BACP

Children, Young People & Families

For counsellors and psychotherapists working with young people

June 2024

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Editor
Jeanine Connor
cypf.editorial@bacp.co.uk

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Executive contacts
Chair: Emma Davies
governance@bacp.co.uk

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From the Editor

It can be difficult to be topical with a journal that publishes just four times a year. I plan content six to nine (sometimes 12) months in advance, making it difficult to commission articles about what's happening 'now'. However, there are some things that remain predictable: the academic year, religious festivals, Children's Mental Health Week (February), LGBT+ History Month (February), Black History Month (October), and our annual BACP CYPF Conference (March). I attended this year's conference in person and, as ever, it was a delight meeting so many people who share my enthusiasm for supporting children, young people and families, and reading and writing about our work. I hope to collaborate with several to share their experience in future issues of our journal.

Another predictable calendar event is Pride month, which coincides, as ever, with our June issue. Many of my clients identify as L, G, B, T or Q and it's likely the same for you. If not, I suggest asking yourself, 'Why not?' Are you and your counselling space welcoming and inclusive of people on wide gender and sexuality spectrums? (How) do you demonstrate allyship? Are you comfortable thinking and talking with young people about gender, sex and sexuality in all its diverse forms? I am grateful to two contributors who have written so poignantly for this issue to inform our work with LGBTQ+ young people.

In their featured article, **You're so gay!** (p06), Jack Lynch asks: 'Why does LGBT bullying happen and what can we do to make our counselling spaces safe and inclusive?' Jack urges us to broaden our language, give young people opportunities for self-expression, and use non-verbal touch points to demonstrate allyship, such as having a diverse range of books on display, or wearing a Pride badge or lanyard, small things for us, which can make a big difference to a young LGBT person's sense of belonging.

Are you and your counselling space welcoming and inclusive of people on wide gender and sexuality spectrums?

In **Gloriously unready** (p14), counsellor Josephine Hughes shares her personal story of transformation. After spending 20 years believing she was the mother of two sons, she reshaped her identity as the mother of two transgender daughters. She couldn't have known how timely her caution would be 'to be alert to the social and political contexts we are living in'.

In April, UKCP announced their decision to withdraw from the Memorandum of Understanding (MoU) and the Coalition Against Conversion Therapy.[1] BACP will not be commenting on this, and, as Editor of this journal, it is inappropriate for me to comment here either. Suffice to say, that I know our members are continuing to do their best to support young people during these unsettled and unsettling times.

Elsewhere in this issue, Alison Roy explains how fathers can help daughters find their identity in **Under the eyes of a thousand stars** (p27) and Jennifer Pitt advocates **More doing, less being** when working with eating disorders (p20). Daniel Hand explores the therapeutic potential of tabletop role-playing games in **Throw of the dice** (p11) and Roger Middleton shares how his service responds **When a child dies** (p24). I hope you'll feel challenged, informed and stimulated by what you read. ■

Jeanine Connor
Editor

Reference
1 UK Council for Psychotherapy. UKCP update on conversion therapy. [Online.] https://tinyurl.com/3pm955j7 (accessed 8 April 2024).

Get in touch If you would like to write a response to anything in this issue, or wish to write a review or submit an article for consideration, contact me to find out how at **cypf.editorial@bacp.co.uk** Please do not send unsolicited articles.

Leading the way

Divisional news, including updates from BACP's CYPF Lead **Jo Holmes** and BACP CYPF Executive Committee Chair **Emma Davies**

Primary school counselling in Northern Ireland

BACP's Policy team and coalition members from Northern Ireland, including representatives from a range of professional bodies representing art, music, play and dramatherapy, have welcomed the reinstatement of the Northern Ireland Assembly. A series of meetings with officials and members of the Legislative Assembly (MLA) have focused on funding for primary school therapeutic interventions, following the ending of the Happy Healthy Minds programme in March 2023.

Local authority school-based counselling pilot

Jo Holmes, in partnership with Brighton and Hove Citizens, has helped secure £200,000 council funding for a one-year school counselling project for Year 9 students, starting in September 2024. Jo spoke to *BBC Radio Sussex* and *BBC South East Today* about the project.

https://tinyurl.com/mu78v6d4

Liberal Democrat's Private Members' Bill

Jo Holmes and Adam Jones, Policy and Public Affairs Manager at Young Minds, met with Baroness Claire Tyler at the House of Lords, to discuss the Liberal Democrat's Private Members' Bill. The Bill pledges that a mental health professional will be available in every school in England. Claire Tyler referred to BACP's workforce mapping survey in her House of Lords speech in March, sharing the finding that BACP members have capacity to take on more paid work in schools.

Labour Party mental health policy

The Labour Party are reviewing their mental health policies in the run up to the General Election, guided in the process by Luciana Berger, BACP Vice President. BACP's Policy team consulted with members of the Labour Party who have pledged to provide mental health support in every school and put mental health hubs into every community. BACP's Policy team hosted a roundtable event, part-facilitated by Jo Holmes, to discuss what would need to be in place to put the Labour Party's pledges into practice. CYPF Executive Committee Chair, Emma Davies, spoke about how school counselling contracts work in Wales and Scotland; Mick Cooper, Professor of Counselling Psychology, Roehampton University outlined the evidence base; and Shaun Polley, from YMCA Downslink, discussed how to balance the cost of providing counselling at competitive rates for commissioners, while maintaining fair pay and conditions for counsellors.

https://tinyurl.com/3n34xakn

Fund the Hubs campaign update

Jo Holmes has been campaigning on behalf of BACP, alongside leading cross-charity partners, to secure funding from the Department of Health and Social Care (DHSC) for Early Help support hubs. Partners met with the DHSC where it was announced that there would be an additional £3 million from the Shared Outcome Fund to finance 12 more hubs than initially expected. The total number of hubs receiving funding for one year is now 24.

https://tinyurl.com/2wkjabek

Survivors of child sexual abuse

Jo Holmes attended an event at the House of Commons, led by NSPCC and other cross-charity partners, to hear stories from survivors of child sexual abuse, relating to their experience of the criminal justice system. The survivors hope to influence the next stage of the Victims and Prisoners Bill, by ensuring that special consideration is given to supporting children through criminal procedures. Jo met with Labour Party MP, Jess Phillips, who is supportive of this change.

As part of our wider work with survivors of child sexual abuse, BACP is part of the Independent Inquiry into Child Sexual Abuse (IICSA) Changemakers group, co-ordinated by the NSPCC. Part of this work is to ensure survivors can influence the direction and priorities for the group. Read more about how survivors over 18 can get involved via the link below, or email: **jo.holmes@bacp.co.uk**

https://tinyurl.com/49xaf2jn

From the Chair

Our CYPF Conference on the theme of working with neurodiversity was a sold-out event, with 300 delegates in London and an astounding 1,200 joining us online. I had the pleasure of co-hosting with CYPF Executive Deputy Chair, Claire Harrison-Breed. Edith Bell, former CYPF Committee member and Clinical Director of Family Works, kicked off the day with, 'The prism of neurodiversity: the place where the light shines through.' Edith gave examples of how to adapt counselling practice to respond to individual children and families who are experiencing neurodivergent challenges. During lunch, I was interviewed – hopefully with no food on my face! – and asked, 'Why should people attend the conference?' The first thing that came to mind was 'choice'. With the range of workshops on offer, I wanted to be in two places at once (I haven't mastered that skill, yet). We are all at different stages of our professional careers and have varied interests. The conference provided an opportunity for the profession to come together, and get what they need by choosing the presentations which align to their professional development needs.

Our CYPF Conference on the theme of working with neurodiversity was a sold-out event, with 300 delegates in London and an astounding 1,200 joining us online

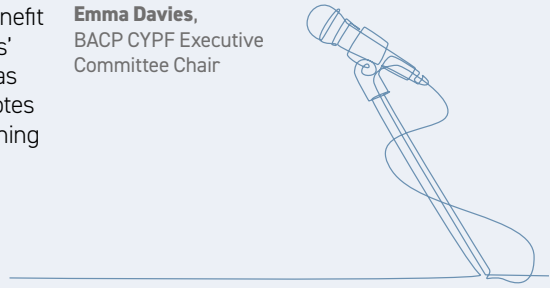
One of my jobs was to host two of the workshop strands and both captivated my attention. So much so, I almost forgot to return to the stage for the live Q&A! The first of these was, 'How do I feel as a young autistic person?' delivered by Mark Wallis, an autism consultant and trainer. Mark offered an insightful presentation about using a sensory audit to facilitate the development of self-awareness in neurodivergent young people. I thought about many young clients who might benefit from this exploration. Mark has 40 years' experience in the field of autism. This was unmistakably apparent from the anecdotes he told, which vividly portrayed his learning and passion.

The second of the workshops I hosted was, 'Working within diversity: how to develop an anti-oppressive and inclusive approach in therapy', presented by the multi-award winning founder of the Muslim Counsellor and Psychotherapist Network, Myira Khan. Myira talked about anti-oppressive practice, and I filled two pages of notes and images to reflect on. Myira introduced the delegates to their identity Rubik's cube, and invited us to consider a simple but important mind shift from working 'with' diversity to working 'within' diversity, which fundamentally pivots our practice.

It would be hard not to mention the journey that Abz Abby took us on in the final keynote presentation, 'Harnessing ADHD, bipolar, tics and anxiety: my unique superpowers.' Abz shared his story about what it is like to be a neurodivergent young person and the difficulties he experienced growing up. He had the audience crying and laughing. A true inspiration.

At the end of the day, I shared that Cathy Bell is stepping down as Co-chair of the CYPF Executive, leaving me to fly solo, although she will remain on the Committee. We are also saying goodbye and thank you to Sue Pattison, who has been a member of CYPF Executive Committee and contributed to BACP's work for over 15 years. She was involved in school counselling research in Wales and contributed to the independent counselling service for schools review in Northern Ireland. This leaves space for new Committee members, who I look forward to introducing you to next time.

Emma Davies,
BACP CYPF Executive Committee Chair



‘That’s so gay!’

Jack Lynch from LGBT+ educational resource provider Pop'n'Olly asks: Why does LGBT bullying happen and what can we do to make our counselling spaces safe, LGBT+ inclusive environments?

I was in Year 2 (aged 6) when I first heard 'gay' used as an insult. It was thrown out across the playground with such malice that I instantly knew it wasn't a good thing to be called. The insult was aimed at a boy with medium-length hair brushed over to one side (think Justin Bieber circa. 2010) and a high-pitched voice. I inherently knew that these stereotypically feminine characteristics were what had caused the attack, and I also knew, in that moment, that if I wanted to survive, I needed to get rid of my own 'femme' traits and start acting 'like a boy'.

My school days were over 15 years ago, and you might hope that such bullying no longer exists; but, sadly, recent statistics suggest this is not the case. A recent survey found that 91% of LGBT+ students have heard negative language about being LGBT+ and 42% of them have been bullied, double the number of non-LGBT+ pupils.[1] A 2019 YouGov poll found that LGBT+ bullying is the most common form of bullying in UK schools.[2] The consequences are all too clear, with LGBT+ young people twice as likely to contemplate suicide, and black LGBT+ young people three times as likely.[1] LGBT+ students are more likely to have high levels of anxiety, depression and panic attacks, as well as feel isolated and worry about their mental health.[3] These consequences mean more young LGBT+ people will be accessing counselling and therapy, and therefore it is essential that practitioners understand that many will be experiencing bullying; what the root cause of this bullying is, and what they can do to make their spaces safe and LGBT+ inclusive environments.

The roots of LGBT+ bullying

Pop'n'Olly's Head of Education, Mel Lane, is a primary school teacher and teacher trainer with almost 30 years' experience in the classroom. She focuses particularly on LGBT+ inclusion and her experience, as well as that of many other teachers we work with, appears to back up the research that shows how LGBT+ bullying is linked with the adherence to gender stereotypes.[4] It is easy to see the link between gender stereotyping and the bullying I witnessed in my school playground – a boy singled out for having a stereotypically feminine hairstyle and voice pitch, treated as an outsider or, as I witnessed, being pointed at, ridiculed and told, 'That's so gay!'

The link to gender stereotypes can be connected to the notion that 'children are not born prejudiced; it is a learned behaviour'.[5] At the root of behavioural development is a child's sense and accumulation of cues from their environment about who and what those around them (including parents, teachers and other key adults) like and don't like, as well as who is considered 'good' in our culture, and who is shunned and/or considered 'bad'.[6] This underpins the development of social grouping with the forming of 'in' and 'out' group behaviours, where children are shown to 'readily form biases in favour of their own social group' and consequently develop prejudice towards members of 'out' groups.[4] One of the most important aspects of this research is the finding that the cues children pick up on do not have to be explicit or even verbal to have a powerful effect on the development of prejudice. When we are talking about gender stereotyping, which is shown to develop as young as 18 to 24 months, this is influenced by what children see in the media,[7] as well as the behaviour in their home[4] and school environments.[8]

Given this knowledge, is it any wonder that boys with longer hair and high-pitched voices attract harassment? For me, and so many others, this policing of gender stereotypes by classmates, reinforced by the media we are exposed to and the environment created at school and by other adults, meant that the only logical course of action was to conform – to reinvent myself as a 'boy' who was masculine, strong and sporty; a boy who was brave and didn't express their emotions; a boy who, it turned out, did such a good job at 'fitting in', they lost their true identity along the way.

What about the T?

Transgender or non-binary were never words I heard growing up, and I never saw any positive representations of transgender or non-binary people in the media or in the world around me. Consequently, I spent my early life trying to fit myself into one of two boxes: 'male' or 'female'. With my sex assigned at birth as 'male', it was clear which of these two boxes I was meant to inhabit. Given the lack of representation of trans, non-binary and gender non-conforming people for me to identify with, coupled with societal pressure, it is no wonder I found myself contemplating suicide by the age of 18. I was stuck feeling lonely and isolated, feeling like I was wrong, not enough, and not deserving happiness or love.

When children don't feel validated and supported, we teach them to feel shame,[9,10] which is one of the most powerful emotions with both short- and long-term effects. We see this in the devastating mental health of many young LGBT people, and also in manifestations of anger or aggression.[1,3,8,11] This means that, not only are LGBT+ young people bullied for not conforming to gender stereotypes, but the bullies themselves may well be acting from a place of shame too.[11]

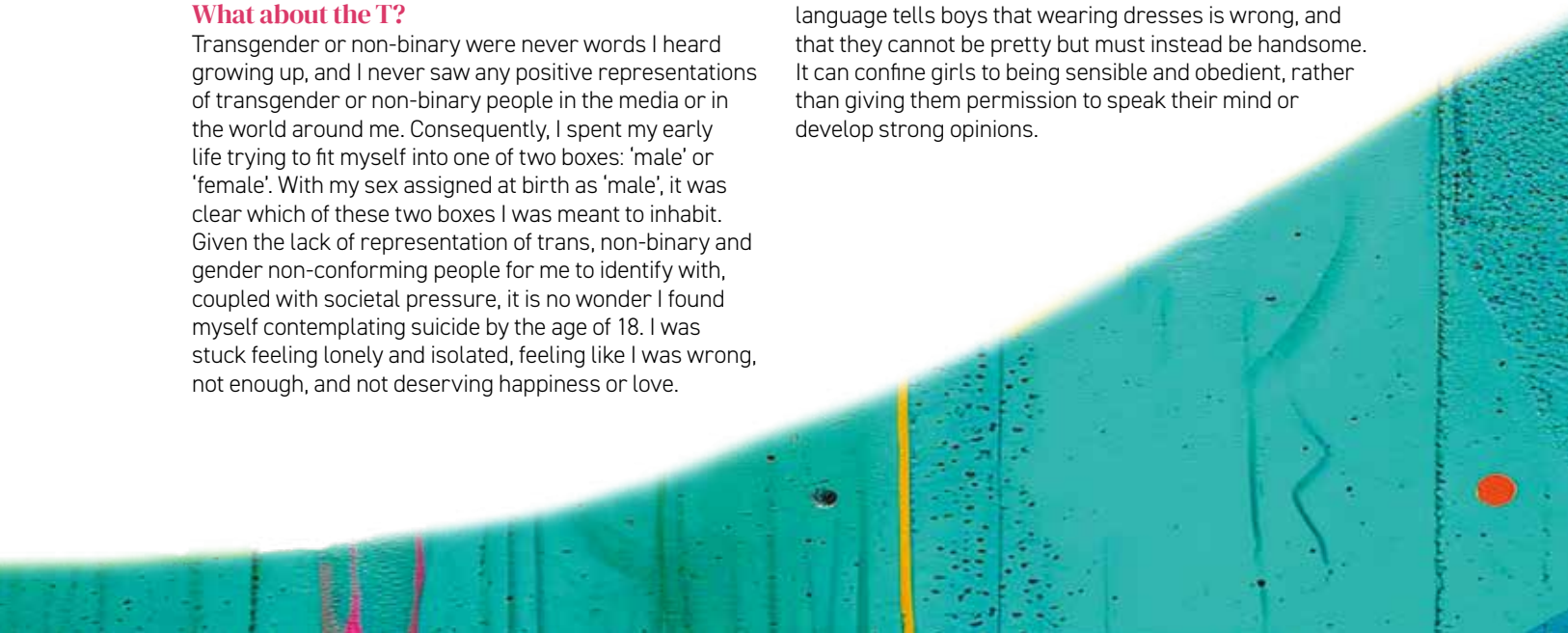
Understanding that LGBT+ young people are likely to experience bullying rooted in gender stereotypes helps practitioners to support them, and all young people, accessing mental health services. This knowledge enables them to make environments more LGBT+ inclusive, and better supports the needs of all young people.

Gendered language

Children start to recognise gender roles between 18 to 24 months via cues from the adults around them. It is important that we are conscious and deliberate in not using unnecessarily gendered language. I am not suggesting we erase all gender-specific language, but instead propose diversifying some of the language we use to recognise gender broadness. Pretty. Sensible. Sporty. Strong. Helpful. Brave. When you read these words, do you have in your mind a specific gender? If so, consider which gender? Maybe even go one step further and consider why you associate it with this gender. And then stop!

When we broaden our language rather than limit it to gender stereotypes, we give children freedom for self-expression

If we use different language for different genders, we make assumptions rooted in gender stereotyping. This affects the messaging children receive about how they should behave, dress or express themselves and, consequently, limits their options about who they feel they can be and how they can express themselves. Gendered language tells boys that wearing dresses is wrong, and that they cannot be pretty but must instead be handsome. It can confine girls to being sensible and obedient, rather than giving them permission to speak their mind or develop strong opinions.



The impact of gendered language on transgender and gender non-conforming children can be devastating. When we hear language based on a binary view of gender, it erases the existence of genders outside of that binary, and can lead gender non-conforming children to feel inherent shame about themselves. The best analogy I can use to describe my experience as a young person is a room full of boxes. Most people, it seems to me, choose a box with a list of characteristics that perfectly describes them and hop right in. For me, however, I was stuck. I partially fitted into several different boxes but didn't perfectly fit into any one. There was no box for me, and that was scary and shaming because it felt like there must be something wrong with me. I must be broken and not deserving of a place to fit or belong like everyone else. That shame and fear was all-consuming and still affects me to this day.

When we broaden our language rather than limit it to gender stereotypes, we give children freedom for self-expression and options that show them there are so many ways to be human. This is not to say there's anything wrong with words such as pretty, sensible, sporty, strong or brave, but we shouldn't limit those words to particular genders.

Challenging language

Allyship is not only about considering how we use language, but challenging our colleagues, children and those around us when we hear anti-LGBT+ language being used. When we challenge someone, it's important to lead with curiosity rather than judgment. Asking someone why they have chosen to use that particular language, and using this question as an opportunity to help educate them on the meaning and impact of such language, can feel less confrontational.

From working with educators, we know that challenging language can lead to apprehension. One of the most effective strategies can be to develop a policy for staff on how to tackle anti-LGBT+ language, and emphasising leading with education and curiosity rather than shame or judgment. Allyship is about empowering ourselves, as well as others, to be able to stand up for and with LGBT+ people, to create more welcoming and inclusive environments for all.

Visible allyship

Children see many different things every day which form their view of the world. If what they see is restricted to a particular group or representation of people, we limit how they see the world, which leads to ignorance and prejudice. We need to show positive representation of LGBT+ lives, so that LGBT+ children

...non-verbal touch points can be small and simple, such as having a diverse range of books on display, or they may be more explicit, such as the counsellor wearing a Pride badge or lanyard

We need to show positive representation of LGBT+ lives, so that LGBT+ children see themselves (or their family members and friends) represented

see themselves (or their family members and friends) represented, and so that all children learn that being LGBT+ is just another way of being human.

My colleague, Mel, is passionate about showing her allyship to LGBT+ people. The windows of her house look out onto the pavement, and she has displayed a bunch of stickers that show LGBT+ inclusion, including ones saying, 'You are safe here', 'Trans Ally' and the rainbow flag. Mel knew she was making a difference when she received an anonymous note through the door saying, 'I pass your house on my way to school and it always makes me happy to see your stickers. Thank you so much.'

When LGBT+ people enter a new environment, we immediately look for signs that it is a safe space for us to be ourselves. In a therapy or counselling space, there is so much that can be done to make us feel welcome before we even start talking to a professional. These non-verbal touch points can be small and simple, such as having a diverse range of books on display, or they may be more explicit, such as the counsellor wearing a Pride badge or lanyard, or having a Pride flag sticker somewhere in the room. These things may go unnoticed to the majority of young people, but for those who need to see them to feel safe, the impact will be huge. This kind of visible allyship may also help parents feel more comfortable when finding the right environment for their child and help them to feel reassured too.

In my own experience of therapy, it made a major difference to know that my therapist was also queer. It made me feel instantly at ease in the space because I knew that it meant I could be myself without judgment or fear, but also that she may have some inherent knowledge of some of the LGBT+ specific issues I was tackling. It broke down an invisible barrier many people wouldn't even consider. So, if you identify as LGBT+, consider whether you feel comfortable disclosing that, knowing that it is likely to have a significant impact on putting LGBT+ clients at ease.

Understanding the specific issues faced by LGBT+ young people, and how the environments, language and behaviour of those around them affects their emotional development, is fundamental to creating environments that better support them. We live in a world where LGBT+ bullying is a significant problem, but we can take solace in understanding that prejudice is learned and can therefore be un-learned. Understanding the gendered aspects behind this kind of prejudice can help practitioners position themselves to offer more inclusive spaces for children of all genders. ■

Jack Lynch (they/them) is workshops and training lead, and Head of PR at Pop'n'Olly. They have worked with children and young people in both sport and education, and with schools and educators across the UK to help create LGBT+ inclusive environments. Jack is also a regular speaker and panellist, taking to the stage at the likes of the Free & Equal Conference and, most recently, writing for the *Metro* newspaper about their personal journey and work with young people.

Mel Lane (she/her) is Head of Education at Pop'n'Olly. She has been a primary school teacher and teacher trainer for almost 30 years, and worked in schools on LGBT+ inclusion policies with thousands of children and school staff. Mel is a co-author of *What Does LGBT+ Mean?* (Pop'n'Olly, 2021).

Pop'n'Olly is the UK's leading LGBT+ educational resource provider for primary aged children, parents, carers and teachers. **www.popnolly.com**

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Throw of the dice

Daniel Hand explores the therapeutic potential of tabletop role-playing games for young people with special educational needs

According to the most recent figures, approximately 17% of the British school population struggles with some form of special educational needs and disabilities (SEND), of whom more than a fifth (equivalent to 330,000 children and young people) require some form of mental health support.

Yet, alarmingly, in spite of well-meaning legislation and an increased awareness of the importance of emotional wellbeing to healthy growth and development, up to 70% of these vulnerable students are unable to access the support they need.[1] One major reason for this shortfall has already been recognised, although not entirely addressed, namely: the logistical difficulties associated with providing sufficient therapy or counselling to such a large cohort without significantly disrupting their education. But this fails to take into account the other major difficulty that many SEND students face when trying to access therapy: the fact that, for many, the concept of entering an unfamiliar environment and telling a stranger about how they feel is terrifying.

For one thing, a major difficulty faced by these young people is social: childhood and adolescence is, after all, a confusing time of life, and young clients frequently don't understand the emotions they are being asked to articulate, and that's before adding difficulties like autism or abuse into the mix. For others, therapy often comes after an extended period of other, often 'failed', interventions, and can be interpreted as a punishment for failing to conform to 'the norm', rather than as an attempt to help them surmount the obstacles in their path. In other words, the odds of engagement are already greatly stacked against them. The fact is, therapy may be available, but far too many vulnerable young people simply do not feel able to access it. The opportunity gets lost because, in spite of therapists' best efforts, too little thought goes into the process of keeping the seat of a client's pants in the seat of the counselling room.

A key target must be to adapt the therapeutic process to better facilitate SEND clients to willingly, and preferably, enthusiastically, participate. There is no sense in providing sessions if they remain unused by the very demographic they're supposed to help. An obvious solution, and yet one remaining largely unexplored, would be to forego the rigid formality usually associated with traditional psychotherapy, and inject some enjoyment into the therapeutic process. Play therapists have long used this approach with younger clients, recognising that the only way to keep them engaged is to give them something to do, other than worry about being the object of the therapist's analysis. But there has long been an abrupt divide between the play therapy offered to children and the talking therapy offered to adolescents. A halfway solution needs to be found. That solution could be dice.

Into the dungeon

Tabletop roleplaying games (often shortened to TTRPGs or just RPGs) came into being in their modern form in 1974, with the original publication of *Dungeons & Dragons*, a game which used detailed rules and various shaped dice to facilitate imaginative storytelling.[2] During the intervening half-century, the RPG phenomenon has expanded into an enormously profitable industry, with countless new titles and systems released annually, and an ever-growing fandom that produces and consumes content (e.g. actual-play podcasts and YouTube videos) at an almost alarming rate. But their potential as a form of therapeutic intervention has only recently begun to be appreciated.

...by playing a game, rather than sitting down and just talking, the therapist removes the social discomfort many of these clients associate with interacting formally with adults

Frequently described as communal storytelling, RPGs are, in truth, nothing less than exercises in relationship-building and social exploration. Players assume the roles of characters in a fictionalised setting, and must make use of both the game's mechanics (usually by rolling dice to beat various target numbers) and their individual and collective imaginations, to overcome various obstacles that lie between them and the stated in-game goals. This entails interacting with other players (both in and out of character), solving puzzles and making various practical and/or ethical decisions. As this group (usually numbering between four and six individuals) progresses through a story, which may be anything from intimate tales of intrigue to epic yarns of intergalactic war, characters and players encounter new and strange situations, face unforeseen dilemmas, and, ultimately, grow into more mature versions of the selves who began the adventure.[3]

The magic here is that, purely through the fun of the exercise, the people taking part get truly immersed in the fiction they are creating, engaging with it in a way that makes the game's stakes feel intimately real. It is not uncommon for players to become attached to their characters, raucously celebrating their triumphs and loudly mourning their defeats, so much so that we could almost believe it was the player themself, rather than the character they portrayed, who slew the dragon in its dungeon. And this is what makes RPG therapy such a perfect form of intervention for SEND clients in particular. By offering them a fun, engaging exercise, by playing a game, rather than sitting down and just talking, the therapist removes the social discomfort many of these clients associate with interacting formally with adults. More significantly, the make-believe aspect of RPGs means that clients can be presented with any scenario imaginable,

no matter how difficult or threatening, and yet never be in any physical danger. Scary and upsetting situations, such as bullies or being in the middle of a large crowd, can be faced with confidence, because it's the character not the client who's taking the risks; all they need to do is reflect upon and learn from their character's actions, which is a task aided and guided by the therapist.

Internationally recognised

As time goes by, an increasing number of studies point to the efficacy of RPGs as therapeutic tools, particularly with SEND clients, and stories of successful interventions are frequently celebrated in news outlets and by various specialist organisations. All around the world, organisations are being established for the express purpose of using RPGs as part of client work, from the Pennsylvania-based Bodhana Group, which advocates the use of tabletop gaming as a directed therapeutic and clinical practice,[4] to my own Monomyth Counselling.[5] Giuseppe Di Martino, of CareQuest Gaming and Research, a non-profit organisation that supports the health and wellbeing of neurodivergent clients, notes that *Dungeons & Dragons* boosts self-esteem and confidence in its autistic players, helps them practise social skills, has many educational benefits (e.g. reading, maths, creativity) and helps introduce individuals to new social groups.[6]

Clearly then, RPGs can have beneficial effects for their participants, and there is scope for introducing them to client work. Although clients of just about any demographic would benefit from such an approach, SEND clients, in particular, respond well to the less formal, 'one step removed' atmosphere that RPG therapy provides. Tabletop roleplaying games have entered the therapeutic world and are here to stay, yet the UK is lagging embarrassingly far behind other countries.

First steps

So, what do we need in order to introduce this enormously powerful tool into the therapeutic SEND environment? In one word: funding. Many psychotherapists practising in the UK seem to lack awareness of this innovative form of intervention, and until that awareness is raised, and appropriate training is provided and provision is sufficiently available, many clients, particularly those with SEND, will be unable to engage with the therapy they are offered. Funding is therefore of vital importance. Firstly, to bring RPGs to the therapeutic community's collective attention, and secondly, to provide therapists with the training necessary to implement this form of intervention.

...take them on an adventure... and these young people will quickly come to view their therapy as an integral part of their emotional development

Evidence already cited suggests this would have a significant positive impact on attendance and engagement levels among SEND clients. Make sessions fun, take them on an adventure rather than drag them through their family histories, and these young people will quickly come to view their therapy as an integral part of their emotional development.

But it's up to us, the professionals, to take the first step. Young people who experience SEND require specialist support that can only be provided by qualified, experienced practitioners; and RPG therapy, just like any other modality, requires time, effort and money to master. Resources[7] and provision[8] are becoming more readily available: it's simply a case of using them. If policy makers and practitioners work together to pursue this burgeoning field, we can start to catch up with our international colleagues in supporting some of the most vulnerable young people in our society. We can move past, 'And how did that make you feel?' to, 'And how did that make your character feel?' which is likely to be a much easier question for our young SEND clients to answer. ■

Daniel Hand MBACP is an author, historian, game designer and therapeutic counsellor in private practice. He is the author of *Role-Playing Games in Psychotherapy: A Practitioner's Guide* (Palgrave Macmillan, 2023) and regularly speaks on the use of gameplay and storytelling in client work.
www.monomythcounselling.co.uk

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Gloriously unready

Mother and counsellor **Josephine Hughes** shares her journey of transformation towards acceptance of her two transgender daughters

By sharing my story, I hope to shed light on what it can be like for parents to find out that their child (of whatever age) is transgender. I also hope to help practitioners appreciate how, in today's social media and political landscape, there are added complexities that have an impact on the children, young people and families they support. In 2015, my youngest child, then 16, told me she thought she was a girl. You can hear her description of coming out in my podcast *Gloriously Unready*.[1] Four months later, my eldest child, then 21, told me they were transgender. Neither of them knew of the other's identity at that point.

With hindsight, I appreciate the timing of my children's coming out – not only were transgender issues less in the news,[2] but my children were able to access NHS support more quickly than someone coming out now: there's currently a seven year wait for a first appointment in Southwest England.[3,4] The personal impact of finding out my children were transgender was shattering. It would have been even more difficult had I faced the hostility towards transgender people that is evident in public discourse today,[5] together with the long wait to access medical professionals.

Stages of grief

For me, it has been helpful to understand the personal impact of my children coming out as transgender within the framework of Elizabeth Kubler Ross's theory of the stages of grief.[6]

Denial

In the first few weeks this included:

- disbelief that the children were transgender
- thinking it was a phase
- ignoring their efforts to socially transition
- resistance to using their correct pronouns.

Bargaining

This process consisted of several elements:

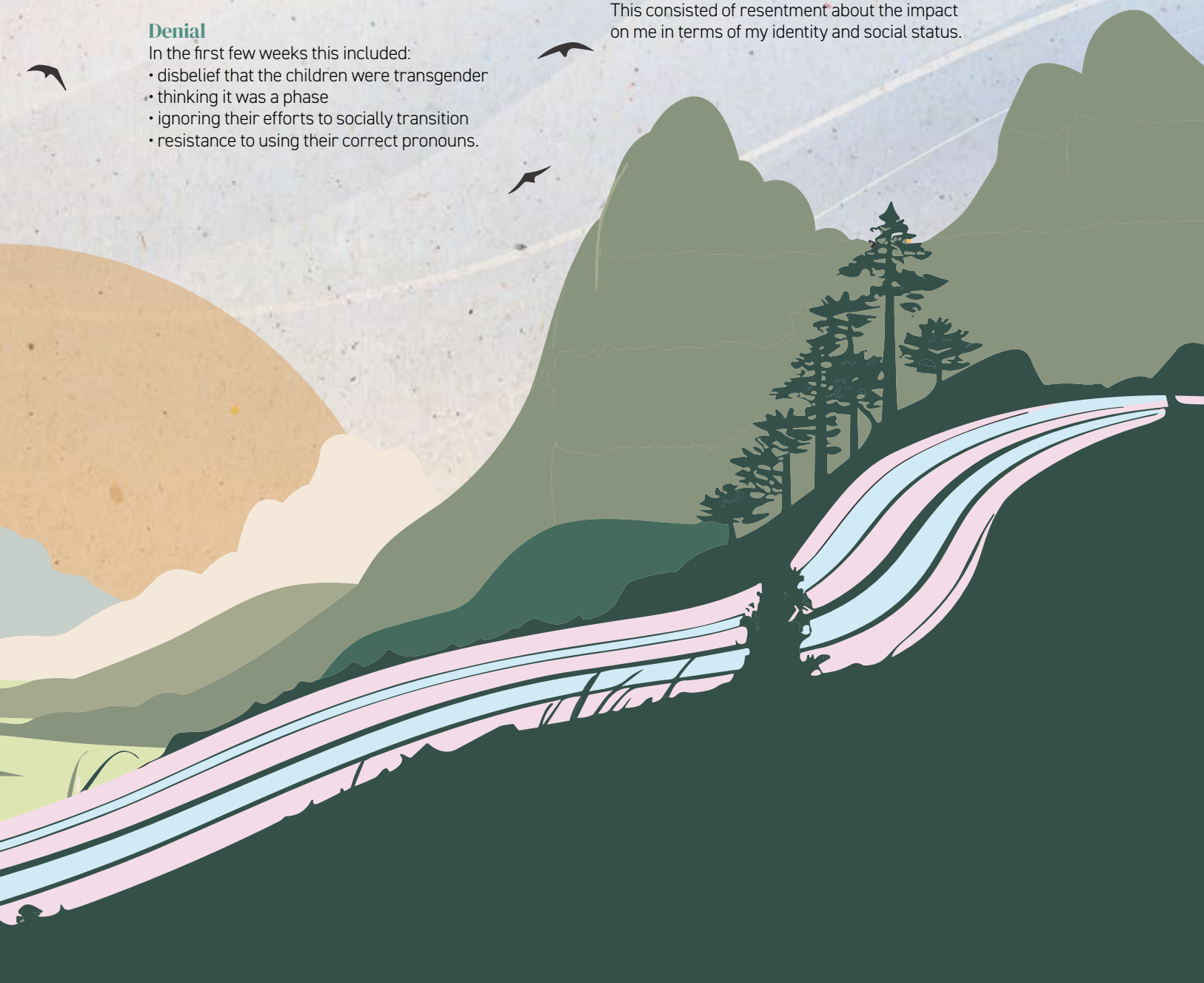
- questioning that they were sure and looking for alternative theories
- advising them to delay medical care and to bank their sperm
- feeling guilty. Was I responsible because of my personal genetics? Was it my fault that my children were more likely to experience a difficult life?

Underlying this was a large element of fear:

- for the impact on their physical health of gender-affirming medical care
- for the possibility of regret
- for the life that might ensue after transition.

Anger

This consisted of resentment about the impact on me in terms of my identity and social status.



Depression

The past became something that had to be reinterpreted. The things that I'd held dear about my children's childhoods became questionable. The precious memories, represented by their photos as boys, caused pain. I felt the loss of my expectations for their and my future. I grieved for the handsome man my eldest had become, and for the heteronormative relationships they'd never have. I grieved for the loss of their cisgender health and the loss of biological grandchildren.

I grieved because not only had their identity changed, but so had mine. I'd had 20 years of believing I was the mother of sons. I saw a mother with three grown-up sons in her car and I grieved. I read a description of someone as 'the mother of three boys' and I grieved. I still grieve now as I write.

In those early days, I believed that I'd lost my sons. When my oldest rebuked me for using her deadname (the name she'd been given at birth), I thought about how apposite that term was. As far as I was concerned, my sons had died.

Acceptance

A personal turning point was acknowledging that had my children been gay, I would not have been upset. This highlighted the real nature of my difficulties: internalised transphobia. I did not welcome their transgender identity and this blocked my empathy for their situation. The root of this was based in a Western view of the world, that is ignorant of the variety of human experience across history and cultures.[7] I realised it clashed with my value of equality and simply had to change.

Furthermore, my values of respecting an individual's autonomy, their right to self-determination and, above all, unconditional love, led to a transformative journey. Holding close to the belief expressed so well by Viktor Frankl, that the last human freedom is to choose how to respond to circumstances,[8] was truly empowering. When my children came out, I knew I had a choice. Life was asking me how I'd respond, and I chose to love.

Whatever my own personal feelings or misgivings, I was there to support my young adult children. Ultimately, this led to me supporting other families and their transgender children by telling my story through my podcast *Gloriously Unready*.[9] This brought an unexpected benefit of meeting transgender people. As contact theory shows,[10] meeting people from a different group considerably reduces prejudice. Listening to their stories showed me that transgender people are just like the rest of us – human beings worthy of love and support.

Time has demonstrated the wisdom of my children. They knew who they were, and their transition has produced two happy, creative and delightful, loving adults. I had not lost them: their essential personalities remain, albeit in an altered body and dressed differently.

Implications for practice

Transgender issues are something that professionals working with young people and their families are very likely to encounter. Estimates are that the incidence of people identifying as transgender is greatest in the 16 to 17-year-old population.[11]

Parents will vary in their reaction to their children coming out, but it is important to remember, at a time of great personal challenge, the rising hostility towards transgender people, evidenced by the UK Government's recorded figures on hate crime.[12]

For parents, this could lead to feelings of fear about their children's safety and future: Will they be safe to go out in public? The murder of Brianna Ghey has been identified as containing a transphobic element.[13] Will their identity be respected in education? At the time of writing, draft guidance for schools has been issued[14] that a barrister argues is in contravention of equality law.[15] Will they be discriminated against? Transgender people are currently protected by the Equality Act, but some government ministers are indicating their wish to change this.[16]

Time has demonstrated the wisdom of my children... I had not lost them: their essential personalities remain, albeit in an altered body and dressed differently

There have been significant changes to the provision of care to young people, following the rise in referrals to gender identity services and the subsequent interim Cass review,[17] and, as stated, access to specialist medical care now takes many years. Given the long waiting lists, parents may turn to the internet, where they are likely to discover speculative theories including:

- Rapid onset gender dysphoria, which is the idea that children decide they are transgender due to social contagion, which has been debunked by research[18]
- An emphasis on regret – although a literature review shows a regret and detransition rate between 1–4%,[19] compared with a 14% regret rate across all surgeries[20]
- The idea that transgender children are gay and gender-affirming care is a type of conversion therapy, which is a misrepresentation of current data[21]
- The suggestion that neurodivergent people are mistaken about their gender identity, which is an ableist assumption.

So, not only may parents be processing their own loss and fear, but they may also be turning to misinformation online. This was recently addressed by the American Psychological Association, which is unequivocal in its support for evidence-based gender-affirming care and calls out misinformation.[22] Is it any surprise then, that many parents find it hard to receive the news that their child is transgender? This may increase the risk to children too, as evidenced by statistics, such as 71% of homeless transgender young people felt frightened or threatened by their family before leaving home.[23]

It is vital for therapists to deepen their understanding of transgender issues with continued professional development (CPD) that conforms to the standards of BACP's *Ethical Framework*.[24] We need to be alert to the possibility of safeguarding issues, given the social and political pressures on parents of transgender children, and the social and political contexts we are living in. We need to be able to direct families to resources and organisations where they can receive further support to navigate the change in their lives. ■

Josephine Hughes MBACP (Accred) is a counsellor who helps other counsellors find clients for their private practice. She is the creator of the *Good Enough Counsellors* online community on Facebook: **https://tinyurl.com/9j265bd4**, *Gloriously Unready* podcast: **https://gloriouslyunready.com** and *Good Enough Counsellors* podcast: **https://josephinehughes.com**

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Columnists

Our three regular columnists talk about what's happening now in training, in counselling and in supervision

In training: Questions, questions, questions
Sue Kegerreis

In clinical seminars, I spend a disproportionate amount of effort trying to wean trainees off using questions so heavily in their clinical work. I can feel baffled as to why the message doesn't seem to get through, that questions are often a less effective response to clients' communications. If an adolescent is telling us about an event in their lives, their way of doing so will always convey something about how they are feeling. In my view, asking the familiar, 'How did that make you feel?' is less helpful than saying, 'I think you are showing me how hurtful that was', or, 'I think you want me to see how unfair that felt', or something similar.

This way of expressing our impressions can be powerful. If we are right, we may give the client a clearer 'shape' to the feeling they were expressing. We demonstrate that we are tuning into them, and convey an acceptance of their emotion, while also shedding light on the dynamic between us. This opens up possibilities for the interpersonal relationship in the here and now to be explored. It highlights the fact that not only are they *telling* us about something that happened, they are *doing* something in the session by conveying the meaning of it.

Alternatively, if we are not quite right, this creates a reflective moment for the client to clarify, for us and for themselves, how they were feeling. Either way, our collective understanding is increased, and our role as someone who is there to deepen our shared insight into the client's world is emphasised and strengthened.

With a younger child who is demonstrating their emotional situation through play or activity, it is nearly always unhelpful to ask a question. Children usually will not have a verbal answer, but will respond through art or play. So, commenting, supposing, thinking out loud, for example, will nearly always be better than asking a question.

When I explore this with trainees, they usually agree; so why do they still resort to questions so often? They nearly always pick up accurately what emotion the client has conveyed, but instead of saying something about this, they ask. Maybe it feels exposing and risky to say what they think rather than to ask. Perhaps it claims more authority in their role than they feel. After many decades of practice, I can lose track of how nerve-wracking it is to be new to practice, and to take the risk of putting into words what I am picking up. Asking feels more exploratory and humble. However, the dynamics of question and answer, while socially more familiar, could slow the development of a growing and shared understanding.

Sue Kegerreis is course director of MA Psychodynamic Counselling and Psychotherapy at the University of Essex. She is both a child and adult psychotherapist who has practised in health, education and community settings, and privately.

In counselling: Waiting list blues
Samantha Johnson

One of the biggest challenges of running a school counselling service is fielding referrals and managing the waiting list. Sometimes, I long for the days when my manager would simply allocate me a new client when a space emerged. Held by this process, I wasn't distracted by the stories of those who were waiting, and could stay focused on the world within the counselling room, which was as vast and surprising as each person who walked through the door.

As lead counsellor, however, my perspective is different. I want the service to be visible to members of staff and the student body, ensuring people know who we are and where to find us. In addition to posters and display boards, this means maintaining relationships with pastoral leads and teachers, the communications team and senior leadership, as well as students. As referrals come in, there is the satisfaction of knowing there are people ready to engage. But as requests for counselling pile up, what do we do with the growing library of stories of emotional distress?

When faced with the spreadsheet containing student referral information, time-stamped and colour-coded, my heart often sinks. It is easy to feel weighed down by the burden of suffering it documents. If I am ragged or tired, I can feel overwhelmed by the accumulation of so many sad stories. It feels like the cells of the grid cannot contain the emotional charge of the information they hold.

It is important, at times like this, to remember I am not alone. There is the

As referrals come in, there is the satisfaction of knowing there are people ready to engage. But as requests for counselling pile up, what do we do with the growing library of stories of emotional distress?

– Samantha Johnson

staff member who filled in the referral form – at least one other adult on site who knows and is concerned about the young person. There is also the rest of the counselling team, Year group teams and the Designated Safeguarding Lead. Responsibility is shared.

It is also useful to remember that referrals are partial glimpses into students' lives. In initial assessment meetings, we get a richer sense of the students' strengths and support networks, as well as their vulnerabilities and concerns. The referral spreadsheet, however, contains none of this subtlety. By its very nature, it lacks the narrative texture which we need to gain traction on the challenges students face.

Managing the waiting list has helped me to be bolder about initiating endings, and to encourage supervisees to bring things to a close with more confidence, when appropriate. It highlights the value of our time, and the demand for our attention. I do, however, believe that a good quality connection with any young person requires an unhurried willingness to engage. Which is why I sigh with relief as I close the browser window and swivel my chair away from my desk when I hear the knock on my door.

Everything else will have to wait.

Samantha Johnson MBACP (Accred) is lead counsellor at a state secondary school in Oxfordshire, where she also runs a small private practice.
samjohnsonoxford.net

In supervision: Working with burnout

Elizabeth Holt

'I don't know what is wrong with me.' 'I'm so exhausted.' 'I feel tired all the time and I am struggling to get through each day.' 'I'm just totally burnt out'.

These are the words of various trainee counsellors as they slump into the supervision chair with their heads in their hands. It is not uncommon for the subject of practitioner burnout to find its way into supervision sessions. While commonly experienced in work environments, burnout can also be found in the home, education settings and competitive sports. I first became acquainted with the concept of therapists burning out during counselling training, when a peer openly shared how they were working with their supervisor and personal therapist to manage their symptoms, after struggling with the balance of academic studies, counselling placement, personal life and childcare arrangements.

Burnout arises over time, as stressors are accumulated or additional commitments are added. The phrase, 'You can't pour from an empty cup', springs to mind, and when a person experiences burnout, they are essentially running on empty. There are a multitude of reasons why burnout is prevalent in the helping professions: the emotional demands of the role, over-stretched services, long waiting lists, complexity of clients' presentations, lack of funding, imbalance of commitments, continued professional development and training requirements, record-keeping and scheduling demands. There is no single root cause, but burnout as a result of the many demands of practice is commonplace.

Part of a supervisor's role is to monitor for signs of strain on the practitioner. Although symptoms of burnout may vary, common signs include exhaustion and fatigue, lack of enthusiasm for, and disinterest in the work, difficulties with concentration and productivity, and encountering issues with sleep and low mood. For many, symptoms are likely to present themselves physically as well as mentally, with therapists reporting physical fatigue, changes in appetite, gastrointestinal problems and headaches.

Addressing burnout in supervision is best tackled honestly and head on: by systematically evaluating the individual's symptoms and causes; considering and assessing lifestyle factors, professional commitments and case load. It's also important to explore personal commitments, self-care, relaxation and skill development. By formulating a plan together in supervision, burnout can be actively managed. In more extreme instances, a reduction in or break from practice could be considered appropriate. The best way to protect against burnout is to be proactive and use supervision to avoid it building up in the first place, rather than having the pressure build over time. In supervision, the aim is to actively engage therapists in conversations that are responsive to the early signs that they may be struggling, and encourage access to appropriate support, resources and self-care practices, so that commitments can be balanced, and overall wellbeing is restored and sustained.

Elizabeth Holt BACP (Accred) is a counsellor, clinical supervisor in educational settings, EMDR psychotherapist and mindfulness teacher working in private practice. She is completing a doctorate in psychological trauma.

More doing, less being

Jennifer Pitt advocates a more directive approach to working with clients with an eating disorder, or suspected eating disorder

'Eating disorders have one of the highest mortality rates in comparison to other psychiatric illnesses, and one in five individuals with anorexia nervosa who die, do so due to suicide.'[1]

The above quote shows the importance of starting a meaningful discussion in our profession about eating disorders. At the core of many therapeutic modalities is a collaborative process where joint exploration into a client's experiences can inform how they are today, considering the past, present and desired future. Although our role is to help them find meaning, ultimately the client is considered their own expert. Working with a suspected eating disorder, however, requires a different approach that might feel counterintuitive or uncomfortable for some therapists.

Working with a suspected eating disorder, however, requires a different approach that might feel counterintuitive or uncomfortable for some therapists

Often, we will be working with the eating disorder by default as it emerges in therapy. For example, we might have received a referral where anxiety or depression are the presenting issues, and it's only during sessions that other concerns arise, such as missed meals, compulsive weighing or over-exercising. The sufferer might be in denial or hide their behaviours. Sadly, in our society, poor self-image and dieting are common. Weight loss and/or thinness are craved, celebrated and applauded in the media. What might be considered as taking exercise extremely seriously and 'watching their figure' could indicate an unhealthy search for control through dangerous, potentially fatal, means.

Getting accurate data on eating disorders is unachievable because there are so many hidden cases. The eating disorder charity, BEAT, estimates that around 1.25 million people in the UK have an eating disorder.[2] While there have been some significant and well-designed studies conducted in the UK in recent years, overall, there has not been sufficient research to draw firm conclusions about the prevalence of eating disorders.

What do eating disorders look like?

Eating disorders are complex mental health conditions that develop as an unhealthy relationship with food. This may involve sufferers starving themselves, overeating, or eating a lot of food in one go, then purging. Essentially, eating disorders serve as mechanisms to cope with difficult feelings and to ostensibly control surroundings – they are not actually about food and I think of them as more akin to self-injury. For example, the anorexia sufferer might starve themselves to starve their pain away; the binge eating disorder sufferer might use food to fill a void. Eating disorders dominate sufferers' lives, impacting physical and mental health. They can be life-threatening, so prompt medical and psychological support are essential. Eating disorders are not a choice and can be confusing to sufferers' loved ones and other invested parties, including therapists and counsellors.

To the right, are brief overviews of three of the most prevalent eating disorders, but it's important to note that this is the tip of the iceberg. The complex, finer details of the diagnostic criteria are beyond the scope of this article. However, I would suggest further research and professional development in this area.

Working with eating disorders

It can be hard to know how to approach a client with an eating disorder. As mentioned earlier, some clients might report anxiety or depression, without understanding that their (undiagnosed) eating disorder might be sustaining this. Others might be aware that their relationship with food is problematic but hide this from the therapist, possibly out of shame. But if the therapist suspects something, from a passing comment or other clues, they have an opportunity to establish some clarity, by calmly expressing what's concerning them and why. It is important at this delicate juncture to keep the client engaged in the conversation in a way that doesn't minimise or normalise their difficulties, which could result in exacerbating shame, overlooking risk and inadvertently colluding with the secrecy.

Eating disorder signs are unique to the sufferer, and symptoms may be a combination of both subtle and more obvious. I have exemplified these in a fictional case study of a 17-year-old, Year 13 student, I will call Claudia.

Anorexia nervosa

'I thought about food and calories all the time. I tried to avoid certain foods and only had "safe" foods which I felt were OK to eat.'[3] A person with anorexia nervosa has an intensely irrational fear of weight gain and often a distorted body image. They substantially restrict their food intake and over-exercise as a compensatory measure. Secrecy in these behaviours is a key feature.

Bulimia nervosa

'I used to go to the food cupboard, fridge or freezer and eat as much as I could, as quickly as possible, to try to make myself feel happier and fill the hole I felt inside. Afterwards I felt physically and emotionally upset and guilty about all the food I had eaten, so I would make myself sick.'[3] With bulimia nervosa, the sufferer binges on a large amount of food in a short space of time, finding it very difficult to control the episode. Compensatory behaviours, such as self-induced vomiting or laxative use, follow to manage their weight. For some, the compulsive and uncontrollable nature increases over time.

Binge eating disorder

'It's like a switch is turned on in your mind and the only thing you can do is eat until you physically cannot eat anymore. It's terrifying because it's like the real you is still in your head but has no power over what you are doing, and you've suddenly become someone else.'[5] Sufferers of binge eating disorder repeatedly act on an urge to eat large quantities of food in a short period of time, often when not hungry but needing to fill an emotional void. Binges are sometimes planned, but at times can be spontaneous. This is usually done secretively and may include 'special' binge foods. Feelings of guilt, shame and/or disgust after binges are common.

Working with Claudia

Claudia was signposted to me after a school break by her tutor, who had noticed her social withdrawal, growing anxiety and general sadness. Six sessions in, while expressing what her anxiety and low mood felt like, she casually mentioned how she felt fat (she wasn't). On deeper exploration, she shared that a few months before, a family member had announced one mealtime, that Claudia 'didn't need more calories, with that hourglass figure of hers.'

Claudia believed me to be 'trustworthy enough' (her words), so felt safe to share her food diary that I had introduced in the previous session. Food diaries offer the opportunity to document timing of food and drink intake, feelings and thoughts before, during and afterwards. They can be valuable insofar as they can identify patterns and triggers, and serve as a collaborative tool. Looking at her food diary with me, enabled Claudia to divulge her behaviours around food, which seemed to be indicative of – what I think of as – an anorexic mindset.

Essentially, throughout months of feeling fat, Claudia had been substantially restricting her food, trying to become thinner to elicit approval. She discarded breakfast, skipped lunch and purged after family dinners. She had also been powerwalking back and forth to school every day – a six-mile round trip – to burn the calories from any food she consumed. Her periods had stopped, she felt permanently cold and had dizzy spells. She wore baggy clothes to hide her weight loss.

I shared that I felt honoured she had chosen to share something so personal with me, that had thrived on secrecy. In return, I explained that I believed she was struggling with something potentially life-threatening. I clarified my lack of medical training, and that we would need to involve the medical profession, for initial physical checks and referral to a specialist eating disorder service. Likewise, school and parents would need to be informed, so that they could support Claudia (and be supported themselves), at every stage of this tricky journey. Reminding Claudia that I had her back, I wondered how we might do this together, and we began by jointly composing an email to her GP.

Keeping things the right size

Some therapists may query why medical issues are relevant, but it is crucial the client is made aware of the physical dangers of eating disorders. Side-effects of bulimia nervosa, for example, include tooth discoloration and decay, and more serious, potentially fatal consequences such as electrolyte imbalances and oesophageal destruction. Therefore, contracting with the client to involve the medical profession is non-negotiable, even though the therapist may fear their client might bolt at the mention of it. Once we have explained the physical dangers, we need to describe what next steps might look like. This includes implementation of the safeguarding procedures and making other people, such as parents and school, aware, as was the case with Claudia. How the medical process is described should be appropriate to the client's level of understanding, but irrespective of this, they need to be aware that basic physical checks will be carried out such as weight, height and blood tests. Also key, is to stress that recovery will be a team effort, and that they can still have some autonomy, while being aware of the 'negotiables' and 'non-negotiables'.

Ultimately, it's important that we don't lose sight of the distressed client by becoming overwhelmed by fear of the associated health risks. I'm advocating that we become wise before the event. Do some relevant reading – the charity, Beat, referenced in this article, as well as BACP information,[6] are a good place to start. Or perhaps you'll decide, like me, to undergo more formal training. My decision to undertake a formal training leading to Eating Disorder Practitioner status stemmed from feeling de-skilled when sitting with innumerable young people, who might well have been showing early signs of an eating disorder. Whatever you decide, it's important to remember our professional obligations and become well-versed in knowing how to identify, manage, escalate and refer on.

I sometimes think of an eating disorder as akin to a burning building. If my client was in a burning building, I wouldn't leave them in there to find their own means of escape or potentially die. But nor would I climb in and *be* with them, exploring what their experience of being burnt by the flames and choked by the smoke was like. Rather, I would be inclined to do something, such as call the Fire Brigade, support them into a hasty departure and alert their parents. What would you do? ■

Jennifer Pitt MBACP (Accred) worked as a counsellor in secondary school settings and managed a team of school counsellors for nearly two decades. In addition to running a bereavement counselling service, delivering training and writing articles, she runs a private therapy practice. Much of her work is with young people struggling with disordered eating or eating disorders. Since 2015, Jennifer has held Eating Disorder Practitioner status.
jennifercounselling01@outlook.com

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Absent from school

Nichola Martin ponders the reasons for increased absenteeism in the wake of the pandemic

I have been thinking about the reported increase in school absenteeism since the COVID-19 pandemic, and feel that the secondary school environment may not be conducive to learning for all students. Schools are mainly performance driven, meaning that economics and Ofsted grades are their main priorities, with student mental health and wellbeing way down the list, and little consideration given to the impact of not feeling safe in the school environment. Secondary schools are busy, noisy places. There may be unexpected, sometimes violent, outbursts. Some young people can cope in such an unpredictable environment, while others find it overwhelming.

Another concern I have is about the emphasis on subjects such as maths, English and science. These are necessary, of course, but not more so than creative pursuits such as art, drama, music and woodwork, which are often perceived as too expensive, disregarding the potential enrichment of young people. Having a variety of subjects with equal billing benefits those students who find academia dry and uninteresting. It offers them the opportunity to use their imagination and explore the wonders of creation and creativity. The pursuit of logic is a left-brain hemisphere activity, which can make some young people tired and disinterested; whereas creativity is a right-brain hemisphere activity that is calming and can be more enlivening. Research with older children shows how 'creative engagement impacts poor mental health and can promote engagement in school.'[1]

Perhaps the challenge for schools is to take a young person's mental health as seriously as they take academic results. The turbulence of adolescence is a difficult time for all young people. They are changing physically and emotionally. Being able to talk to someone about this can provide relief and a different perspective that can enable young people to thrive. Rather than complain about school absences, I suggest asking young people, 'What's going on for you?' and 'What can this school do to make it a place you would like to return to?' which may elicit many different reasons for non-attendance than you imagined.

A recent letter in *The Guardian* said, 'If pupils avoid school due to anxiety, the system needs to change'.[2] Professor Diane Reay from the University of Cambridge writes that absenteeism is linked to lack of social support, harsh discipline, excessive rules, regimented daily timetables and teaching to the test.[2] Dr Lorna Chessum, former principal lecturer in education, blames 'draconian school rules' and a rigid curriculum with reduced opportunities for creativity, and endless testing, as anxiety-provoking, anti-educational and anti-learning.[2]

Perhaps the challenge for schools is to take a young person's mental health as seriously as they take academic results

A survey carried out by stem4, a charity supporting teenage mental health, shared the statistic that nearly a third of UK secondary school pupils avoid school due to anxiety.[3] The Education Select Committee found that a major reason that large numbers of children had not returned after COVID-19 were barriers to attendance presented by poverty.[4] Children's Commissioner, Rachel de Souza, said in her response to the persistent absence inquiry, 'Children are not absent from school because they don't want to learn. They are desperate to learn, but every day thousands of children find themselves without the support they need to engage in education and attend school.'[5]

Professor Priscilla Alderson from the Institute of Education states that young people are experiencing extreme anxiety or distress relating to attending school, and it is the educational system that needs to change, not the young people. She states that, 'Well-meaning therapists might flock around distressed students who feel unable to attend school. Yet they often treat symptoms, not the causes, and position problems within young individuals, instead of within adult-run systems.'[2] Furthermore, she considers that many young people avoid school due to anxiety. 'Like canaries in coalmines, they warn that schools damage mental health – by punishing failure to learn, and enforcing petty rules and detentions, isolation rooms and exclusions. Teachers feel bullied by Ofsted. Students feel bullied by teachers and often go on to bully peers, setting up a pyramid of fear and coercive control.'[2]

The Children's Manifesto,[6] published in 2011, provided a voice for pupils to show how the most important work in schools can be achieved by preventing distress, and working with children and young people to promote ways to enjoy living and learning together. I would be interested to learn what other therapists think of this. ■

Nichola Martin MBACP is a psychotherapeutic counsellor working with children and young people.
https://nickystherapyspace.com

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When a child dies

Roger Middleton, manager of a rapid response bereavement service in Doncaster, shares the ways his team responds to a sudden and unexpected child death

The City of Doncaster Council delivers a Parenting and Family Support Service which includes bereavement support for schools in the event of a sudden and unexpected child death. It means that children and young people in primary, secondary and special education schools are offered a timely and effective programme of support when an unexpected child death occurs. The death of a child is a devastating loss with far-reaching impact. I manage the bereavement service and am supported by the lead counsellor, two other children and young people counsellors, and a small cohort of senior family support workers. Our aim is to provide a brief intervention usually up to or around the time of the funeral.

Context and meaning

Our wider protocol for child deaths involves the NHS and partner agencies such as the Safeguarding Children Partnership. An unexpected child death is defined as without anticipation within 24 hours, or where there was an unexpected collapse or incident leading to the death.[1] Many child deaths are due to medical reasons, while others can be as a result of an accident, neglect or abuse, suicide, or misadventure. Over many years of doing this work, I have found that one common factor is the emotional and psychological impact on the children and young people left behind. The impact can be more profound for those already experiencing bereavement or loss, those who have mental health services involvement, or when more than one child has died in the same incident.

For children and young people who are suddenly bereaved of a best friend, classmate, peer, or associate,

the experience can be traumatic and complex. They often learn of a death via social media, local news, in the community, or from a school announcement. Each death brings its own overwhelming outpouring of grief. Naturally, young people want to know what happened and why, and so start to piece together knowledge and information as it unfolds. It's not unusual for them to speculate or bring together conflicting stories, feeding the rumour mill. While this can satisfy their curiosity, it can also lead to confusion and friction between children who have conflicting stories. I have lost count of the number of times when each child has added their own interpretation and understanding to 'the facts' to create their own distinct narrative.

We know that children and young people need certain conditions to help with their engagement in counselling, and bereavement support is no different. A safe space, understanding, care and the 'core conditions'[2] of my person-centred training are vital components in my approach to helping children and young people to process and manage their grief. As mentioned, the support our service offers is brief and often intense. It usually involves daily visits to the school for the duration of our response, and children who want our help will be seen as often as they wish during this period. It is unlikely that schools will have immediate and widely available access to staff trained in child bereavement in the quantity required. By offering our service within schools, we can relieve staff of the task of taking on bereavement work, so that schools can continue their day-to-day work: teachers can carry on teaching and support staff can carry on supporting other children. School staff have commented many times that our being there helps them remain focused on school business, knowing we are taking care of the bereavement needs of their students.

First steps

The first step in providing support is to meet with a representative in school, usually the headteacher, deputy headteacher, or a safeguarding or pastoral lead. This allows for information-sharing and an opportunity to identify any young people who are likely to benefit, especially those who are deemed the most vulnerable. I take this opportunity to share how I work and what I will need from the school, including an appropriate space to work in, and tools and resources (explained later). We work with the school support staff to ensure the children who need us are seen. A rapid response is key to effective support, so being ready and prepared helps us to meet that need.

Being there

Every school and every child will respond differently to a sudden death. Initially, some present shock and denial, while others can be distraught or angry. It's the detail in these responses that vary, and which informs the support that we offer.

There is no formal contract, as there would be in more traditional forms of counselling. Instead, school staff inform children that our service is available and that we are on site, and brief them on why we are there. I introduce myself and explain how I might be able to help. I offer support to small groups or one to one. Typically, children are initially seen in larger groups, as this allows them to be with their peers and feel less inhibited. There are times when smaller groups and individual support might be required, for example, when the dynamics of the group aren't working, or when individuals require more tailored support.

...young people want to know what happened and why, and so start to piece together knowledge and information as it unfolds

I find most children and young people are receptive to talking openly about their feelings around the death. It helps to get a sense of when and how they learned about the incident, and what the child who has died meant to them. Interestingly, it's not uncommon for the deceased child to be described by everyone as their 'best friend'. Vying for this privileged position seems to strengthen any connection the children left behind feel they may have had with the child who is gone. Inviting them to talk about the child helps them to process their feelings and understand their grief and loss. Telling stories, sometimes previously untold ones, also promotes remembering. I'm a firm believer that there is more than one way to tell a story. I arrive at a school equipped with a supply of pens and paper. Many children like to be creative and often find it easier to draw their stories rather than verbalise them. A creative approach also helps with the pace of the work, as young people can express a wide range of feelings and explain their situations more expediently. In small group work, they might choose to express their grief collectively by creating a group collage or contributing to a memorial wall.

The work also involves responding to children's curiosity and desire for facts. For example, they might want to know where the body is now, what the emergency services did to help and what happens at a funeral. When possible, I provide information about mortuaries, hospital emergency departments and other services.

A need to 'just be'

Our service was asked to support a school after a Year 10 boy died in the community. The timing and nature of the death added to the complexities, and how it affected the children and young people left behind. Early on during my visit and with great sensitivity, I joined three girls, Paula, Karen and Gail, who were sat together on the floor in the library, a safe place that had been provided for us.

I began by asking if they would like me to join them and sat opposite as they were side by side. Knowing who I was and why I was there, they appreciated me reaching out to them and conversations soon turned to their friend who had died. I noticed it was Paula and Gail, sat either side of Karen, who were talking. Karen sat in silence with her head bowed and her long hair draped forward over her face, like she was wearing a mask to conceal her grief.

While Karen remained silent, I was aware she was being comforted by the presence of her friends. I was hoping she was getting something from the conversations and my presence too. After an hour or so, Karen gently and cautiously lifted her head, threw her hair back and announced with a big sigh, 'There, I'm here now.' All Karen had needed was time, unconditional positive regard, and an opportunity to feel safe in the space. Karen had been listening to the stories and soon joined in with her friends in remembering their friend. As I parted their company, all three girls asked if they could see me again the following day.

Show me what happened

Another school requested our help after one of their students died in the playground. Having met with the headteacher, I was given a brief on the general nature of the children's learning needs, and those of a small group of children who had witnessed the event, including the arrival of the emergency services. This had been a very frightening experience, and one that some were struggling to process and make sense of.

Working with three boys, I introduced a selection of illustrations reflecting similar scenes to those witnessed, including an ambulance, nurses and the police. Alongside, I had a selection of pictures illustrating feelings such as sad, upset, frightened and confused. As verbal communication was minimal, the three children started to put together a storyboard of what they saw and how they felt. As the story became complete, the children were able to express what they saw and felt, and were able to assimilate their experiences.

Conclusion

A sudden and tragic death of a peer can have a significant impact on children's physical, psychological and emotional wellbeing. The specialist bereavement service provided by the City of Doncaster Council means children are seen quickly and in familiar settings alongside their peers. Through anonymous feedback, gathered by asking children to write comments on post-it notes, we have heard that they enjoy sharing their memories of the child who has died; that they find the quiet space away from lessons helpful; that they value being able to ask questions about the death, and have been helped to feel less heartbroken. Our service allows schools to continue with school business, and the most vulnerable children and young people to be observed, monitored and signposted for any additional ongoing support. It helps them to process their feelings and validates them in the immediate aftermath of the death, while leaving the door open for longer-term counselling in the future, should it be needed. ■

Roger Middleton MBACP (Snr Accred) is a counsellor who has worked for almost 30 years in local authority education, Early Help and social care settings. This background informs his understanding of school systems and operations, and helps in managing the counselling service at the City of Doncaster Council.

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Under the eyes of a thousand stars

Alison Roy explains how fathers (and father figures) can help daughters to find their identity

Amy is a striking young woman who appears confident and clear about her views, especially when it comes to boys. 'I don't let them push me around or decide how I should look,' she insists. However, when I ask her about her social media profile, she is less sure of herself. She tells me it is important to be seen in the 'right way' online. 'By whom?' I ask, and she shrugs. I add that this implies that there is a 'wrong way' to be seen. She nods emphatically and tells me that she sometimes uses tools or apps to alter her lips, eyes and cheeks, and on occasions, her body (breasts and bum). She acknowledges that there is a 'dark side' to social media, but is amused by my questions and concerns about how this could be affecting her sense of self. 'You don't understand,' she says, 'We do everything on our phones – I mean everything; we even do relationships. It's all happening on our phones for everyone our age. We're on show – all of us – all of the time!'

'Amy' is a composite of many young women I have met. I often refer to current times for adolescents as being like living in a hall of mirrors, where it is becoming increasingly difficult to find an accurate reflection of themselves, while there is a greater emphasis on their appearance. This means that young women, in particular, go to more extreme lengths in order to be noticed and accepted. I am also seeing younger children 'redesigning' themselves electronically. Even before they have their own social media accounts, many parents will have posted hundreds of photos or videos of them online, without even considering their consent. Even the less worrying aspects of building an online profile seem to involve investing serious amounts of effort and personal resources into getting 'likes', 'follows' or subscribers, and feeding an insatiable appetite for the approval of others. By comparison, the time invested in getting to know and understand oneself, as well as who to trust, or not, and what to share with whom, is minimal.

Daughters in context

A daughter's shape will change significantly throughout her lifetime, physically but also psychologically, emotionally and socially. She may see her gender and core identity as a girl/woman shift, something we are beginning to understand better. For the purpose of this article, I am referring to a daughter as someone who may present with both feminine and masculine aspects of her personality but who was born biologically female, and I have used she and her pronouns while acknowledging that there are individuals who may identify differently.

In terms of identity, a daughter will usually have an idea of herself in relation to the parental couple who brought her into being, even if she does not remember either or both of her birth parents. Her earlier ancestors all played a part in her story before her arrival into the world, something I have written about elsewhere in relation to the adoption experience.[1] A daughter, therefore, is not an isolated being. She is born under the eyes of a thousand stars, some of whom have long since died, but their light can still be seen and felt throughout her life.

The eyes of the father

In my experience of working with young women, I have come to recognise that the eyes of the father hold a particular brightness for a daughter, and influence how she sees herself and how she relates to others. As a daughter, sister and mother myself, I am familiar with the restrictive perspectives of girls and women – how we *should* look or behave and what we can achieve. The father/daughter relationship can be thought about within this context.

There are several papers and books written about the significant role of fathers in a child's life. Music writes in *Not Just Mothers* that those who fulfil a paternal function for a daughter help to facilitate the process of her individuation and the sense of a separate self.[2] Waddell writes about the centrality of our early relationships with our caregivers on personality development, and how these relationships prepare us for later life disappointments and frustrations.[3] Tokarczuk's novel, *Primeval and Other Times*,[4] portrays the father as both benevolent and malevolent, and explores the father/daughter relationship within the context of primeval beginnings. She uses the analogy of root systems growing deep beneath an imaginary and isolated village, where everything is interconnected but often hidden, which is perhaps also a metaphor for female sexuality. The novel is set during the First World War, when the men have gone away and the women are left to manage everything. It explores the role of the father in setting boundaries and bringing a sense of purpose to the family. The young daughter protagonist only begins to speak (outside her own head) for the first time when her father returns. The eyes of the father upon her, enable her to see herself differently and recognise her own separate shape. The novel also explores the rapacious and sadistic behaviour of men with power and authority in the form of the invading Russian soldiers who have no leadership or concept of the eyes of the father on them, setting limits and establishing a moral and social code. The father's role alongside the mother is also significant in helping the daughter manage the different ways that she is seen by others and understand the potential threats.

...the eyes of the father hold a particular brightness for a daughter, and influence how she sees herself and how she relates to others

In my practice, I often work with parents alongside their children, but it is usually the father (or the one who holds the paternal function) who expresses more ambivalence in relation to a daughter. One mother described the relationship between her male partner and their teenage daughter from her perspective. 'He will big her up one minute and cut her right down to size the next. But underneath all that, he is terrified of losing her.'

Portrayals of both men and women are often oversimplified or caricatured. Women or female children are more likely to be described as irrational or overly emotional, whereas boys and men can be accused of not having the capacity for feelings or being unable to show empathy. Perhaps we are all guilty of oversimplifying things with regards to gender differences, and in doing so, we marginalise each other, when we have more in common than our discernible differences. Within Tokarczuk's novel, one of the biggest challenges for the daughter is working out the difference between men like her father who is safe but doesn't always notice her, and the Russian soldiers whom she instinctively knows she should hide from.

For daughters who have not had a safe experience of being with a father, or who have encountered unsafe men in their formative years, it can be difficult to know the difference between those who will care and protect, and those who will abuse and/or exploit. I have come to understand how it is much more challenging for these

young women to set limits and develop self-protective behaviours in the real world and online.

As an art student in the 1980s, I enjoyed the writing of John Berger, who has been helpful in articulating my thinking about the way that women see themselves, and how they are conditioned to observe themselves through the eyes of the other. In his book, *Ways of Seeing*, he writes about women and the significance of the male gaze, and how a woman 'must continually watch herself.'[5]

Young women have described to me their confusion in how their fathers react to them. This is summed up by the comments young women make about their fathers that they dislike them rolling up their school skirt, or hate them wearing crop tops or lots of makeup, but may also yell at them for not making an effort if they wear jeans when they go out as a family. Exasperated, I have heard young women repeat the phrase, 'I literally can't win,' indicating that they don't think their fathers would be happy with them whatever they were wearing.

This idea of winning or losing the father's approval and feeling confused is a theme which comes up frequently in my work with young women. Feminists argue that it is predominantly a patriarchal societal view of a girl or woman which makes it difficult for her to see herself as she is or for who she could be. She has been conditioned to understand her shape through the eyes of a man, the first man being her father.

Finding a shape that fits

There is a certain amount of 'shape shifting' during adolescence, a process articulated by Pullman in his *Northern Lights* trilogy.[6] In these coming-of-age novels, everyone has a 'daemon' – a visual presentation of the soul in the form of an animal. Throughout childhood and early adolescence, the daemon regularly changes shape. However, in late adolescence, the personality settles and the daemon becomes fixed. Since the arrival of smartphones, anyone can be a photographer, reporter, critic or voyeur. With a touch of a screen, we can capture an image for all the world to see. This means that finding a shape that fits is much more complicated, and it is harder to protect adolescents from exploitative or harmful influences. Rather than benevolent ancestors looking down like protective stars from above, our daughters are being subjected to ever-present scrutiny and judgment from god-like mortals down on the ground.

This predicament is profound for the development of a child who longs to be seen and accepted.

So many young women are seeking a version of beauty for themselves that involves changing their shape and airbrushing out imperfections, while also describing feeling invisible or unacknowledged, and this is taking its toll on their sense of self and their mental health. If a daughter has the protective and proud eyes of a parent reflecting a true likeness back at her, she is more likely to see herself clearly and hold her shape. Waddell emphasises the importance of having an available and authentic presence – 'The opportunity to know oneself, and hence to develop as oneself, requires the availability of a presence which has qualities of receptiveness and responsiveness... which are honest, not counterfeit.'[3]

If a daughter has the protective and proud eyes of a parent reflecting a true likeness back at her, she is more likely to see herself clearly

A father or paternal figure has a significant role to play for a daughter in supporting her to emotionally regulate and build authentic connections with others. He can only do this when he is willing or supported to engage with his own feelings and notice what he is bringing to fatherhood. If he can reflect on who he is, he will be better equipped to properly see who his daughter is and enable her to find her shape. ■

Alison Roy is a psychotherapist, author and trainer. She worked in the NHS for over 25 years and now works in private practice. Alison was the co-founder and Clinical Lead for a specialist adoption service (AdCAMHS), has written a book about adoption and contributed chapters to books relating to creativity, trauma and exploitation.

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News

A round-up of the latest findings and policy updates affecting children, young people and families

NHS England bans routine prescribing of puberty blockers

A review has taken place into the safety and effectiveness of puberty supressing hormones, following a rise in referrals to the Gender Identity Development Service (GIDS). An interim report, conducted by Dr Hilary Cass in 2022, found 'gaps in evidence'. NHS England held a public consultation in 2023 and introduced an interim policy which stated that puberty supressing hormones (commonly known as puberty blockers) should only be prescribed in exceptional circumstances.

The latest review (March 2024) found 'insufficient evidence' that puberty blockers are safe and effective, leading to new NHS guidance that they will not be prescribed outside of research trials, but that clinicians can apply to have the medication funded on a case-by-case basis. There are currently less than 100 young people in England being prescribed puberty blockers by the NHS, and they will continue their treatment.

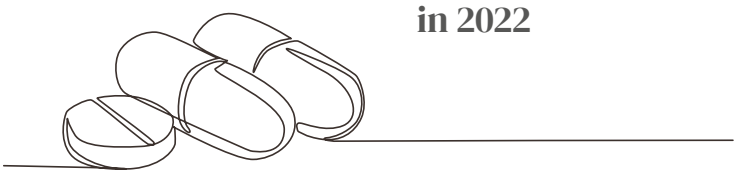
GIDS, run by the Tavistock and Portman NHS Foundation Trust, saw an increase from 250 referrals per year to over 5,000 in 2022. It closed in March 2024. Two new NHS services opened in London and Liverpool in April, and will be followed by a number of regional specialist centres over the next two years. NHS England aims to begin further research into the use of puberty blockers by December 2024.

www.bbc.co.uk/news/health-68549091

GIDS ...an increase from 250 referrals per year to over

5,000

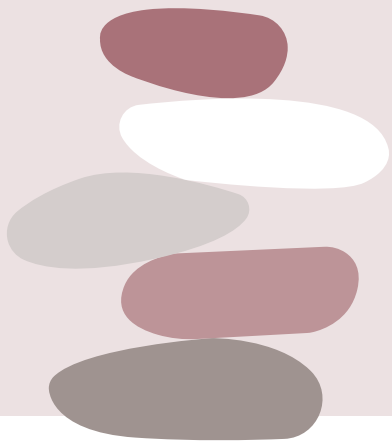
in 2022



Find Your Calm

Trained counsellors at the charity Childline have highlighted that one of the main concerns reported by children in 2023 was low mood. Callers who spoke about feeling unhappy were also concerned about loneliness, confidence, loss and anxiety. Almost 40% of sessions offered were with young people aged 12 to 15. A new Childline campaign called 'Find Your Calm' encourages all children to learn ways of coping with frequent low mood. Childline counsellors are available 24/7 via phone, direct messaging and email. Online resources are also available on the Childline website, while the moderated message boards allow young people to speak with each other about their concerns.

https://tinyurl.com/2ktaj59c



Sharing nudes

The UK Department for Education has published guidance for working with children and young people who share nude and semi-nude images, and advice about how to respond to an incident. The non-statutory advice aims to support designated safeguarding leads and senior leadership teams in education settings, but would be useful to all professionals working with young people. It includes guidance on: assessing risk, safeguarding and supporting young people, handling electronic devices and images, recording incidents, including other agencies and providing education on the sharing of nudes and semi-nude images.

https://tinyurl.com/496c36mx

The Promise in Scotland

One Parent Families Scotland (OPFS) aims to enable single parent families to achieve their potential, to reach a decent standard of living and contribute to Scottish society. The Promise is an OPFS campaign which supports change for care-experienced children and young people, those on the edge of care, and the impact on family finances when children enter or return from care. An episode of the OPFS podcast explores Scotland's care system, the work of the Promise and available resources, including a policy briefing looking at family finances and the impact on reunification, and advice regarding benefits if a child is taken into care. Guidance is based on research by OPFS with Child Poverty Action Group, which included interviews with practitioners and parents who have experience of the care system.

https://tinyurl.com/bdzhtae5

Barriers to reporting abuse and neglect

The NSPCC has examined calls to their helplines to better understand the barriers professionals and volunteers face to reporting abuse and neglect in young people. They identified gaps in knowledge and confidence to report concerns, with some adults believing they needed to wait for permission, or feeling like they have insufficient evidence or details. Fears around sharing concerns related to the impact on families, fears for personal safety and the safety of others. Some professionals were concerned about organisational responses, and a lack of safeguarding procedures or dismissive responses to potential safeguarding concerns.

The NSPCC hopes that by better understanding barriers to reporting, they can consider how they could be removed, so that professionals can take effective action to protect young people's safety and wellbeing.

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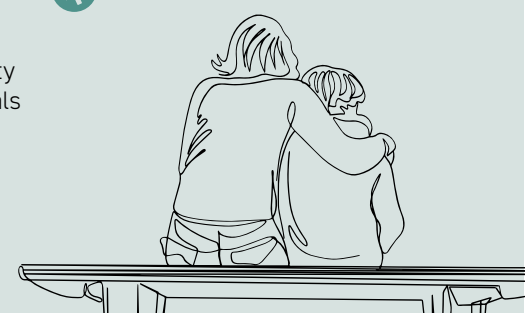


Children's Commissioner for England

A report by the Children's Commissioner for England, Dame Rachel de Souza, shares statistics for referrals to Children and Young People's Mental Health Services (CYPMHS). It suggests that almost one million children and young people were referred to CYPMHS in 2022–2023, and more than a quarter of a million are still waiting for support. The report found that around 40,000 children wait at least two years to access support, although there are huge variations in wait times across the country – an average of 147 days in Sunderland and just four days in Southend – while around 373,000 referrals were closed before any support was accessed. The report reveals that the most common reason for a child or young person to be referred to CYPMHS was 'unknown', followed by anxiety and then crisis.

With demand continuing to outstrip support, the Children's Commissioner is calling for a strategic 10-year plan to ensure fewer young people experience mental illness, and those who do, receive excellent care. She wants to reduce waiting times, ensure that no child is turned away or waits more than four weeks for an initial assessment, and no more than four weeks after that to receive support. The Children's Commissioner has also called for better support through Early Support hubs, Mental Health Support Teams and school counsellors. Dame de Souza said she is shocked that so many children have reached crisis point, and that so many problems in services stem from local and national leaders failing to prioritise children's mental health.

https://tinyurl.com/yankvv4y

Reviews

Personal critiques of new books for counsellors and psychotherapists working with children, young people and families

Gender is Really Strange

Teddy G Goetz

Jessica Kingsley Publishers 2023
ISBN 978-1839975127

This book sits alongside others in the 'Really Strange' series, which are billed as science-based graphic medicine comics for curious minds. Other themes in the series include anxiety, trauma, pain and emotion. Although not specifically aimed at children and young people, the style of presentation is appealing to this demographic, while the properly scientific and thoroughly evidenced content also makes it a mine of easily-accessible information for adults.

This very short (about 40 pages), highly illustrative book about gender is written by an American trans queer psychiatrist. The graphic style means there is little space for text, and Goetz has opted for quality over quantity. They present a richness and diversity (in every sense of the word) of information, which is made all the more accessible by conceptual artist, Sophie Standing, (who has illustrated all of the 'Really Strange' series), and who specialises in presenting complex concepts through engaging and rich visuals.

Gender and gender norms are deconstructed and explored in terms of science, society, culture and personal experience, illustrated by deconstructed symbols for male and female – so simple, yet so effective. Definitions for different genders accompany corresponding flags, as well as intersectionality with other identities, such as neurodivergence and ethnicity. The author encourages us to use the inclusive term 'transgender, non-binary and/or gender expansive' (TNG).

The section which I found most informative came under the heading 'Gender diversity and non-binary genders are not new!' Included are references to the six genders in classical Jewish texts and worship of indigenous African intersex deities. We are informed of tribes which assign gender around age five (Igbo, Nigeria), or wait until after puberty (Mbuti, Central Africa), or organise by age rather than gender (Yoruba, Nigeria) – all of which are beautifully illustrated.

We are reminded how research on the neuroscience of gender is often conducted from a cisgender, heterosexual, white, patriarchal perspective. The science of oestradiol-dominant and testosterone-dominant hormone environments are explained in terms of sexual characteristics, as well as the science versus socialisation aspects of conditions such as anxiety, autism and addiction.

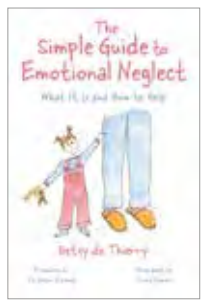
The explicit aim of the book is to 'break down the binary B.S. and celebrate gender in all its messy glory'. Mission accomplished.

Jeanine Connor MBACP, psychodynamic psychotherapist

The Simple Guide to Emotional Neglect: what it is and how to help (Simple Guides)

Betsy de Thierry

Jessica Kingsley Publishers 2023
ISBN 978-1839976759



This is a short and easy to read 112-page guide that explains what emotional neglect looks like, its impact and how we can help. In her 'Simple Guide' series of books, de Thierry aims to simplify the important information around the impact of trauma and make it accessible to everyone. The book is written for a wide-range of readers, including adoptive parents, adults exploring the impact of neglect in their own childhood, and parents and carers of children who have had periods where they were not able to provide emotional availability and nurture. The author's hope is that readers will have the courage to engage with their own needs, and use this awareness and acceptance to bring recovery and repair for them, and the children in their care.

de Thierry writes in a clear way about the subject, bringing in her many years of clinical experience, alongside the latest research and neuroscience. The book is accessible for time-stretched parents and carers without a background in trauma and attachment, while

also acknowledging the complexity of the topic. The tone is warm and non-shaming. Emotional neglect can be a neglected topic, with missed emotional and relational experiences difficult to verbalise or evidence. The author emphasises the impact of these missed experiences, providing validation for readers with their own personal experiences, who can struggle to make sense of their feelings about their childhoods. As someone with personal experience of emotional neglect, this book was helpful on my journey of connecting and grieving with my missed experiences, and helped me to find compassion for my own unmet needs.

Alongside this, de Thierry also emphasises the hope for recovery, which mobilised me and moved me away from apathy or despair, as can be my tendency when reading about developmental trauma. As well as writing about the impact of emotional neglect on relationships, emotions, body, brain and sense of self, the presiding message is that repetitive, consistent, attuned, nurturing care facilitates life-changing recovery. Later in the book, de Thierry provides more specific guidance about how an adult can help someone heal from emotional unmet needs. I liked the way she outlined general principles rather than specific tools, which could be more easily dismissed. I also liked the focus on sensory experiences and the suggestions about how adults can support a bottom-up approach that allows re-wiring rather than re-programming of the brain. However, alongside emphasising the possibility of recovery, de Thierry does not deny the work that recovery can take.

I would recommend this book to therapists working with children and adults. It has furthered by own understanding and will support my ability to communicate with parents and carers. I would also recommend it to adults coming to terms with their own experiences of emotional neglect.

Sarah Slater MBACP (Accred), counsellor and play therapist

Raising Kids with Big Baffling Behaviours: brain-body-sensory strategies that really work

Robyn Gobbel
Jessica Kingsley Publishers 2023
ISBN 978-1839974281

This book is about helping parents to respond constructively, and with compassion, to their child's challenging behaviour. The author explains how all behaviour makes sense and encourages parents to seek to understand what's happening, and to help their child move from protection mode into connection. A process of co-regulation, connection and felt safety is illustrated through a case study that unfolds through snapshots of sessions with a parent over many months.

The use of metaphors provides a framework for explanations about how neuroscience works, making it tangible and accessible. The 'owl brain', the 'possum brain' and the 'watchdog brain' are metaphors used to explain what happens when the stress response is activated, and what happens when the nervous system is regulated. These metaphors and other key principles, along with practical strategies, are presented and then revisited throughout the book in a layered learning style. Information is provided in digestible building blocks. At points, the author offers useful reminders about what has been learnt along the way, directs back to previous chapters to reinforce key messages, or offers an invitation to move on to a different section that might be more personally relevant. Useful follow-up resources and further reading are also peppered throughout.

The author shares some of her own struggles in applying the concepts at times, acknowledging the hard work it takes to put principles and strategies into practice. The challenges of exhausted parents are validated, and at the same time, the author inspires and motivates parents to create, or look for, opportunities for connection, even when things are difficult. Filled with warmth and compassion, the author's humanity shines through. As a reader, it feels like you're engaged in a conversation with an empathic and knowledgeable therapist who totally 'gets it'.

The case study is focused on a nine-year-old child, and the information that underpins the unfolding story of the case study is also focused on primary age children. I would have liked a chapter that highlights how the principles and metaphors can be applied to teens. Perhaps the author will write a similar book for parents of adolescents. This book is useful for parents and carers of children who struggle to regulate their emotions and who exhibit challenging behaviour. It's particularly valuable for those involved in caring for children who have experienced trauma. However, the principles and strategies are relevant for any parent and anyone who works with children. I also found it useful as a therapist. It offered me new ideas about how to bring information about polyvagal theory to parents in a way that is accessible.

Michelle Higgins MBACP (Accred),
counsellor and supervisor in private practice

Forthcoming editorial deadlines for *BACP Children, Young People & Families* journal:

3 June for the September issue
9 September for the December issue
2 December for the March issue

Your letters

The Autonomy of the child

Dear Editor

Having read Lucy-Jean Lloyd's column *Recognising neurodivergence in counselling* (*BACP CYPF*, June 2023), I was struck by the apparent conflict between the BACP ethical principles of autonomy and benevolence. When choosing which principles to prioritise, a practitioner's obligation is to consider all the relevant circumstances with as much care as possible, and to be appropriately accountable for decisions made.[1] Like Lucy-Jean, I too hope that the child she wrote about benefits from her diagnosis of autism. However, the words, 'With her reluctant and tearful consent' stayed with me, and triggered much pondering about how much autonomy a child actually has.

A child is usually dependent on an adult to recognise the need for, and action a referral to, counselling. They are usually dependent upon an adult to take them to counselling, give permission to leave school, and, in some cases, pay the bill. They live in a world where the adult apparently knows best. Yet within counselling, they can have the opportunity to be autonomous – their own expert in their own lives. In his article *Killing the Buddha* (*BACP CYPF*, September 2023), David Cook goes as far as to say that the client is disempowered when they perceive the counsellor as having all the answers. I agree. However, I wonder if Lucy-Jean chose benevolence over autonomy and if, in doing so, she made herself the expert in the room and disempowered the client.

If counselling rests on the premise that the client is the expert in their own life, that they know best, I wonder about those who are not deemed Gillick competent, or where the best interests of the child may override 'reluctant and tearful consent'. According to the NSPCC explanation of Gillick competence, 'Consent is not valid if a young person is being pressured or influenced by someone else.'[2]

My thoughts about the best way to ensure a child's autonomy in counselling remain inconclusive, but I will continue to consider each child and their circumstances as uniquely individual. I'm grateful to the authors of the thought-provoking articles in *BACP CYPF* journal for continuing to challenge my thinking.

Linda Kent (MBACP), child and young people's counsellor

References

1 British Association for Counselling and Psychotherapy. Ethical framework for the counselling professions. Lutterworth; BACP; 2018. [Online.] https://tinyurl.com/4rjpnre7
2 NSPCC. Gillick competency and Fraser guidelines. [Online.] https://tinyurl.com/3hbm4nvz (accessed February 2024).

Facing our less likeable selves

Dear Editor

I found Sue Kegerreis' recent *In Training* column (*Our less likeable selves*, *BACP CYPF*, March 2024) thought-provoking and reminiscent of my own, not-so-distant, experience. I was in a unique position of having two years' personal therapy under my belt, and was fortunate enough to be able to return to my previous therapist during my training. I thought, somewhat naïvely, that therapy would be a walk in the park as I had previously explored many personal challenges. It came as a shock when the previously addressed stuff came back. However, this time around, with my guard down and trust in place, I was able to address things at a deeper level, share my less favourable thoughts, feelings and actions, and show up more authentically.

I have wondered whether knowing that your therapist will communicate with your training provider as a part of your compulsory commitments, inhibits trainees. As students, we are trying to overcome imposter syndrome, while convincing our placement providers and tutors that we are fit to be student counsellors. I wonder if this consciously or unconsciously holds us back from getting the most from our therapy experience during training. Most of my peers ended therapy as soon as they graduated, and I initially felt like my decision to continue meant I was inadequate. Discovering that many returned to therapy after a break helped to validate my own choice, and I continued in personal therapy for a year post-training, while navigating my new reality as a qualified counsellor.

Being a student brings with it a variety of roles and responsibilities, which sometimes feel in opposition, such as being an authentic, all-sharing student and client, while at the same time learning to manage personal boundaries and neutrality in the client space. I understand that each trainee has their own experience of personal therapy, and their decision to end is influenced by personal commitments, time and financial resources. I do not pass judgment, I am simply sharing observations from my own experience. I have accepted that I may choose to return to therapy again in the future, with even further insight and reflection, to explore more aspects of my less likeable self.

Amanda Hitchin, child and adolescent psychodynamic counsellor and podcaster

Editor's response

Lucy-Jean Lloyd no longer writes for *BACP CYPF* journal and is unable to respond to Linda Kent's letter. However, it feels fair to reiterate that all case studies in this journal are disguised, adapted, composite or fictional. I am grateful to both Linda and Amanda for writing in, and it's good to hear that the content of our columns and articles are continuing to challenge readers to consider their own perspectives on the work. If you have a view on how to balance the apparent dilemma between benevolence and autonomy, how to be authentic while acknowledging your less likeable self, or something else, get in touch in the usual way.

Jeanine Connor, Editor
cypf.editorial@bacp.co.uk

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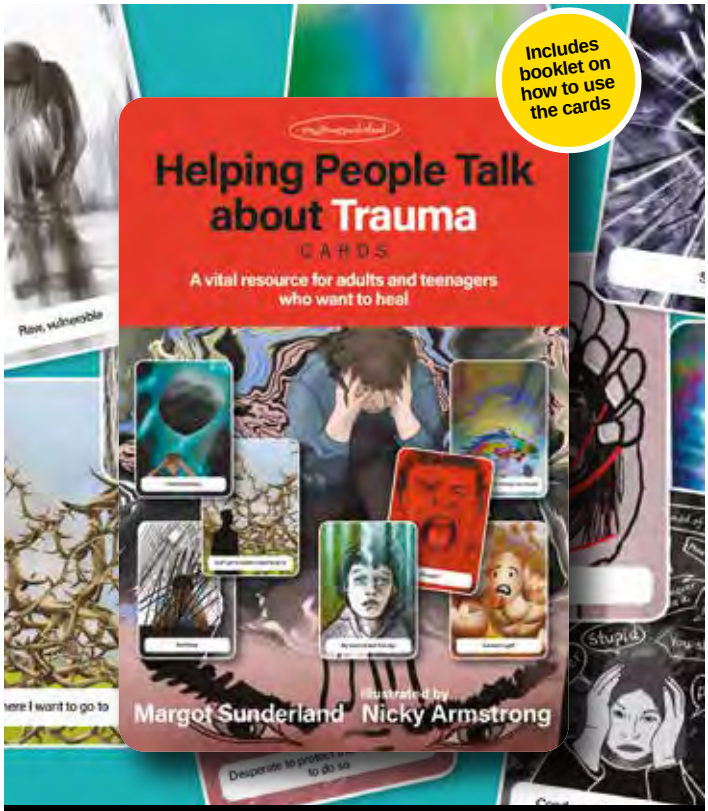

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