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Overview -

- Case scenario
- What about contracts?
- Personal reflections for Therapists- how do they take care of themselves in an increasingly litigious context? The paradox of Care versus Self Protection
- The way forward - including Couples issues/conflict in the context of co-parenting into our Child and Adolescent services

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Topics for Discussion / this talk

- Broad guidelines for Therapists where concerns arise with parents who are not in agreement over parenting issues or the needs of children
- Guidelines for therapists who only work with children for example play therapists / art therapists
- Therapist note taking - suggested guidelines

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Commissioning the therapy and Therapy contracts The AGS Model Stockholm

Who is commissioning the therapy?

Don't hold the view that I mistrust the clients desire to dig into their own resources (Salomen et al)

What can be learnt about the referral context and the commencement of therapy?

- Therapists need to clarify for themselves as well as for their clients, the basis and reasons for actions taken or not taken.

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Example of Case

" Petra" aged about 8 yrs old (not the real name) was referred by her mother to a Counselling Centre and allocated to a Final year Psychotherapist . She was described as "very anxious" and the GP had recommended this centre, as she did not want to go to bed alone, or have the light off, and occasionally was bedwetting. Mother met the Therapist trainee alone to give her some background. There was a recent rift in the parents' relationship and father had moved out to live with his parents. He had been loud and aggressive and although there was no direct violence, she had taken out a restraining order against him. Meanwhile he minded his daughter on the days that mother worked.

Father had signed the consent form for daughter's therapy. The Therapy Centre had assigned the case.

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Why should we
focus on the initial
referral?

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What are some of
the common
problems /traps
professionals make
at referral stage?

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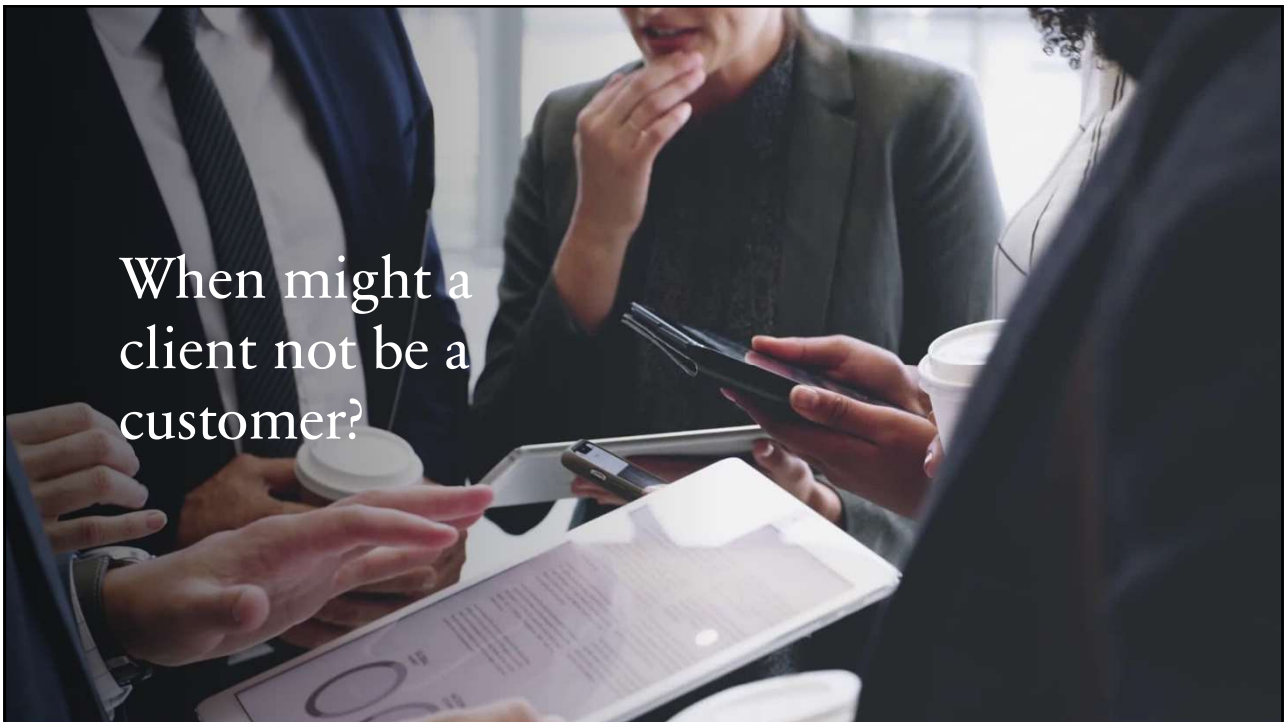
Are there risks of abusive practices when accepting referrals?

Who is the client?

How is the decision to accept the referral made?

If the customer is always right then who is the customer?

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Who is pointing the finger at whom?




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- Who is asking for help, with what, for whom and who will decide when this help giving should finish and with what implications?

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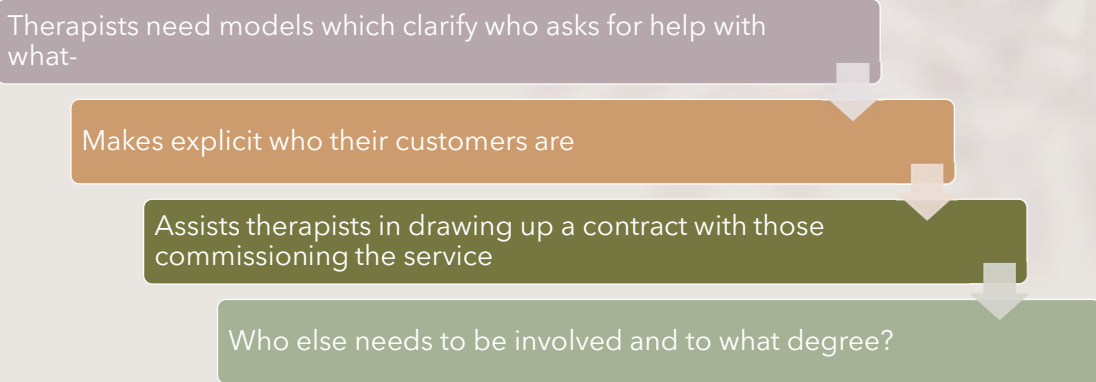
Case Discussion- who is client/ Customer here?



- In the Case previously described where there are 3 main characters , Father, Mother
- Child "Petra"
- (we must not forget father's parents as he has moved to love with them, and likelihood is that mother has family members interested also)

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Models for therapists



Therapists need models which clarify who asks for help with what-

Makes explicit who their customers are

Assists therapists in drawing up a contract with those commissioning the service

Who else needs to be involved and to what degree?

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Who is Customer? Who is client? Please Discuss

- In the case of Petra- who is the primary Commission Giver? Is it the mother?
 - Is it the father?
- Is it someone else (the GP?, the Grandparents on either side?).
- Who has the authority to control the outcome? Is it the child?

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Potential areas for concern

There was the lack of a formalised agreement between the parents in relation to the care of the child

There was clearly ongoing tension between the couple as evidenced by an active restraining order

The governance of the therapy centre was open to question as allowing the simple signature of the absent parent without taking due care of boundaries and the context of the family disputes

Furthermore what chance of recovery does this child have from the presenting symptoms without some work being done at the level of the parents?

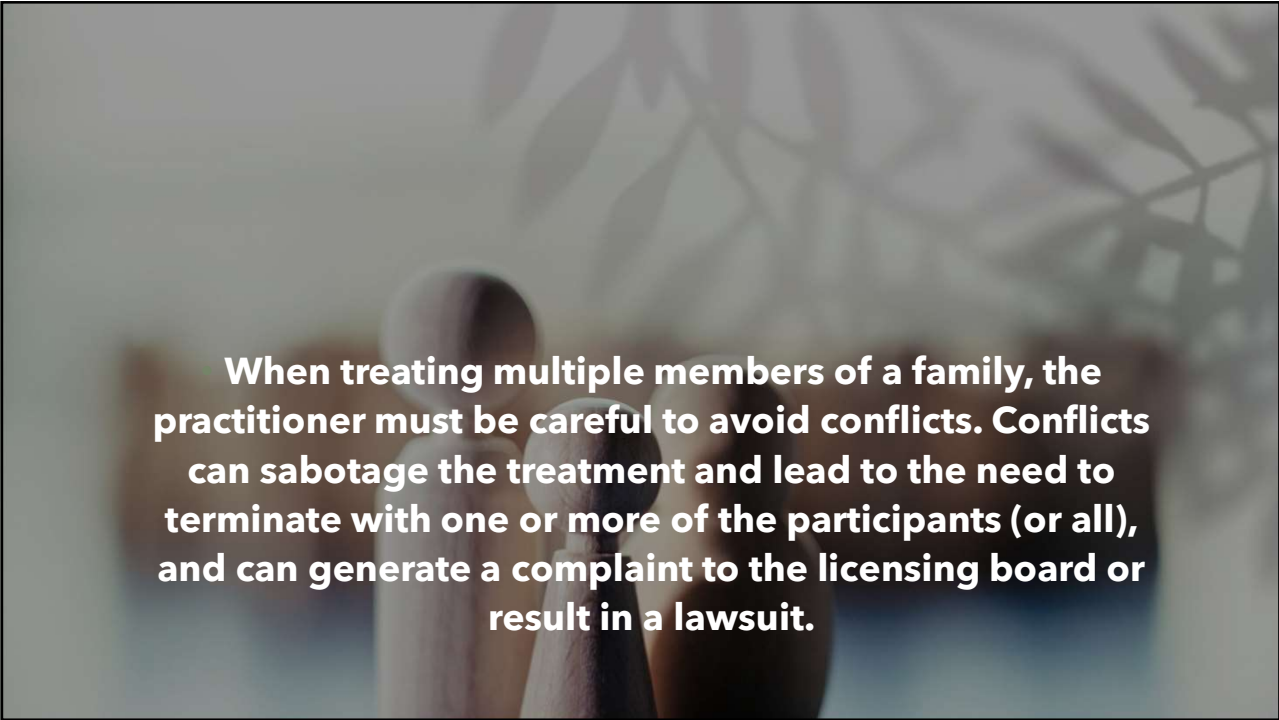
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Potential areas for concern

What risks might a child therapist be taking to receive a complaint from either parent should the child disclose any ongoing upset or potential abuse situation

Might the therapist also be taking a risk to being brought into this dispute by something he or she might say to one parent in the absence of the other?

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When treating multiple members of a family, the practitioner must be careful to avoid conflicts. Conflicts can sabotage the treatment and lead to the need to terminate with one or more of the participants (or all), and can generate a complaint to the licensing board or result in a lawsuit.

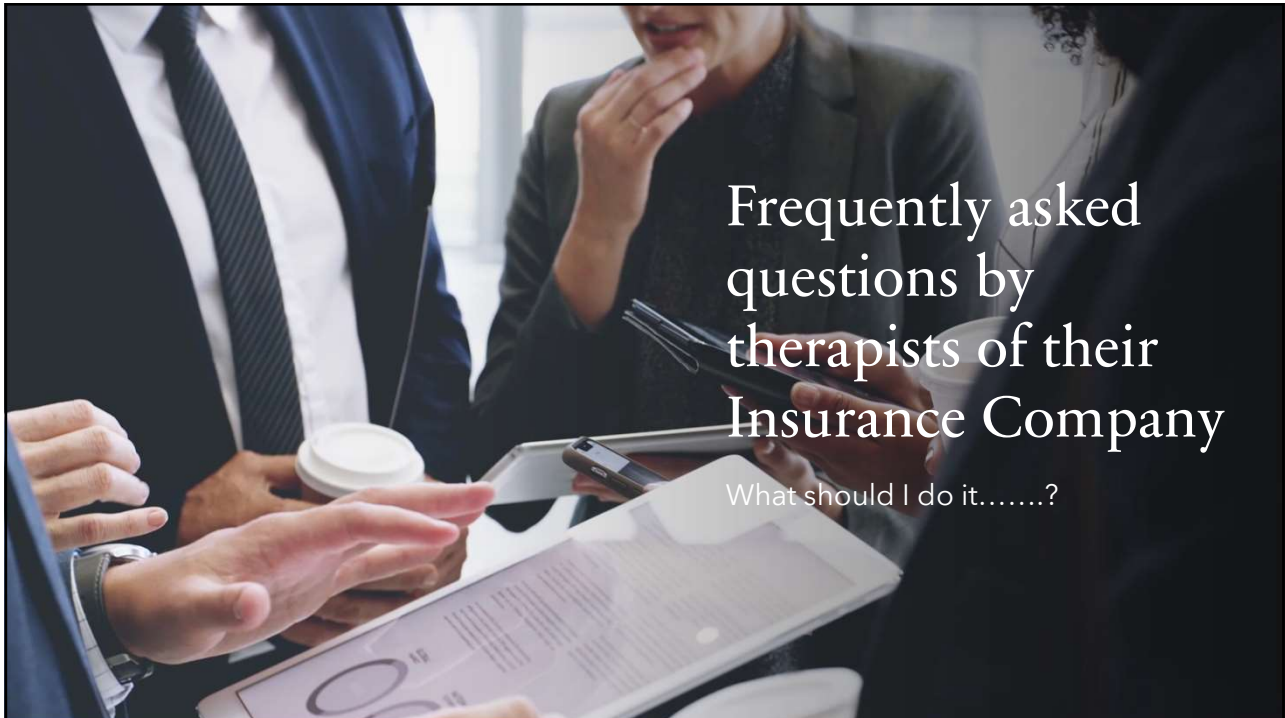
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Conflicts



- Cannot always be avoided
- Chances of them occurring can be minimized
- Can be reduced by prudent and careful action by the practitioner
- Contracts and GDPR agreements btw parties

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Common Challenges and Dilemmas for today's therapists

Couples therapy that does not result in repair

Asking the therapist to share notes relating to their time in therapy

Notes from the child therapy

Managing unexpected appearance of a previously not engaged parent

Pressure from parents to therapists to take sides

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Record keeping in Therapy

Clients expectations

Openness and transparency

Working with Couples

Working with children

Joint notes/separate notes

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Children at the Centre of this work

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Avoiding Triangulation

How not to get triangulated as a therapist

How to cope as a therapist when you see that the child/ children have been "brought in as additional players into the conflict "drama"" (Sheehan 2018 p9)

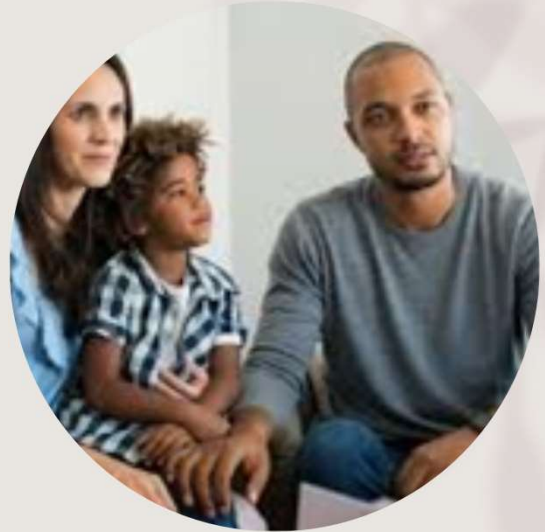
Specific skills and competencies of Psychotherapists managing more complex cases-

The self of the Therapist

When to refer on

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Children's mental health and inter-parental conflict- Policy briefing Tavistock- 2019



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Children's mental health and inter-parental conflict- Policy briefing Tavistock-2019

- Research conclusively demonstrates that exposure to frequent, intense and poorly resolved inter-parental conflict puts children's mental health at risk (Harold et al, 2016).
- A Tavistock "Parents as Partners " intervention is unusual, especially in the UK, in that it addresses family-wide issues by targeting the couple relationship and is unique in its integration of issues in the couple relationship, parenting and the psychological wellbeing of parents and children.

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Promoting Awareness

supporting the parents in increasing their awareness regarding their children's behaviour and emotional experiences when facing their parents' conflicts;



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"In many parenting disputes, the 'dispute' is a symptom of unresolved conflict and broken communication. The offer of an adversarial justice system adds fuel to the fire, driving parents apart"

- (Family Solutions Group, 2020, p. 10)

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Positioning as therapists working with children and/or parents

- An understanding of child welfare
 - Promoting the rights of children to enjoy a relationship with both parents if there are no safety concerns, and the importance of an ongoing parenting relationship for the child's wellbeing, not just the individual parent relationship with the child.

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Figures about conflict and Court

- 1/3 of families who separate are now turning to the family court
- Between 49% to 62% include allegations or findings of domestic abuse
- Domestic abuse may feature in up to 20% of all separating families- a worryingly high percentage
- 24% of 18-24s report having been exposed to domestic abuse between adults in their homes during childhood. *

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Cases which do not engage the court

- Starting point should be a presumption that involvement of a parent in the life of a child will further the child's welfare, provided this does not put the child at risk of suffering harm**

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Personal reflexivity

How we ourselves consider our own responses to this work

What professional, family, cultural, discourses are impacting on our day-to-day decision making

Maintain our awareness of Diversity issues in our work, personal prejudices and biases using Supervision regularly

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Self of the therapist

- Working in conflict is tough
- Are we trying to be SuperTherapist?
- Where are we leaving space for ourselves in this work?



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