

# The way of things to come?

Bridget Sheehan makes the case for a bottom-up approach in schools, using the relationship strengths some members of staff already have, and topping up their therapeutic skills to bring interventions to the most emotionally battered children

In my working life I have had a variety of professions – speech therapy, teaching and now counselling/creative therapy. In each, the same issue has reared its head: the question of whether someone unqualified can do part of the job that you do, and do it as effectively or, dare we suggest, better. In each profession, the issue results in a great deal of anger and resentment, a feeling of being devalued and an overwhelming fear of finding ourselves no longer of use – an idea that shakes the core of our being. But in each, there are the few who pause to consider the merits of this alternative view and who even dare to whisper an agreement. Surely, we say, as self-aware inhabitants of the therapeutic world, we can selflessly lay ourselves aside for the greater good of the clients we serve and the world we seek to improve? But we, too, are only human, of course, and as subject to the emotional currents of life as any other.

So in this article I would like you to remain aware, while reading, of the emotions within, and of where these come from, and attempt to lay them aside in order to listen objectively to what I have to say.

I have always worked in inner-city schools in some of the most deprived estates in our country. As time progressed, my journey took me further and further into the area of emotional needs, and into working with the most needy children and young people. And I have gradually become aware of the power of the relationship offered by certain staff who glint like gems. Often with few qualifications to their name, they have the power to connect with the most damaged children. And day after day, they return to the slow progress of rebuilding the self-worth of an emotionally battered child. Then I look at the exclusive club I belong to, where we seem to believe that the power of a piece of paper and some letters after our name grant us the exclusive ability to connect with a child and offer them a therapeutic experience. I no longer believe this is true.

My training as a counsellor and in creative therapies leads me to believe that the most important element of the healing experience is the

relationship. If the therapist is unable to connect with the client, then no matter the range of skills and approaches, the client will experience no long-term healing. So how do we go about ensuring that we provide children with someone who can connect with them? Although the general approach seems to have been that we bus someone in with the right credentials, I believe there is another way, a bottom-up approach instead of a top-down approach. This means finding the people who already connect with these children, so that the most important element – the relationship – is taken care of, and then we need to give them some new skills and support them. I can hear alarm bells: surely we are not talking about non-therapists doing low-level therapeutic work? But if we name it differently, we have school staff using therapeutic skills within their role, or, as John McLeod<sup>1</sup> termed it, 'embedded counselling'.

## Sharing the job with school staff

This is the approach that we use in my business, Equilibrium and Enablement. Schools identify an existing member of staff who has this ability to connect with pupils on an emotional level. We then provide them (and a member of the leadership team) with five days of training that covers a range of educational and therapeutic theories and approaches. The school then sets up a Th.Inc.Room<sup>®</sup> (Therapeutic Inclusion Room) and gives it a creative name (we have Star Houses, Butterfly Rooms, Cloud 9, The Space, Dream Catcher Rooms etc). The work then begins: small groups, paired, one to one, parents, lunchtime clubs. Each Th.Inc.Room<sup>®</sup> will be different because it is tailored to meet the needs of the children within that school, at that time. But each one is based on the same approaches, underlying theories and principles. We provide monthly supervision (following the BACP guidelines for those using counselling skills within their work

role), further training, a place for referring on... and we collate the data. Of course, the sad fact is that those who don't want to acknowledge that this approach is viable are not interested in looking at the data. They have already made their mind up based on their 'ethical' principles. But there is, nevertheless, evidence.

In the summer term of 2007, we collated the data from eight Th.Inc.Room® schools. One hundred and sixty-eight children had accessed a Th.Inc.Room® intervention during that academic term. Seventy-nine per cent of them showed a reduction in their total difficulty scores with an average improvement of 12 per cent.

In the academic year 2009/2010 we collated data from five schools receiving our Supervision and Support package. One hundred and fifty-nine children had accessed an intervention in the Th.Inc.Room®. Seventy-eight point five per cent showed a reduction in their total difficulties score with an average improvement of 10.71 per cent. (We used Goodman's Strengths and Difficulties Questionnaire<sup>2</sup>.) Those of you familiar with data from other better-known therapeutic interventions in schools, will recognise that though these samples are small, the figures are comparable, and in some cases marginally better, than other interventions using therapists/trainee therapists. So, it's time to let our natural human curiosity ask: 'If that is so, then why?' and consider the benefits of such a system.

### How could this happen?

How is it that this 'not-actual-therapy' can apparently have so significant an impact? Obviously, without access to time travel we cannot compare the impact of 'true therapy' versus this approach on the same child, but we can make some hypotheses. We return again to the impact of the relationship, and the innate healing that a positive, unconditional and consistent relationship can bring<sup>3</sup>. Also the healing nature of experiencing a safe place and time and the opportunity to play however you want to with no imposed expectations, as set out in Axline's principles<sup>4</sup>. So far so similar to 'true therapy'. But many children experience an endless stream of adults 'intervening' in their lives. Such adults arrive, develop a relationship with the child, then complete their intervention and leave. The child experiences a repeated cycle of what could be perceived as abandonment, and the impermanence of relationships becomes a core construct. With a Th.Inc.Room®, the level of engagement and involvement will change, but as long as the child and the worker remain at the school, the relationship is maintained. Contact may reduce to the level of an occasional lunch

together and the regular greeting, smile and check-in chat several times a day in the corridor, but for the child, that relationship is consistent, reliable and available. Gradually, their 'dysfunctional relationship' construct gets a gentle but permanent makeover. I see this as the most likely change-inducing factor, but there is a list of other possible contributors, one of which might be the unspoken knowledge of a shared world (as most workers live in the same community as the pupils) as opposed to the arrival of yet another alien from a distant planet. Perhaps this subtly impacts on the relationship, making it more real and relevant?

### A logistical benefit

And what about the logistical benefits of this bottom-up approach? Even before this economic downturn, it was unrealistic to imagine a day when every primary school would have its own resident therapist. And is this actually necessary? With the correct ethos, whole school approaches and early preventative interventions, there should not be enough work for a full-time therapist (again, referring primarily to primary schools). There will always be the need for professional therapy but this should be for the few and not the many. Th.Inc.Rooms® can provide early preventative work and a range of interventions. Pupils can move from one-to-one work to paired work to small groups as they gradually transfer their skills.



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Or they may attend a group and from that be identified for individual work. It is a many-layered approach. Pupils accessing professional therapy no longer have to move from that intensive support to nothing, but can move into a small group or on to paired work. The school no longer has to find a large block of money. Instead they have to reallocate staffing and redefine roles and find the small amount required to cover training and supervision costs. This makes for a sustainable approach.

### And the parents?

Then there is the emotive question of parental involvement. I say emotive because I feel so strongly

that we continually fail our most needy children on the basis of this issue. I heard Camilla Batmanghelidjh speak at the 'Health and Wellbeing in Education' exhibition in Birmingham in November 2009 and she stated that our systems fail the most needy children due to them being based on the fundamentally flawed assumption that behind every child is a supportive parent.

provider of their primary relationship is so damaged themselves that they will not engage in interviews and questionnaires? Common sense tell us that therapeutic work is more effective if the parents engage – but that does not mean that the child whose parents do not engage will not benefit. Children's ability to cope with their lives, their resilience, can be significantly improved in spite of parents' non-engagement, and

we see this occur time and again. So, both at a Th.Inc.Room® level and at a therapy level we seek to engage parents, but their engagement is not a requirement for a child to be involved in an intervention.

Our Ethical Framework talks of:

*'Justice: the fair and impartial treatment of all clients and the provision of adequate services ... Justice in the distribution of services requires the ability to determine impartially the provision of services for clients and the allocation of services between clients. A commitment to fairness requires the ability to appreciate differences between people and to be committed to equality of opportunity, and avoiding discrimination against people or groups contrary to their legitimate personal or social characteristics. Practitioners have a duty to strive to ensure a fair provision of counselling and psychotherapy services, accessible and appropriate to the needs of potential clients.'*<sup>5</sup>

How is it, then, that the main providers of therapeutic interventions to primary school children require the engagement of parents? How is it ethical to deny a child the experience of a therapeutic relationship on the basis that the

Permission is required but engagement is not a pre-requisite. And things can turn out the opposite way to that which we predict – working with the child can become the way to engage the parent. So this is an inclusive approach. The child him- or herself becomes the one who chooses whether this is or is not for them.

I hope you accepted the challenge to listen objectively to what I have to say. We will continue to train, support, supervise and change children's lives through the people who walk alongside them from day to day. And I hope that one day many more of my counselling colleagues will decide to join us in our bottom-up approach. ■

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#### References

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- 4 McMahan L. *The handbook of play therapy*. London: Routledge; 2005.
- 5 BACP. *Ethical framework for good practice in counselling and psychotherapy*. Revised edition. Lutterworth: BACP; 2010.

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How is it ethical to deny a child the experience of a therapeutic relationship on the basis that the provider of their primary relationship is so damaged themselves that they will not engage in interviews and questionnaires?