from which many variations have developed is parent-infant psychotherapy.

Parent-infant psychotherapy has contributed to the evolution of clinical understandings informing work with parents and carers within child and adolescent psychotherapy. Demonstrating a shift from working individually, parent-infant psychotherapy aims to bring change in the infant’s mental state, the parent’s mental state, and the relationship between the infant and the parent or carer (Barrows, 2008).

Mahler, Pine and Bergman (1975) are credited with the original design (Berlin, 2002; 2005) following their observation that a child’s pathology

could be related to the separation and individuation process which “reverberates throughout the life cycle” (Mahler et al., 1975, p. 3). While Mahler and Fraiberg “viewed the child as reacting to the mother” (Berlin, 2005, p. 139) research that followed has significantly shown the mother and infant as mutually relating (Blos, 1985). What I suggest is significant here in regard to work with parents is that it is understood that the relationship between parent and child is not static, but changing.

Following this, further contributions significant to working with parents and carers have been made, there are now many interpretations and techniques (Hopkins, 2008). For example, Fraiberg developed a technique of treating the mother and infant together using a psychoanalytic approach (Fraiberg, Adelson, & Shapiro, 1975) the aim being “the reduction of parental projections on to the infant” (Barrows, 1997, p. 258) and demonstrated its “enormous therapeutic impact” (Berlin, 2005, p. 138). Stern (1995) also provided a broad review of parent-infant therapies suggesting working in a model he calls “serial brief treatment”. In addition, Lieberman and Zeanah (1999) made a significant contribution drawing attention to the links between attachment theory and parent-infant psychotherapy.

The theory and technique of parent-infant psychotherapy is significant to the evolution of work with parents and carers, having been adapted for work with parents and older children, and demonstrated empirically to be effective in a range of situations (Lieberman, Van Horn, & Ippen, 2005). Siegler (1995) suggests what is now known about the mother-child relationship means child and adolescent psychotherapists can no longer be confined by narrow theoretical choices. Because the attachment relationship exerts such enormous influence, the parent-child relationship remains an appropriate target of treatment in older children (Berlin, 2005).

## ***A framework for psychodynamic work with parents and carers***

On the premise that it is necessary for child and adolescent psychotherapy to involve additional relationships, it is important to consider a framework for a psychodynamic approach to the task of working with parents and carers. Concepts from within child and adolescent psychotherapy referred to in the literature on work with parents and carers will be highlighted, as will the presuppositions of a psychodynamic framework outlined by Emanuel and Bradley (2008) as,

an awareness of the power of unconscious processes, and the way in which they can be expressed through nonverbal and verbal communications in the consulting room. Such awareness involves an understanding of, for example, the concepts of unconscious phantasy, splitting and projection, projective identification, and transference and countertransference phenomena (p. 3).

### Importance of a therapeutic relationship between the therapist and parents or carers

The therapeutic alliance or treatment alliance with parents or carers, also referred to as the parent-therapist alliance is a key concept within psychodynamic child and adolescent psychotherapy and particularly relevant in considering work with parents and carers. Its importance in supporting and developing parents interest and motivation in the therapeutic process initially, and throughout therapy, as changes occur in the child or adolescent is noted by both Jacobs and Wachs (2006), and Shirk and Russell (1996). Research by Fonagy and Target (1996) found the therapist and parents needed to have a secure alliance between them so the therapist could help parents continue treatment and secure ongoing therapy for the child.

It is understood that a recommendation for a child or adolescent to have therapy often triggers an intense reaction in either or both parents (Novick & Novick, 2005). Many who write on work with parents refer to a range of feelings such as ambivalence, guilt, shame, hurt, anxiety, envy and hate being frequently engendered in the parent when recognising the child or

adolescent's need (Furman, 1995; Frick, 2000; Green, 2000; Harris, 1968; Herman, 2005; Kraemer, 1987; Rosenbaum, 1994; Rustin, 1999; Schiemel, 1974; Sutton & Hughes, 2005; Wachs & Jacobs, 2006).

These feelings can have a significant impact on the treatment of a child or adolescent. Throughout the process of therapy, parents and carers concerns and anxieties may be expressed in many ways, such as avoidance, hesitation or anger. These feelings need to be recognised, addressed by the therapist and adequate support provided, in light of the impact they can have or treatment may be interrupted or rejected (Baruch, 1997; Furman, 2005; Halton & Magagna, 1981; Horne, 2000; Nevas & Farber, 2001; Novick & Novick, 2005).

Acknowledging the high level of anxiety engendered in parents when children and adolescents are referred for therapy, Brisch (2002) notes the therapist needs to demonstrate sensitivity towards the parents, and uses the concepts of attachment theory to explain that the "child therapist must enter into a positive therapeutic attachment (i.e., become a secure base) not only for the child but also for the parents" (p. 82). From this, the therapeutic relationship can become one in which parents and carers become partners in the work.

#### Parents and carers as partners in the work

Patone (2000) suggests that "most parents earnestly want to help their children" (p. 21), however, as the title of Emanuel and Bradley's (2008) book, "What can the matter be?" reflects, many parents and carers struggle to grapple with and understand the 'problems' of their children. When parents or carers are involved and able to understand the nature of their child or adolescent's difficulties and proposed treatment, they are more likely to support the therapist's efforts and ideally become partners with the therapist in the work (Nevas & Farber, 2001; Rosenbaum, 1994; Shirk & Russell, 1996).

Green (2000) highlights the importance of assessing what part parents can and will play in the therapeutic process. While acknowledging child

and adolescent psychotherapists are “providing something for the child that the parents cannot” (Sutton & Hughes, 2005, p. 170), it should also be acknowledged that parents are experts on their own children (Bailey, 2006). As Bolland (1999) suggests, child and adolescent psychotherapists should not diminish the role of parents with their child or adolescent by using them solely as providers of information.

Winnicott (1965) emphasised the possibility of parents and therapists working together. More recently, Furman, (2005); Jacobs, (2002); Jacobs and Wachs, (2006); Neven, (2005) and Novick and Novick, (2005) have placed strong emphasis on the need to fully respect the role of parents in the child or adolescent’s life, and promote an emphasis on parent focused consultative work; an approach that puts parents at the centre of the therapeutic endeavour, where parental skills and capacities are expanded so they can help their children, “rather than making the therapist as the sole person who is knowledgeable” (Neven, 2005, p. 198). This approach highlights the value of therapist and parent “thinking together” (Neven, p. 198) or, as Sutton and Hughes (2005) suggest, the idea of a “co-operative venture” (p. 172).

In considering a co-operative venture where therapists work with parents or carers as partners I believe it is important to acknowledge the practical contributions parents and carers make to the process of psychotherapy. The reality of the child or adolescent’s dependence means it is often the parent or carer who defines the problems and decides to seek help. In this way children and adolescents are usually reliant on parents or carers to access therapy.

Child and adolescent psychotherapists rely on the support of parents and carers in other practical ways such as payment, getting to and from sessions, decisions about continuation of treatment, and termination (Bolland, 1997; Shirk & Russell, 1996). Parents and carers can also play an important role in informing the therapist about issues relating to the child or adolescent, enabling an appropriately complex understanding (Ferholt, 2002; Horne, 2000; Sutton & Hughes, 2005).

### Assessment of the parent-child relationship and its impact

A further important component of work with parents and carers is a comprehensive assessment of their relationship with their child or adolescent. Attachment research shows that the psychic life of a child or adolescent is intertwined with their relationship with their primary caregiver, (Jacobs & Wachs, 2006). Furman (1995) suggests the power and persistence of this parent-child bond means a part of every child's therapy needs to be "exploring, understanding and working toward a phase-appropriate and growth-adaptive parent-child relationship" (p. 39).

Emanuel and Bradley (2008) also emphasise the need for assessment of the interactive nature of a child or adolescent's problem, noting particularly when working with young children the majority of presenting underlying issues are within the parent-child relationship. Patterns of interaction that develop around attachment related issues can be long lasting, although they are able to be modified (Warshaw, 2007).

Children and adolescent's difficulties can be seriously exacerbated by what the parent or carer contributes to the relationship. Understanding the issues presenting in the child or adolescent may include understanding the role parents and carers may have played, and interferences to their parental functioning (Sutton & Hughes, 2005). This includes gaining information about the parents or carers own early experiences of childhood and being parented, and understanding how this impacts on their relationship with their children and adolescent's and the way they parent (Novick & Novick, 2005). In relation to this Siegler (1995) vividly describes how becoming a parent "reawakens the early scrapes and lacerations of one's old family which get displaced, externalized and projected into one's new family causing new wounds" (p. 48).

This unconscious communication is considered by many writers to be an important aspect of the parent-child relationship which needs to be taken into account (Berlin, 2002; Brafman, 2001; Chazan, 2006; Cohen, 2004; Edwards & Maltby, 1998; Espana, 2008; Ferholt, 2002; Green 2000;

Jacobs, 2002; Nilsson, 2006; Patone, 2000; Siegler, 1995; Silverman & Lieberman, 1999; Slade, 1999; Sutton & Hughes, 2005).

Unconscious communication may be beneficial, or disruptive to the child's functioning, depending on its nature and intensity (Sutton & Hughes, 2005). Concepts such as projective identification, unconscious phantasy, splitting and projection are all highly relevant to psychodynamic work with parents and carers. Slade (1999) reports there is support for the importance of "understanding the impact of maternal fantasies and projections upon the relationship with the individual child" (p. 800).

Parents may develop representations of their children very early, even during pregnancy, and these become increasingly complex over the course of a child's development (Benedek, 1959). When the child or adolescent becomes the recipient of parental projections, this can cause both confusion in the relationship and disruption to the child's functioning (Sutton & Hughes, 2005). Slade (1999) suggests that central to a child's progress within therapy is "understanding and ultimately transforming the parent's conception of the child and of the child's mind, and separating such awareness from projections and distortions" (p. 804).

#### Therapeutic help for the parent

During, and following therapy, children and adolescents continue to live and be in relationship with their parents and carers, in an environment that is "informed by the same patterns that engendered the difficulties" (Jacobs, 2006, p. 231). Winnicott's (1971) belief about the "average expectable environment" as a minimal requirement for development reflects the need for consideration to be given to the actual influence of the parents and carers, their environmental provision, and their ability to support the child or adolescent's therapeutic gains (Brafman, 2001; Rosenbaum, 1994; Sutton & Hughes, 2005).

There are times when regular parent work is required, particularly when there are issues for the parent or carer, such as disruptive unconscious communication, or when functioning in relation to parenting intrudes into

the progress of therapy and needs to be attended to. In addition, both Piovano (2004) and Sutton and Hughes (2005) highlight the possibility that a parent's request for help for their child or adolescent can be a request for help themselves of which they may or may not be aware.

Consideration of the parent's and carer's parenting is a central focus of many writers (Benedek, 1959; Blos, 1985; Frick, 2000; Furman, 1995; Green, 2000; Novick & Novick, 2005; Offerman-Zuckerberg, 1992; Shuttleworth, 1985; Siegler, 1995; Sutton & Hughes, 2005). Sutton and Hughes suggest because the child or adolescent's problem may be embedded in aspects of the parent's inner lives, "an approach to the parents' parenting using psychoanalytic principles may be essential if the child's therapy is to be beneficial" (p. 171). They believe that "at times it is unethical, apart from being ineffective, to provide psychotherapy for a child without ensuring that the parent's (or alternative carers) also receive therapeutic help" (Sutton & Hughes, p. 185).

Both Green (2000) and Piovano (2004) highlight a view of parenthood as a dynamic state where parents have the capacity to be psychically open to change. Supporting this, Brafman (2001) suggests that when some parents and carers are given the help they need, they are able change their approach and become effective in helping their children. In relation to this, it may at times become apparent that a parent or carer needs to be referred to an adult psychotherapist for their own therapy. Herman (2005) suggests a distinction needs to be made for the work of the child and adolescent psychotherapist to be only "that sector of the parent's psychological life that is concerned with their relationship with their child" (p. 452).

In summarising, Harris (1968) suggests the best the child and adolescent psychotherapist can do is to help the functioning of the parents. Certainly the child or adolescent's relationship with their parent and carer is likely to be a more enduring relationship than that with their therapist, and will continue to pervade their relational life. As Slade (1999) describes succinctly, "As successful as a therapist may be in "meeting" the child's

mind, the parents' capacity to imagine the child's experience will provide healing and intimacy of yet another order" (p. 826).

### ***Technical difficulties in working with parents and carers***

Greenberg and Mitchell (1983) remind us, that "the psychoanalytic treatment of children poses considerable technical difficulties" (p. 121) Transference and countertransference are central concepts within traditional psychodynamic child and adolescent psychotherapy, with change seen as coming through the transference-countertransference relationship (Byng-Hall, 1986). Within these concepts there are technical issues that need to be considered in working with the child or adolescent and the parent or carer.

Traditionally there were different perspectives; Anna Freud believed that because children were tied to their parents and not fully developed, a true transference could not develop. As her work evolved she worked with children from a supportive and educational approach, seeing Klein's pure analytic approach as inappropriate and dangerous. Klein on the other hand, saw Freud's approach as unreasonable, believing it split the transference and drove negative transference underground, resulting in the absence of a pure analytic situation (Greenberg and Mitchell, 1983). As has been previously noted Klein was concerned that seeing a child's parents contaminated the transference and therefore minimised contact with them (Herman, 2005).

Within contemporary psychodynamic child and adolescent psychotherapy, transference and countertransference continues to be seen as an essential tool, and is acknowledged as such in therapeutic work that includes parents or carers (Emanuel, 2002; Green, 2000; Ludwig-Korner, 2003). However this raises the technical difficulty that including the external world potentially undermines the transference-countertransference relationship. Concerns have been acknowledged by some theorists about the distortion of the analytic process when working

with either the child or adolescent and parent or carer (Chazan, 1992; Cohen, 1997; Edwards & Maltby, 1998; Green, 2000; Piovano, 2004; Nilsson, 2006; Rosenbaum, 1994).

Cohen (1997) writes, “there is concern that focusing on the external world (e.g. working too much with parents) potentially undermines what has been considered the heart of psychoanalytic work, the ability to work with the transference and other aspects of unrecognised meanings and structures” (p. 514). As a result of these concerns, and a wish to prevent interference with the transference and countertransference, some therapists continue not to see the parents of a child or adolescent (Furman, 1995).

Believing that simultaneous work with both child and parents is valuable Kohn (1976) reviewed the available literature on the subject and acknowledged that the double transference and countertransference when both parent and child are seen by the same therapist takes attention away from a less contaminated effort, and that the understanding of double transference and countertransference requires a high level of skill from the therapist. However, in reflecting on these problems Kohn suggests that “just as much can be learnt from a purposeful controlled contamination as can be from keeping the field uncontaminated” (p. 497).

While both Edwards and Maltby, (1998) and Green (2000) believe it continues to be important to understand transference and countertransference; they offer a possible way forward suggesting transference and countertransference can be held in the therapist’s mind but not used in the same way as it has been traditionally; that is, used to inform work but not always referred to explicitly.

Gibbs (2006) suggests therapists need to be creative in the techniques they use, reflecting on how Anna Freud understood that “most children do not present a pure clinical picture and therefore require a range of therapeutic procedures” (p. 116) which at times took precedence “over revival of the past within the transference” (p. 116). Similarly, Nilsson,

(2006) who chooses to work in simultaneous psychotherapy with children and their parents acknowledges that with some children the contact does not become as intensive as with individual therapy and indicates this may be due to the dilemma with double transference-countertransference where information is contaminated. Understanding this, Nilsson continues to advocate for a model of simultaneous psychotherapy being particularly advantageous when there is a problem in the attachment between the children and parents.

Frequently the psychodynamic formulation for a child or adolescent will not present a pure clinical picture, with only the individual child being recommended for therapy, rather there will be a need to also work with parents and carers. When this is the case, it appears to me the issues relating to transference and countertransference are complex and need to be thought about in more depth.

### ***Contraindications for work with parents and carers***

It is important to consider when an approach that includes working with parents and carers may not be appropriate. Working solely with the individual child or adolescent may be preferred in some situations where the parent or carers involvement may make therapy threatening, chaotic and unsuccessful. Fauber and Long (1991) suggest such situations include severe and chronic abuse and intractable family conflict. In relation to this, Nilsson (2006) reminds us that children who have been abused by their parents or carers need to develop trust, and Bolland (1997) notes it may not be appropriate to work with the parents and carers of a suspicious or paranoid child. In situations such as these, children may need to be provided with a safe haven from a stressful family situation and working individually with the child to help them cope more adaptively may be the most beneficial.

While work with the parents or carers of adolescents is at times recommended, Bailey (2006) suggests it may be more appropriate

developmentally for an adolescent to do work with a therapist on their own. This may be particularly pertinent when they may be struggling to break their infantile ties to their parents.

Highlighting the importance of maintaining parental functioning, both Rustin (1998,1999), and Sutton and Hughes (2005) note that work with a parent or carer must be sensitively handled, and at times may not be appropriate if the parental functioning is fragile and the work risks further breakdown. In addition, I suggest while many parents and carers want to help their children, there may also be situations where the therapeutic alliance is fragile and parents or carers are not prepared to engage in the therapeutic process constructively.

### ***Summary***

In this chapter I have considered the implications of the literature review on working with parents and carers within child and adolescent psychotherapy. With what is now known regarding the current active nature of the child or adolescents relationship with the parent or carer, and the power and persistence of the parent-child bond, child and adolescent psychotherapists should not confine themselves to narrow theoretical choices. The environment can no longer be seen as peripheral, and the possibility that a part of every child's therapy needs to be directed toward the parent-child relationship should be considered.

This may frequently involve working with parents and carers. A psychodynamic approach provides a valuable framework for this task. Therapeutic involvement with parents or carers essentially has two components, firstly supportive, and secondly engaging parents as therapeutic change agents for their child or adolescent. In the following chapter I consider the widening scope of technical innovations which provide models for a range of ways of working with parents and carers.

## **Chapter Four – Models of working with parents and carers**

### ***Introduction***

This chapter provides an introduction to the multiple and diverse ways the literature describes work with parents is being undertaken within a psychodynamic framework. According to Horne (2000), amongst child and adolescent psychotherapists there is “great flexibility in the kind of work undertaken with parents” (p. 47). Herman (2005) suggests that the “nature of what has been offered to parents forms a continuum” (p. 449). I have attempted to explore this continuum by grouping individual models with others of a similar approach. A brief description of each model is provided, and a discussion around the strengths and weaknesses follows.

In my view the range of models recently published within academic journals clearly illustrates a widening of the scope of treatment approaches available for work with parents and carers in child and adolescent psychotherapy. In addition, these models demonstrate how innovative work with parents and carers can be undertaken in a range of ways. For example, prior to a decision regarding therapy, in preparation for therapy, in conjunction with a child or adolescent’s therapy, to support and hold a child’s or adolescent’s therapy, and, in working with the child or adolescent via the parents.

While I have endeavoured to highlight the specific focus or point of difference within each model, the limitations of space mean that the descriptions provided may not adequately describe the models. This chapter highlights the rich diversity of models available; however I experienced the task of separating and grouping these models (by identifying their critical components) as confusing and overwhelming. I suggest this experience may mirror the difficulty for the practitioner in searching within the available literature for appropriate models for work with parents and carers for a specific situation. This further highlights the

need for clear guidelines, a systematic approach and evidence of clinical effectiveness to work with parents and carers.

### ***Brief work with parents and carers***

The following models of brief intervention could be described as a response to the clinical need to do something else. Therapeutic in themselves, they may be all that is offered or may become an introduction to individual work.

Zaphiriou Woods (2000) provides a model of preventative work led by a child psychotherapist within a preschool group, “at a time when children and parents alike are particularly needful and responsive” (p. 209). According to Zaphiriou Woods this approach enables the child psychotherapist to be in a position “to promote profound changes in children and their parents, and to modify potentially damaging relationships before they have become internalised” (p. 210). When further intervention is needed, there is a trusting relationship already established between the parents and therapist and individual work can be provided.

Another model for preschool children has been developed by Sorenson (2005), offering an encounter for parents involving one to two consultations. Within these encounters the therapist supports the parent’s ability to understand the child’s behaviour as meaningful, to “look through the eyes of the child” (Sorenson, p. 154), thus encouraging the parent’s capacity for more constructive interactions with their children. If necessary these consultations can lead to a clinical intervention.

A similar model of brief intervention for parents of preschool children has been developed at the Tavistock clinic. This model offers up to five sessions of focussed work with parents and their preschool children with a focus on addressing key issues in the context of family relationships and dynamics. A flexible service is offered, with no set structure for interventions, providing an opportunity for different grouping to be seen,

and variable time frames between sessions. Families may use repeated brief consultations, or the initial intervention can function as an assessment for long term work for one or more people (Emanuel, 2002; Emanuel & Bradley, 2008; Pozzi, 1999). A strength specific to this model is that it is comprehensive in its description, has been used extensively, and adapted for a range of educational and health settings (Edwards & Maltby, 1998; Neven, 2005; Pozzi, 1999; Tydeman & Sternberg, 2008).

A further model, of brief exploration for families with children or adolescents is described by Copley (1987). Seeing that within the two way process of an exploration something can be accomplished, Copley explains that within this approach families who for whatever reason may not accept or be ready to accept ongoing therapy can have an experience of their needs being thought about. Copley recommends this model when the therapist is uncertain what is likely to be required and it may be helpful to keep options open, particularly when there are indicators of considerable fusion, splitting, projective identification and scapegoating within the family.

Brafman (2001) also provides a model of brief work; his approach is based on Winnicott's (1971) concepts and therapeutic consultations. Within this approach if a child is assessed as having an "average expectable environment" Brafman sees individual therapy as most helpful. Whereas when the parent is assessed within Winnicott's concept as being not "good enough," or as having parental pathology, Brafman recommends an approach where the parents are included and become actively involved in the interventions.

### Discussion

These models offer a flexible approach when brief work may be the treatment of choice, or when there is a need to offer something else. For parents who are not sure what kind of help they are looking for, or may not be ready to consider individual therapy, a brief encounter with a child and adolescent psychotherapist within these frameworks can provide

something more manageable for the family. This provides an opportunity that may relieve feelings of anxiety and guilt; and open the door to enabling the parent or carer to access further assistance at an appropriate time.

These explorations can be therapeutic in their own right. Something can be offered when resources may be limited. If individual work with a child was assessed as necessary there would be a good starting point following the shared family thinking and exploration of difficulties.

In support of this approach, Lanyado (2006) believes non intensive brief work and consultations can be the best options for many children and adolescents who are brought for help. Edwards and Maltby (1998) who highlight the Tavistock five session model, report it is extremely helpful to begin by “unpacking the family bag” (p. 118), rather than immediately focussing on the child who has been identified as a concern.

Tydeman and Sternberg (2008) caution the possibility of pressure within a brief model for the therapist to make a premature formulation. Additionally, Emanuel (2002) points out the dangers in focusing “on a few selected aspects of the problem” (p. 103) as not all aspects are addressed. Essentially, I suggest these models should be held in mind for what they are, brief interventions.

### ***Engagement with parents and carers in preparation for therapy***

Within a traditional approach to child and adolescent psychotherapy sensitively handled meetings with parents or carers during the assessment process are considered extremely important in establishing a good working relationship with the child or adolescent’s parents (Parsons, Radford & Horne, 1999).

The following two models essentially develop and extend this traditional approach. The therapist spends time strengthening the parent-therapist alliance, inviting parents or carers into an attitude of curiosity about the child, and about their role as parents or carers with the aim of enhancing the parental function prior to individual therapy for the child or adolescent.

Rosenbaum (1994) considers an assessment of obstacles that may interfere with the process of therapy (including parental function) as essential, prior to a child or adolescent beginning therapy. When obstacles to parental understanding of the child are identified, Rosenbaum advocates extending the evaluation phase to work until such a time as the parent gains insight into the child's needs, and the complexity of the problem.

Similarly, Green (2000) presents a model of brief work with parents, preparing them to support their child when the child begins individual therapy. Taking a view of parenthood as a dynamic state open to change and the activation of parental capacities, the therapists focuses on helping parents to understand and respond to their child in an appropriate way. In addition, work is often undertaken to address difficulties that have constrained the parent's capacity for emotional awareness. This can involve setting in motion processes of disentanglement from the parent's own difficulties and projections, thus enabling them to begin to reflect on their relationship with their child.

### Discussion

These models reflect a valuing of parents; both in playing an essential role as a parent of the child or adolescent, and, as a potential partner with the therapist in the process of child and adolescent psychotherapy. In my view this is very important.

I suggest that for these approaches to be effective, the therapist would need to respond sensitively, conveying a genuine respect for the parent as a person and for the parent's relationship with their child or adolescent. If the parent feels empowered, and a development or shift of awareness

takes place, prior to the child or adolescent beginning individual therapy, this may enable the parent to become more fully engaged and supportive of the child's therapeutic process, enhancing the therapeutic outcome.

### ***Work with parents or carers concurrent with a child or adolescent's therapy***

In light of an acknowledgment of the reciprocal influence of the parent and child, these models use an integrative approach where either one or two therapists work with the child's internal problems, as well as towards an enduring improvement in the parent child relationship. The parents or carers are worked with concurrently alongside the child or adolescent's therapy.

#### Where one therapist sees both the child and the parents

It is the experience of Novick and Novick (2005, 2006) that work with both children and adolescents is more effective when parent work is included in the overall structure of the treatment. In light of this they have developed a model for one therapist in which Anna Freud's therapeutic goal for the child, restoration to the path of progressive development is followed. Additionally, a further goal is added, that is, helping parents to function more effectively and to improve the parent-child relationship. Towards this goal, Novick and Novick outline detailed therapeutic alliance tasks, thus providing a conceptual framework for work with parents throughout the course of a child or adolescent's individual treatment.

In addition, both Chazan (2002) and Herman (2005) provide models of parallel therapy recommended for treatment of a parent-child relationship where there is a school aged child. Within these models the child receives individual therapy and the same therapist also meets regularly with the parents to understand, clarify and interpret the nature of the parent's interrelationships with the child.

Cohen (2004) suggests a model of psychoanalytically informed work with adolescents within the context of the family. This approach uses individual treatment, supplemented by participation of parents when family issues may be interfering with the adolescent's development.

Where two therapists work together, one seeing the child, the other the parents or carers

In the model proposed by Sutton and Hughes (2005) parents have regular, formalised contacts with either a child psychotherapist or another member of clinic staff while their child is seen separately by a child psychotherapist.

A specific strength of this model is that it is comprehensively described, with five key areas of work described in detail. These are 1) information exchange between parents and therapist, 2) professional knowledge and experience made available to parents and communication about the child's therapy, 3) supportive examination of parenting, 4) exploration and interventions around family relationships, 5) exploration and interventions around the current impact of parent's own childhood. Sutton and Hughes believe that work with parents is as important as work with a child and have named this professional task the "psychotherapy of parenthood" (p. 171).

Piovano (2004) and Neven (2005; 1995) both describe models where the child and one parent, or the parental couple have psychotherapy with separate therapists. The point of difference in Piovano's approach is that the two therapists meet together with a common supervisor who is able to hold an integrated picture, and regular meetings allow for sharing of information. What is unique in Neven's approach is firstly her emphasis regarding the vital role fathers have in promoting their children's mental health, and secondly that only one monetary charge is made.

Using a similar framework, Frick's (2000) model focuses on parent therapy parallel to individual work with the child. This approach is designed to enable parents who have a disorder or deficit of parenting to process the problems that are blocking their parenting ability.

### Discussion

Simultaneous work with both the child, and the parent or carer, provides an additional vantage point, and an opportunity for both parent or carer and child or adolescent to receive therapeutic help with both the child and the parents able to have an experience of being contained and attended to.

In considering the models using only one therapist, a significant strength in these approaches is they can be used by a therapist who is practicing alone, or when only one therapist is available. However as Altman (2004) suggests, it may be too much to ask an individual therapist to take on the emotional stress of working alone with a disturbed family. In addition, it may be complex and possibly not appropriate for some children to share a therapist with their parents. In relation to confidentiality, some children may not feel the therapeutic relationship is safe when sharing a therapist with the parent or carer. As noted previously concern has been voiced regarding transference and countertransference being contaminated when working this way, and the complexity of double transference and countertransference, which may be formidable for a less experienced therapist (Chazan, 2006)

The models using two therapists provide a containing structure for the therapists, with opportunity to process material together. It seems to me this would be particularly supportive for a less experienced therapist, or in a particularly complex case. In addition, while the individual therapists can work with their client from their own point of view, both therapists can also work alongside each other treating the same themes; essentially an opportunity for parallel evolution and development. In addition, when two therapists work together there is no concern regarding transference contamination.

In caution, Litwack (1985) brings our attention to a difficulty that may occur when more than one therapist is involved and there is a conflict of identification. Litwack suggests if each therapist develops a strong identification with their client, the dynamic may be externalised and acted out between therapists, with communication becoming rigid, defensive and little understanding achieved. Should this occur, the strength of Piovano's (2004) model remains in the shared supervisor's potential to provide containment and holding for the therapists, enabling a working through of difficulties. Furthermore, it should be noted that in some circumstances the high cost and resource required in models with more than one therapist may be prohibitive.

***Parent therapy: work with parents or carers as either the primary or initial mode of intervention***

The use of focussed work with parents as a clinical intervention where the child is worked with through the parents or carers as primary change agent is a model often referred to as parent therapy.

For Ferholt (2002) working with a parent towards a healthy mental portrait of their child is important in enabling improvements in the parent-child relationship, and promoting long-term wellbeing for the child. Ferholt's approach outlines an approach for use when it is apparent a child is being hurt by a disorder of the parents' enduring pattern of thought and feelings towards them.

Cohen and Lwow (2004) describe a model of focussed work with the parents of disturbed adolescents who resist treatment. There are two components, the first is supportive; the second engages parents as therapeutic change agents for their adolescent. The therapist helps parents to change the way they act and react to their adolescent, teaching them how to challenge the adolescent, and how to enable the adolescent to assume responsibility for their problems.

In Patone's (2000) view the focus of the treatment is on the parental relationship. He suggests conceptualising the parental relationship as the "identified patient" (p. 24) and recommends parents are seen before the child is brought in. Patone argues that intensive intervention at the parental level is a necessary condition for a successful outcome in child psychotherapy, and a sufficient treatment alternative in many cases.

Cohen (2006) presents a framework of relational therapy where four levels of a parental awareness scheme are used to provide a guide for parent therapy. Parental awareness refers to the typical way parents tend to think about their children and understand their behaviour. The four levels are the egocentric level, the conventional level, the child-centred level and the relational-systemic level. This approach aims to increase the quality of parental functioning to a realistic level.

Deri (2006) suggests young children referred to therapists often have atypical aspects of development, and as a result their parents are taxed to a greater degree. When the parent-child relationship is shaped by factors from the child's neurobiological makeup he suggests a cycle may begin where the parent's anxiety increases and their effectiveness as parents decreases. Deri's approach is one where the parent's anxiety is seen as a response to, not a cause of difficult child behaviour. Using developmental lines and working with factors emerging from the child, Deri works with parents to broaden and deepen their understanding of the child and the child's behaviour.

### Discussion

Working with parents and carers as a primary mode of intervention is suitable for children and adolescents who may not need direct assistance from a therapist, thereby avoiding possible negative effects of individual therapy. It is also advantageous for children and adolescents who are unwilling to attend therapy but can be helped by the therapist intervening directly with the parent or carer. In this situation if the parent or carer can be guided to be the primary change agent some intervention is possible.

Each of these approaches would require the therapist to be skilled in working directly and cooperatively with parents. A high level of sensitivity would be required when examining issues relating to parental functioning; and when working with this focus parents would need to be willing to cooperate with the therapist, to have a desire to be “good enough” parents, and be able and willing to modify their behaviour.

### ***Tripartite child-parent psychotherapy***

These models are strongly influenced by the theory and methodology of parent-infant psychotherapy (as previously described), with the parent-child relationship as the target of treatment.

Ben-Aaron, Harel, Kaplan and Patt (2001) have developed a brief treatment approach to relational disturbances in three to seven year old children. The mother-child and father-child dyad meet with the same therapist in weekly alternating meetings, the child attending weekly with alternate parents. In addition, there are regular meeting between the parents and the same therapist. Within this model the child’s difficulties are mostly seen as reactive, connected with parental difficulties and/or the parent’s difficulties in meeting the child’s changing developmental needs. The parents are seen as vital collaborators in the treatment, both giving and receiving help.

Parent and Child therapy (PACT) (Chambers, H; Amos J; Allison, S & Roeger L, 2006) is an attachment based intervention founded on mother-infant work which has been adapted for work with older children and their mothers. Undertaken by two trained PACT psychotherapists, interventions are provided to both the parent and the child in parallel. PACT is a useful therapeutic approach for children with emotional and behavioural problems related to an insecure attachment with their parents. Developed in New Zealand by a child and adolescent psychotherapist, the training is available in New Zealand, a particular strength for the New Zealand context.

Berlin's (2002) model also extends the approach of mother-infant psychotherapy to working with older latency aged children. Berlin provides a relational model of intervention using tripartite psychotherapy based on the theoretical rationale of attachment theory. This model aims to turn a troubled relationship between mother and child into a more satisfying and healthy one, and to ameliorate the child's symptoms. Acknowledging that the interpersonal environment plays a continuous role, and "mother-child relational patterns are repeated over and over in different forms at different developmental stages" (Berlin, p. 4), Berlin believes it is possible to modify the child's unhealthy working models.

Two approaches of child-parent psychotherapy have been adapted for a particular population. Understanding excessive anger as a form of attachment behaviour arising from within frustrated relationship needs, Berlin (2005) used her model (Berlin, 2002) to treat childhood aggression in school aged children. The message is conveyed that both parent and child are responsible for their own part of the relationship, and to make it work will depend on both of them. In addition, Lieberman et al (2005) provided a model of child-parent psychotherapy for preschoolers exposed to marital violence. This framework is guided by the child-parent interactions, and the child's play, with weekly joint sessions, and weekly individual sessions with the mother. The aim is to alleviate the children's traumatic stress symptoms and behavioural problems by focussing on improving the quality of the mother-child relationship and engaging the mother as the child's ally in coping with the trauma.

### Discussion

Research has shown the role attachment exerts across the life span. In light of this, parent-child or tripartite psychotherapy is increasingly considered helpful in working with older verbal children and their parents, particularly when there have been disruptions in the parent-child relationship and this needs to be the primary focus. Child-parent psychotherapy is particularly useful in facilitating the development of a more fulfilling relationship between the child and their parents. A context is

provided where the actual interactions and relational dynamics between child and parent can be observed, making it possible to identify relational problems which can be addressed alongside any individual problems.

Berlin's (2005) model focuses on the mother-child relationship and does not acknowledge the role of the father. While Berlin provides a reason for this, seeing the mother as playing a central role in the child's development it is my belief that the child's relationship to both the mother and father is an appropriate target of treatment because of the possibility that the projection of either parent's unresolved issues may be contributing heavily to the child's symptoms. In contrast, Ben Aaron et al., (2001) provide a strong point of difference by extending the focus beyond the dyad, including a clear place for fathers in the intervention. This validates and supports both parental roles, individually and together.

Berlin (2005) acknowledges a criticism of tripartite therapy with mothers of older verbal children is that it may inappropriately burden the child with parental issues that may be raised. In response, Berlin suggests that because these children are often exposed to inappropriate transactions, they can be supported by the presence of the therapist to clarify and place clear and appropriate boundaries when this occurs within therapy.

### ***A blend of approaches***

Nilsson (2006) describes a model suitable for short and long term psychotherapy; recommended particularly when there is an attachment related problem. The therapist initially meets the parents without the child, in order to clarify the problem and create an alliance, then conducts one or two sessions with both parents and child to assess their relationships. From this, individual psychotherapy starts with child and parents both attending weekly. At the end of therapy the therapist again sees the child and parents together "as a way of returning to where one once began" (p. 207).

## Discussion

While no approach has the ability to be 'one size fits all', perhaps this framework takes strengths from each approach it blends. It seems to me this model would be particularly useful when a therapist is practicing alone, or two therapists are not able to be offered. However the cost may be prohibitive as a period of individual weekly sessions for both child and parents may be a large financial burden. In addition, this model might be criticised regarding transference contamination.

### ***General discussion***

My searching resulted in information on a surprisingly varied spectrum of possibilities for work with parents and carers, beyond what I had expected. Coates (1998) reflects on a "proliferation of exciting new approaches to work with parents" (p. 142), commenting that this widening scope is in line with recent innovations in psychodynamic child and adolescent psychotherapy. In relation to this, Lanyado (2006) suggests what is needed is an open mind towards the broad range of psychoanalytic treatments. She suggests "we need to be firm in our trust of the psychoanalytic method and its usefulness. Then we can begin to play – with perceptions, with ideas, and above all with possibilities" (p. 237).

The models are predominantly presented in the literature as case studies, which is traditional within psychoanalysis (Fonagy & Target, 1996; Midgley, 2004). While it is from this rich tradition of sharing of clinical material and experiences that these approaches are available, what is difficult is that the evidence for these models is anecdotal with little verification of their clinical effectiveness. Fonagy and Target point out there is a need to be able to assess the outcomes and clinical effectiveness of treatment approaches systematically.

While Coates (1998) suggests that "systematically obtained outcome data represent the best avenue for bringing into clearer relief what we do that is most helpful to troubled children and their parents and why" (p. 116)

this is not currently available. Essentially there is a need for outcome studies regarding work with parents and carers that enable the therapist to establish “under what circumstances and with which cases and at what ages such interventions will prove to be most efficacious” (Coates, p. 142).

### ***Summary***

The models present a continuum of possibilities, some of which are natural extensions of the process of individual psychodynamic child and adolescent psychotherapy; others require openness to new strategies and approaches. For therapists interested in developing their work with parents and carers the models demonstrate a wide range of possibilities; however I believe the difficulty is in the evaluation of these models and in establishing where to begin.

## Chapter Five – Summary and conclusion

### ***Introduction***

In this chapter I will synthesise the presented material, considering what is understood and what is not yet known. I will draw some conclusions about work with parents and carers, reflecting on both the implications for practice, and future directions for research and development.

### ***Reviewing the literature***

#### What is understood

The literature reviewed within this dissertation reflects a body of theoretical and clinical material regarding work with parents and carers. This material indicates that the way this task has been viewed has varied through the history of child and adolescent psychotherapy. While historically some theorists acknowledged work with parents was important (Bick, 1962; Hug-Hellmuth, 1921; Sandler et al, 1980) there has been a reported neglect of this area of work (Novick & Novick, 2005; Sutton & Hughes, 2005).

This lack of attention to working with parents and carers is understood to have been influenced by the traditional approach of child and adolescent psychotherapy having been based on the adult model of analysis. An approach which acknowledges the source of a child or adolescent's distress or difficulty as primarily intrapsychic, with the focus of therapy on the child resolving their internal conflict (Altman, 2004; Cohen, 1997).

What is now clearly understood is that the importance of the external, specifically parents or carers cannot be denied (Nevas & Farber 2001). There has been a growing recognition of the central importance of the parent-child relationship and its significant ongoing influence (Wachs & Jacobs, 2006) which has been underscored and elaborated by attachment

theory (Berlin, 2002; Brish, 2002; Cohen, 1997; Jacobs & Wach, 2006). This has led to an increasing understanding of the current active nature of the child or adolescent's relationship with parents, and acknowledgement that these external factors must not be ignored when working with children and adolescents (Frick, 2000).

This information provides compelling clinical reasons to work with the parents or carers of children and adolescents (Furman, 1995; Jacobs & Wachs, 2002; Patone, 2000), with the parent-child relationship being an appropriate target of treatment (Berlin, 2002).

This understanding has led to the recommendation of an integrative psychodynamic approach, addressing both disturbances within the child, and within the child and parent relationship. Many writers convey a belief that in most circumstances the treatment that will best address the child or adolescent's problems involves parents and carers in some way, and that direct work with parents or carers is vital, particularly in promoting change in the parent-child relationship, but also in the individual child or adolescent (Cohen & Lwow, 2004; Edwards & Maltby, 1998; Frick, 2000; Furman, 1995; Herman, 2005; Novick & Novick, 2005; Piovano, 2004; Rosenbaum, 1994; Rustin, 1998; Siegler, 1995; Slade, 1999; Warshaw, 2007).

Parents and carers need to be sufficiently considered within child and adolescent psychotherapy, not only whether they will agree to a recommendation for therapy for their child, but what part they can and will play (Green, 2000). Involving parents or carers in the initial consultations enables a more complex understanding of the child or adolescent (Edwards & Maltby, 1988, Green, 2000; Rosenbaum, 1994). In addition, assessment of the child or adolescent's relationship with his or her parents or carers is an important part of the case formulation (Shirk & Russell, 1996).

The parent's or carer's involvement can involve many different levels; however, keeping parents involved and informed is critical for effective treatment (Novick & Novick, 2005). In addition, it has become apparent that when working predominantly with the child, the therapist has a valuable therapeutic opportunity with parents and carers also (Chazan, 2002; Cohen, 2005; Herman, 2005; Novick & Novick, 2005; Piovano, 2004; Sutton & Hughes, 2005).

It is understood that for lasting change, there may need to be a mutually transformative process, that is, alongside change in the child or adolescent, there may also be a need for change in the adult or adults who care for them (Cohen, 2006; Frick, 2000, Patone, 2000). This may include reconfiguring relationship patterns and altering projections and introjections (Kraemer, 1987).

There continues to be controversy and little agreement about the extent of work with parents that should be undertaken (Barnett, 2006; Piovano, 2003, Novick & Novick, 2005). As I have shown there are multiple psychodynamic models of work with parents and carers available in the literature, with flexibility in the kind of work undertaken (Green, 2000).

These innovative developments occur along a continuum from significantly involving parents and carers in the initial evaluation, to working with the child or adolescent via the parents or carers. Some of these extend and expand the boundaries of the traditional role of child and adolescent psychotherapists.

#### What is not clear

What is not clear from a review of the literature is what constitutes sufficient work with parents and carers because as Novick and Novick (2005) reflect, there is an absence of technical guidelines regarding work with parents and carers. There is no one-size-fits-all approach to work with parents and carers; rather there are many different models, each having a different approach and emphasis, with little agreement about the extent of work that should be undertaken, the goals or structure.

There is also no writing that systematically brings these approaches together providing a unified system of thought. There continues to be a need to establish “under what circumstances and with which cases and at what ages such interventions will prove to be most efficacious” (Coates, 1998, p. 142).

There is very limited data about the clinical effectiveness of particular approaches of work with parents and carers. Fonagy and Target (1996) provided some general evidence when they undertook methodological research the results of which highlighted the importance of contact with parents during the course of individual therapy for children; with regular parent guidance being associated with a lower attrition rate. However, what has been identified is the need for research that measures the clinical effectiveness of different approaches to work with parents and carers in specific situations (Coates, 1998; Fonagy & Target, 1996; Midgley, 2004, 2006; Rustin, 2003).

### ***Implications for clinical practice***

I believe it is clear that child and adolescent psychotherapists need to both understand, and to fully consider the importance of work with parents and carers as a clinical task. Work undertaken with parents and carers within psychodynamic child and adolescent psychotherapy cannot be seen as dependant on the therapist’s orientation or interest.

As Patone (2000) aptly notes, he “is not against individual psychotherapy for children but in favour of working with parents when there is some concurrence, or even just a glimmer of willingness, in the family that such an approach is both viable and potentially productive” (p. 23). In concluding this dissertation I will reflect on what I see are the implications for practice and future directions for research and development in work with parents and carers.

### A place to begin

I believe it is difficult to make specific recommendations in regard to clinical practice when individual child and adolescent psychotherapists work in different ways; however, what I believe is clear, is that child and adolescent psychotherapists need to fully consider and attend to the task of work with parents and carers.

Having reviewed the available literature pertinent to work with parents and carers, I am convinced that applying a psychodynamic understanding to the child or adolescent's internal world, while also working with the real relationships in the child or adolescent's external world, would integrate the understandings of more recent research with traditional theory and methods, enabling the therapist to work effectively with children, adolescents and their parents and carers.

As I have noted, child and adolescent psychotherapists are already aware of the impact and importance of their relationship to the parents or carers on the course of a child or adolescent's treatment, and most child and adolescent psychotherapists work with parents and carers in some way. Cohen (1996) suggests changes in practice are often continuations of previous work, something I suggest is appropriate in the case of work with parents and carers as what the literature suggests is not new, but is, I believe essential.

Some of the models and approaches highlighted within this dissertation are natural extensions of the process of individual psychodynamic child and adolescent psychotherapy, while others require openness to new strategies and approaches. Edwards and Maltby (1998) helpfully suggest child and adolescent psychotherapists can explore these new approaches from a secure base while not abandoning their psychoanalytic roots.

Consideration of the child and adolescent psychotherapist's roots is important, Berger (2006) reminds us that any perspective emphasises certain values and aspects while obscuring others. In considering this in relation to work with parents and carers I suggest a word of caution is

necessary, that is, in the shift within child and adolescent psychotherapy to a more equitable balance between internal and external factors it is important that a balance is maintained. I believe there is a risk that the focus could shift to there being too much emphasis on the external world obscuring an essential focus also on the inner world of the child or adolescent.

#### Widening capacity of professional role

Sorenson, (2005) while acknowledging that our training as child and adolescent psychotherapists “represents a legacy” (p. 167) also suggests “it is necessary for us to adapt, to take into account new developments in our field” (p. 176). Having read the literature on work with parents and carers I believe we need to take account of these new developments and adapt our role as child and adolescent psychotherapists.

This may be a difficult challenge, if as Fonagy and Target (2001) report “psychodynamic therapists have often been (appropriately) accused of shying away from innovation that involved modification to basic therapeutic technique” (p. 21). Sorenson (2005) highlights how important it is to “develop interventions that meet real needs with respect to real constraints, financial or otherwise” (p. 167).

I am convinced child and adolescent psychotherapists within New Zealand need to have an attitude of openness and flexibility, being responsive to the realities of our health care system, and the economic situation in which we work, while staying true to our psychodynamic training if we are to continue to be relevant and accessible to the children and adolescents with whom we may have the opportunity to work.

It is my observation that many families within New Zealand cannot afford to access medium to long term individual child and adolescent psychotherapy, therefore I suggest a valuable area of further development within New Zealand might be to consider the trial and use of brief models as were referred to within this dissertation.

## Training

It is essential that work with parents and carers is practiced as competently as possible because, as Shirk and Russell (1996) explain “variations in therapist characteristics, including level of skill, exert a significant impact on the efficacy of child psychotherapy” (p. 352). While many of the models of work with parents and carers within child and adolescent psychotherapy appear simple in their description, I believe the reality of applying them to clinical practice would not be. In describing her brief model, Sorenson (2005) writes, “although encounters may be brief, the training required to make these encounter useful is anything but brief” (p. 167).

It is clear that work with parents and carers places increased demand on the child and adolescent psychotherapist’s knowledge and understanding. My experience of training as a child and adolescent psychotherapist has been that the direct psychodynamic encounter with children and adolescent’s is the basis for training; while there is also acknowledgement of work with parents being a component of child and adolescent psychotherapy practice.

If the clinical role was to be widened to increase the level of work with parents and carers undertaken, I believe there is a corresponding need for increased training and understanding specific to working with adults so child and adolescent psychotherapist are comprehensively equipped.

### ***Future directions for practice and research***

In work with parents and carers within child and adolescent psychotherapy there are technical difficulties that need to be addressed. It is not clearly understood how child and adolescent psychotherapists can best work with the balance of internal and external factors that affect children or adolescents referred for therapy. This requires the development of a theoretical framework that incorporates an integrated approach. As has been highlighted, the task of work with parents and carers is challenging, complex, and raises difficult questions, particularly in relation to the technical difficulties with transference and countertransference.

Novick and Novick (2005) report they “feel confident in hypothesising that work with parents through the whole course of treatment will substantially improve therapeutic results” (p. 167). While my personal belief is that Novick and Novick’s hypothesis is correct, what is needed is an improvement in the methodological rigour and quality of research regarding work with parents to strengthen its evidence base. As Cohen (1997) comments “The question of what helps whom or why is the essential clinical question we know surprisingly little about” (p. 459).

In addition, Rustin (2003) reminds us is that the future development of child and adolescent psychotherapy depends on satisfying those who make decisions that child and adolescent psychotherapy is in fact effective and evidence based.

This dissertation has looked at work with the parents and carers of children who are referred for child and adolescent psychotherapy; essentially an evolution of the traditional role of child and adolescent psychotherapists. Through the process of researching this dissertation I have become aware of an extension to my chosen topic; that is, how to work within child and adolescent psychotherapy when it is clear family issues are interfering with the progress of a child or adolescent. Cohen (2005) suggests child and adolescent psychotherapists “must be open to the possibility that involving the family might be, at times, not only

recommended but absolutely essential to facilitate an effective outcome” (p. 172).

Some writers are indicating the advancement of clinical theory and practice has begun a rapprochement between family therapy and child and adolescent psychotherapy. These writers are promoting the importance of an integrated perspective where child and adolescent psychotherapists and family therapists collaborate (Byng-Hall, 1986; Kaslow & Racusin, 1990). I suggest this may be a valuable topic of research for the future particularly in light of what Stern (1995) writes regarding a shift in clinical emphasis within child therapy,

At present, this field consists of applications of and borrowings from well know therapeutic concepts...that have been modified for use with a new population. Most often these approaches try to remain faithful to their intellectual origins. At first glance, therefore, the field resembles a continent, previously unexplored, that has been divided into areas ruled by different colonial therapeutic empires. On closer examination, however, the established therapies are all undergoing modifications their confrontation with this new setting and are converging. One can begin to see the general outlines of a future unified country, a single coherent field of psychotherapeutics with its own contributions to make to the general ideas of psychotherapy (p. 1).

In completion, I have undertaken a modified systematic literature review on work with parents and carers within child and adolescent psychotherapy. Within this I have extensively searched for pertinent literature, brought it together, and assessed it. It is my conviction that the development of understandings regarding the ongoing central influence of the parent-child relationship suggests that the clinical task of work with parents and carers is vital, and cannot be seen as dependant on the therapist’s orientation or interest. In addition, work with parents and carers within child and adolescent psychotherapy is a clinical task that requires further reflection and research.

## References

- Altman, N. (2004). Child psychotherapy: converging traditions. *Journal of Child Psychotherapy*, 30(2), 189-206.
- Badoni, M. (2002). Parents and their child - and the analyst in the middle: working with a transgenerational mandate. *The International Journal of Psychoanalysis*, 83, 111-131.
- Bailey, T. (2006). There is no such thing as an adolescent. In M. Lanyado & A. Horne (Eds.), *A question of technique* (p. 180-199). London: Routledge.
- Barnett, B. (2006). Foreword. In M. Lanyado & A. Horne (Eds.), *A question of technique: independent psychoanalytic approaches with children and adolescents* (pp. xi-xv). London: Routledge.
- Barrows, P. (1997). Parent-infant psychotherapy: a review article. *Journal of Child Psychotherapy*, 23(2), 255-264.
- Barrows, P. (2008). The process of change in under-fives work. In L. Emanuel & E. Bradley (Eds.), *"What can the matter be?" therapeutic interventions with parents, infants, and young children* (pp. 69-80). London: Karnac.
- Baruch, G. (1997). The impact of parental interventions on the analysis of a 5-year-old boy: a clinical account. *The International Journal of Psychoanalysis*, 78, 913-926.
- Bateman, A., & Holmes, J. (1995). *Introduction to psychoanalysis: contemporary theory and practice*. London: Routledge.
- Ben-Aaron, M., Harel, J., Kaplan, H., & Patt, R. (2001). *Mother-child and father-child psychotherapy: a manual for the treatment of relational disturbances in childhood*. London: Whurr.
- Benedek, T. (1959). Parenthood as a developmental phase - a contribution to the libido theory. *Journal of the American Psychoanalytic Association*, 7, 389-419.
- Berger, E. (2006). Managing childhood: behavior experts and the eclipse of intimacy. In L. Jacobs & C. Wachs (Eds.), *Parent-focussed child therapy: attachment, identification, and reflective functions* (pp. 19-38). Lanham, Md: Jason Aronson.
- Berlin, N. (2005). Tripartite treatment of childhood aggression. *Journal of Infant, Child and Adolescent Psychotherapy*, 4(2), 134-155.
- Berlin, N. G. (2002). Parent-child therapy and maternal projections: tripartite psychotherapy - a new look. *American Journal of Orthopsychiatry*, 72(2), 204-216.
- Bick, E. (1962). Symposium on child analysis: child analysis today. *The International Journal of Psychoanalysis*, 43, 328-332.

- Blos, P. (1985). Intergenerational separation-individuation: treating the mother-infant pair. *The Psychoanalytic Study of the Child*, 40, 41-56.
- Boddington, P., & Clanchy, J. (1999). *Reading and studying for research*. South Melbourne: Longman.
- Bolland, J. (1997). Us and them? The child, the analyst and the parents. *Journal of Child Psychotherapy*, 3(4), 5-18.
- Bowlby, J. (1988). *A secure base: clinical applications of attachment theory*. London: Routledge.
- Brafman, A. H. (1997). Winnicott's therapeutic consultations revisited. *The International Journal of Psychoanalysis*, 78, 773-787.
- Brafman, A. H. (2001). *Untying the knot: working with children and parents*. London: Karnak.
- Brisch, K. H. (2002). *Treating attachment disorders: from theory to therapy*. New York: Guilford.
- Byng-Hall, J. (1986). Family Scripts: A concept which can bridge child psychotherapy and family therapy thinking. *Journal of Child Psychotherapy*, 12(1), 3-13.
- Chambers, H., Amos, J., Allison, S., & Roeger, L. (2006). Parent and child therapy: an attachment-based intervention for children with challenging problems. *Australia and New Zealand Journal of Family Therapy*, 27(2), 68-74.
- Chazan, S. E. (1992). Merging and emerging realities: simultaneous treatment of parent and child. *American Journal of Psychotherapy*, XLVI(2), 281-297.
- Chazan, S. E. (2006). Searching for togetherness: the simultaneous treatment of a mother and her early adolescent daughter. *Psychoanalytic Inquiry*, 26(1), 70-92.
- Coates, S. (1998). Having a mind of one's own and holding the other in mind: commentary on paper by Peter Fonagy and Mary Target. *Psychoanalytic dialogues*, 8, 115-148.
- Cohen, E. (2004). Parental belief systems and difficulties in parenting. *Journal of Infant, Child and Adolescent Psychotherapy*, 3(2), 252-269.
- Cohen, E. (2006). "Parental level of awareness": an organising scheme of parents' belief systems as a guide in parent therapy. In L. Jacobs & C. Wachs (Eds.), *Parent-focused child therapy: attachment, identification, and reflective functions* (pp. 39-64). Lanham, Md: Jason Aronson.
- Cohen, E., & Lwow, E. (2004). The parent-child mutual recognition model: promoting responsibility and cooperativeness in disturbed adolescents who resist treatment. *Journal of Psychotherapy Integration*, 14(3), 307-322.
- Cohen, J. (1997). Child and adolescent psychoanalysis: research, practice and theory. *The International Journal of Psychoanalysis*, 78, 499-520.

- Cohen, P. (2005). The yin and yang of it. *Journal of Infant, Child, and Adolescent Psychotherapy*, 4(2), 171-180.
- Copley, B. (1987). Explorations with families. *Journal of Child Psychotherapy*, 13(1), 93-109.
- Deri, P. (2006). The vulnerable child: working with the parents of preschoolers. In L. Jacobs & C. Wachs (Eds.), *Parent-focused child therapy: attachment, identification, and reflective functions* (pp. 137-152). Lanham, Md: Jason Aronson.
- Dickson, R. (2005). Systematic reviews. In S. Hamer & G. Collinson (Eds.), *Achieving evidence-based practice* (2nd ed.) (pp. 43-62). London: Tindall.
- Dowling, D. (2006). 'The capacity to be alone' rediscovering Winnicott and his relevance to parent-infant psychotherapy. In M. Lanyado & A. Horne (Eds.), *A question of technique* (pp. 63-80). London: Routledge.
- Edwards, J., & Maltby, J. (1998). Holding the child in mind: work with parents and families in a consultation service. *Journal of Child Psychotherapy*, 24(1), 109-133.
- Emanuel, L. (2002). Parents united: addressing parental issues in work with infants and young children. *International Journal of Infant Observation and its Applications* 5(2), 103-117.
- Emanuel, L., & Bradley, E. (2008). Introduction. In L. Emanuel & E. Bradley (Eds.), *"What can the matter be?" therapeutic interventions with parents, infants, and young children* (pp. 1-8). London: Karnac.
- Espana, F. (2008). Parent - infant psychotherapy, the transition to parenthood and parental narcissism: Implications for treatment. *Journal of Child Psychotherapy*, 30(2), 155-171.
- Fauber, R., & Long, N. (1991). Children in context: the role of the family in child psychotherapy. *Journal of Consulting and Clinical Psychology*, 59(6), 813-820.
- Ferholt, J. (2002). Psychodynamic parent psychotherapy: treating disorders in parenting and in the parent-child relationship. In M. Lewis (Ed.), *Child and adolescent psychiatry: a comprehensive textbook* (pp. 1065-1077). Philadelphia: Lippincott.
- Fink, A. (1998). *Conducting research literature reviews: from paper to internet*. . Thousand Oaks, California: Sage.
- Fonagy, P. (2003). The research agenda: the vital need for empirical research in child psychotherapy. *Journal of Child Psychotherapy*, 29(2), 129-136.
- Fonagy, P., & Target, M. (1996). Predictors of outcome in child psychoanalysis: A retrospective study of 763 cases at the Anna Freud centre. *Journal of the American Psychoanalytic Association*, 44, 27-77.

- Fonagy, P., & Target, M. (2001). Introduction: the historical background of psychoanalytic psychotherapy for children. In M. Ben-Aaron, J. Harel, H. Kaplan & R. Patt (Eds.), *Mother-child and father-child psychotherapy: a manual for the treatment of relational disturbances in childhood* (pp. 1-26). London: Whurr.
- Fraiberg, S., Adelson, E., & Shapiro, V. (1975). Ghosts in the nursery. *Journal of American Academy of Child and Adolescent Psychiatry*, 14, 387-421.
- Freud, A. (1946). *The psycho-analytical treatment of children : technical lectures and essays*. London: Imago.
- Frick, M. E. (2000). Parental therapy - in theory and practice. In J. Tsiantis, S. Boalt Boethious, B. Hallerfors, A. Horne & L. Tischer (Eds.), *Work with parents: psychoanalytic psychotherapy with children and adolescents* (pp. 65-92). London: Karnac.
- Furman. (1957). Treatment of under fives via their parents. *Psychoanalytic Study of the Child*, 12, 250-262.
- Furman, E. (1995). Working with and through the parents. *Child Analysis*, 6, 21-42.
- Furman, E. (1997). On motherhood. *Child Analysis*, 8, 126-149.
- Gibbs, I. (2006). A question of balance: working with the looked-after child and his network. In M. Lanyado & A. Horne (Eds.), *A question of technique* (pp. 115-129). London: Routledge.
- Green, V. (2000). Therapeutic space for re-creating the child in the mind of the parents. In J. Tsiantis, S. Boalt Boethious, B. Hallerfors, A. Horne & L. Tischer (Eds.), *Work with parents: psychoanalytic psychotherapy with children and adolescents* (pp. 25-45). London: Karnac.
- Greenberg, J., & Mitchell, S. (1983). *Object relations in psychoanalytic theory*. Cambridge, Massachusetts: Harvard.
- Halton, A., & Magagna, J. (1981). Making a space for parents. In S. Box, B. Copley, J. Magagna & E. Moustaki (Eds.), *Psychotherapy with families an analytic approach* (pp. 75-92). London: Routledge.
- Hamer, S. (2005). Evidence-based practice. In S. Hamer & G. Collinson (Eds.), *Achieving evidence-based practice: a handbook for practitioners* (2nd ed.) (pp. 3-13). London: Tindall.
- Harris, M. (1968). The child psychotherapist and the patient's family. *Journal of Child Psychotherapy*, 2(2), 50-63.
- Herman, J. (2005). Psychoanalytic insight-oriented parent counselling based on concepts of projective identification and reparative repetition: an object relations perspective. *Journal of Infant, Child, and Adolescent Psychotherapy*, 4(4), 442-456.
- Holmes, J. (1993). *John Bowlby and attachment theory*. London: Routledge.

- Holmes, J. (2001). *The search for the secure base*. New York: Routledge.
- Hopkins, J. (2008). Infant-parent psychotherapy: Selma Fraiberg's contribution to understanding the past in the present. In L. Emanuel & E. Bradley (Eds.), *"What can the matter be?" Therapeutic interventions with parents, infants, and young children* (pp. 54-66). London: Karnac.
- Horne, A. (2000). Keeping the child in mind: thoughts on work with parents of children in therapy. In J. Tsiantis, S. Boalt Boethious, B. Hallerfors, A. Horne & L. Tischer (Eds.), *Work with parents: psychoanalytic psychotherapy with children and adolescents* (pp. 47-63). London: Karnac.
- Hug-Hellmuth, H. V. (1921). On the technique of child analysis. *The International Journal of Psychoanalysis*, 2, 287-305.
- Humphris, D. (2005). Types of evidence. In S. Hamer & G. Collinson (Eds.), *Achieving evidence-based practice: a handbook for practitioners* (pp. 15-42). London: Tindall.
- Jacobs, L. (2006). Parent-centred work: a relational shift in child treatment. *Journal of Infant, Child, and Adolescent Psychotherapy*, 5(2), 226-239.
- Jacobs, L., & Wachs, C. (2002). *Parent therapy: a relational alternative to working with children*. New York: Aronson.
- Kaslow, N., & Racusin, G. (1990). Family therapy or child therapy: an open or shut case. *Journal of Family Psychology*, 3(3), 273-289.
- Klauber, T. (2005). Clinical commentary. *Journal of Child Psychotherapy*, 31(2), 239-254.
- Klein, M. (1989). *The psycho-analysis of children*. London: Virago.
- Kohn, B. (1976). Simultaneous analysis of child and parent by the same analyst. *The Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry*, 4, 481-499.
- Kolansky, H., & Moore, W. T. (1966). Some comments on the simultaneous analysis of a father and his adolescent son. *The Psychoanalytic Study of the Child*, 21, 237-268.
- Kraemer, S. (1987). Working with parents: casework or psychotherapy? *Journal of Child Psychology and Psychiatry*, 28(2), 207-213.
- Lanyado, M. (2006). Doing 'something else': The value of therapeutic communication when offering consultations and brief psychotherapy. In M. Lanyado & A. Horne (Eds.), *A question of technique* (pp. 203-223). London: Routledge.
- Lieberman, A., & Zeanah, C. (1999). Contributions of attachment theory to parent-infant psychotherapy and other interventions with infants and young children. In J. Cassidy & P. Shaver (Eds.), *Handbook of attachment: theory, research and clinical applications* (pp. 555-594). New York: Guilford.

- Lieberman, A., Horn, P., & Ippen, C. (2005). Towards evidence-based treatment: child-parent psychotherapy with preschoolers exposed to marital violence. *Journal of the American Academy of Child and Adolescent Psychiatry*, 44(12), 1241-1248.
- Litwack, A. D. (1985). The boa constrictor or the hat: a dilemma for child therapists. *Journal of Contemporary Psychotherapy*, 15(1), 37-45.
- Ludwig-Korner, C. (2003). Parent-infant-psychotherapy and psychoanalytic treatment: contradiction or mutual inspiration? *International Forum of Psychoanalysis*, 12, 252-258.
- Mahler, M., Pine, F., & Bergman, A. (1975). *The psychological birth of the human infant*. New York: Basic Books.
- Mertens, D. (1998). *Research methods in education and psychology: integrating diversity with quantitative and qualitative approaches*. London: Sage.
- Midgley. (2006). The 'inseparable bond between cure and research': clinical case study as a method of psychoanalytic enquiry. *Journal of Child Psychotherapy*, 32(2), 122-147.
- Midgley, N. (2004). Sailing between Scylla and Charybdis: incorporating qualitative approaches into child psychotherapy research. *Journal of Child Psychotherapy*, 30(1), 89-111.
- Mitchell, S., & Black, M. (1995). *Freud and beyond: a history of modern psychoanalytic thought*. New York: Basic.
- Nevas, D. B., & Farber, B. A. (2001). Parents' attitudes towards their child's therapist and therapy. *Professional Psychology: Research and Practice*, 32(2), 165-170.
- Neven, R. S. (1995). Developing a psychotherapy clinic for children, parents and young people at a large paediatric hospital in Australia. *Journal of Child Psychotherapy*, 21(1), 91-120.
- Neven, R. S. (2005). Under fives counselling - opportunities for growth, change and development for children and parents. *Journal of Child Psychotherapy*, 31(2), 189-208.
- Nilsson, M. (2006). To be the sole therapist: children and parents in simultaneous psychotherapy. *Journal of Infant, Child, and Adolescent Psychotherapy*, 5(2), 206-225.
- Novick, K. K., & Novick, J. (2005). *Working with parents makes therapy work*. Lanham; Oxford: Jason Aronson.
- Novick, K. K., & Novick, J. (2006). The initial meetings. In L. Jacobs & C. Wachs (Eds.), *Parent-focussed child therapy: attachment, identification, and reflective functions* (pp. 113-135). Lanham, Md: Jason Aronson.

- Offerman-Zuckerberg, J. (1992). The parenting process: a psychoanalytic perspective. *The Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry*, 20, 205-214.
- Pantone, P. (2000). Treating the parental relationship as the identified patient in child psychotherapy. *Journal of Infant, Child and Adolescent Psychotherapy*, 1, 19-38.
- Parsons, M., Radford, P., & Horne, A. (1999). The child and adolescent psychotherapist and the family (b) the place of consultations with parents and therapy of parents in child psychotherapy practice. In M. Lanyado & A. Horne (Eds.), *The handbook of child and adolescent psychotherapy: psychoanalytic approaches*. (pp. 215-232). London: Routledge.
- Piovano, B. (2003). Comment on "parent-infant psychotherapy and psychoanalytic treatment: contradiction or mutual inspiration?" by Christine Ludwig-Korner. *International Forum of Psychoanalysis*, 12, 259-264.
- Piovano, B. (2004). Parenthood and parental functions as a result of the experience of parallel psychotherapy with children and parents. *International Forum of Psychoanalysis*, 13, 187-200.
- Pozzi, N. (1999). Psychodynamic counselling with under-5s and their families: clinical and technical issues. *Journal of Child Psychotherapy*, 25(1), 51-70.
- Ritvo, R. Z., & Ritvo, S. (2002). Psychodynamic psychotherapy. In M. Lewis (Ed.), *Child and adolescent psychiatry: a comprehensive textbook* (pp. 1055-1077). Philadelphia: Lippincott.
- Rosenbaum, A. L. (1994). The assessment of parental functioning: a critical process in the evaluation of children for psychoanalysis. *The Psychoanalytic Quarterly*, 63, 466-490.
- Rustin, M. (1998). Dialogues with parents. *Journal of Child Psychotherapy*, 24(2), 233-252.
- Rustin, M. (1999). The child and adolescent psychotherapist and the family (b) the place of consultation with parents and therapy of parents in child psychotherapy practice. In M. Lanyado & A. Horne (Eds.), *The handbook of child and adolescent psychotherapy: psychoanalytic approaches* (pp. 87-92). London: Routledge.
- Rustin, M. (2003). Research in the consulting room. *Journal of Child Psychotherapy*, 29(2), 137-145.
- Sandler, J., Kennedy, H., & Tyson, R. (1980). *The technique of child psychoanalysis: discussions with Anna Freud*. London: Hogarth.
- Schimel, J. (1974). Two alliances in the treatment of adolescents: toward a working alliance with parents and a therapeutic alliance with the adolescent. *The Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry*, 2, 243-253.

- Shirk, S. R., & Russell, R. L. (1996). *Change processes in child psychotherapy: revitalising treatment and research*. New York: Guildford.
- Shuttleworth, A. (1985). Being a parent. *Free Associations*, 1B, 7-23.
- Siegler, A. L. (1995). Working with, through, alongside of, without and in spite of parents. *Child Analysis*, 6, 43-53.
- Silverman, R. C., & Lieberman, A. F. (1999). Negative maternal attributions, projective identification, and the intergenerational transmission of violent relational patterns. *Psychoanalytic Dialogues*, 9, 161-186.
- Slade, A. (1999). Representation, symbolization, and affect regulation in the concomitant treatment of a mother and child: attachment theory and child psychotherapy. *Psychoanalytic Inquiry*, 19, 797-830.
- Sorensen, P. (2005). Changing positions: helping parents look through the child's eyes. *Journal of Child Psychotherapy*, 31(2), 153-168.
- Stern, D. N. (1995). *The motherhood constellation*. New York: Basic.
- Sutton, A., & Hughes, L. (2005). The psychotherapy of parenthood: towards a formulation and valuation of concurrent work with parents. *Journal of Child Psychotherapy*, 31(2), 169-188.
- Trinder, L. (2000). A critical appraisal of evidence-based practice. In L. Trinder & S. Reynolds (Eds.), *Evidence based practice: a critical appraisal approach* (pp. 212-239). Oxford: Blackwell.
- Tydemann, B., & Sternberg, J. (2008). A sinking heart: whose problem is it? Under-fives work in the surgery of a general practitioner. In L. Emanuel & E. Bradley (Eds.), *"What can the matter be?" therapeutic interventions with parents, infants, and young children* (pp. 99-113). London: Karnac.
- Wachs, C., & Jacobs, L. (2006). Introduction. In C. Wachs & L. Jacobs (Eds.), *Parent-focused child therapy: attachment, identification and reflective functions* (pp. 1-15). Lanham, Md: Jason Aronson.
- Warshaw, S. (2007). The contribution of attachment: research to my clinical work with parents of school aged children. *Journal of Infant, Child and Adolescent Psychotherapy*, 1, 3-17.
- Winnicott, D. (1971). *Therapeutic consultations in child psychiatry*. London: Hogarth.
- Winnicott, D. (1965). *The maturational processes and the facilitating environment: studies in the theories of emotional development*. London: Hogarth.
- Zaphiriou Woods, M. (2000). Preventive work in a toddler group and nursery. *Journal of Child Psychotherapy*, 26(2), 209-233.