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### BOOK CHAPTER

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# A Child Psychotherapist's Assessment Tools.

Dr. Janine Sternberg<sup>1</sup>

In my role as a child psychotherapist at the Portman Clinic which specialises in forensic issues, I am often asked to be part of a larger team that has been instructed to comment on the future placement of a child. These requests frequently come from solicitors acting either for the Local Authority, or for the children. The team which includes child and adult psychotherapists, is led by a Consultant Psychiatrist who is responsible for liaising with the instructing solicitor, the Children's Guardian and the Social Worker, to clarify the questions they want answered. Our aim is to ensure that we gather the information that we need to present an informed opinion to the court. Concerns might include the extent of harm that the children have suffered, their developmental status, and needs for the future - including placement, contact, therapy and education - and also the capacity of their parents to understand and meet those needs. When many children are involved, I interview one or two whilst other colleagues in the service interview the others. This aims to ensure that each can have the opportunity to express their own feelings without undue influence from their siblings. Sometimes I see a number of children from the same family together if that seems appropriate, for either pragmatic or clinical reasons.

The clinic will have received instructions about the case, including background information often supplied by social workers and sometimes by previously involved professionals. Such instructions make clear the questions that they hope we will be able to answer. I know from discussions with child psychotherapy colleagues in other services that some practitioners defer reading the information until after seeing the child for the first time, but before subsequent interviews, so that their perceptions and thoughts about the child are not clouded by the information supplied. However I prefer to have all the information in mind, but at the back of my mind. I will use what I know of the child's history to guide me in the questions I ask. Since I usually only see a child once before furnishing a report on that contact, I think I need to have the concerns raised and questions asked in mind at the time.

I make it clear at the beginning of every interview, even with very young children, what I understand my role to be and also that I will be letting the other adults in the system know what has been said and done. There is no expectation that anything will remain within the normal bounds of confidentiality. Indeed as my colleague Dr. Anne Zachary pointed out: 'assessment allows direct communication with the court. Therapy does not' (Rooted Sorrows, p 70).

## The particular skills of a child psychotherapist.

In *Rooted Sorrows*, Mr Justice Wall wrote of the propensity of some expert witnesses to claim the validity of their views without explaining sufficiently clearly on what evidence they based those opinions. Therefore I will endeavour to explain the concept of counter-transference, which in layman's terms could be called 'intuition', and to show it has a firm basis within our theoretical framework. I also make reference to 'the unconscious', child development norms, the internal world, and Attachment Theory.

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When considering what the child psychotherapist may have to contribute to the information placed before a court, I was struck by the truism that what we see depends from where we look. I was made aware of this some years ago by my son and daughter after they saw their younger sister play in her 'end of term' concert. My elder daughter was interested in the other players and discussed with her sister what she had gleaned about their personalities from the way they had behaved on stage. My son, on the other hand, who plays the same instrument, had no curiosity about the other pupils but could name or sing the pieces and was keen to discuss their bowing technique. Each had responded to the event according to their interests.

Child psychotherapists and others working within a psychoanalytic frame work, have been trained over years to pay attention to what we call 'the internal world'; that is what the child thinks, feels or experiences rather than necessarily what may have actually happened or what 'is'.

I want to give a brief example from a case I was involved in to try to highlight how the specific skills of a child psychotherapist might be used. Haley, a 14 year old girl, was asked to see me because the Local Authority Social Services Department were trying to decide whether it was safe for her to remain in the care of her parents. They were a close-knit family, but the parents had a history of substance abuse and some involvement with the courts. Haley had recently called the police to her home following an incident in which she alleged that her father had attacked her, knocking her to the ground. She had subsequently withdrawn this allegation. She knew that she had been asked to see me in order that I might furnish information to aid the court in their decision about her future and whether she should stay at home. She was at pains to emphasise how much she wanted to do this. She behaved in a fairly typical teenage way: she wore a baseball hat that shaded her face and alternated her answers of shrugs and monosyllables with fast-rate emotionally charged 'rants' about the iniquities of social workers.

In order to protect confidentiality I cannot give details of her reactions when I expressed curiosity about her father's alleged attack, but I offer a number of possible scenarios to illustrate how I, as a child psychotherapist, would have used my professional skills to think about them.

Did she look distressed and then say she could not remember? Did she shift her position so that she had in effect turned her back on the therapist interviewing her? Did she suddenly become absorbed in disentangling her music system headphones? Did she make eye contact with the therapist brazenly, and declare that such an event never took place? And, importantly, what might be the significance of any of these reactions? The child psychotherapist conducting the interview cannot know the answer, but at this point she notices whatever the reactions are and tries to think about them later in context. So, we see that one of the very important skills of a child psychotherapist is the ability to notice and remember details.

## Paying close attention

We are trained to pay close attention to what is happening when we are with a child or with children and parents. The lengthy training (minimum 4 years post graduate) of closely supervised clinical work and theoretical seminars also involves the experience of infant observation, which teaches us to observe minute detail, (Sternberg, 2005). The skills used in on-going work with patients can be adapted for, and applied to, the assessments that child psychotherapists provide for the courts.

In the consulting room the therapist watches the patient carefully, taking note of all that s/he sees and experiences, before evaluating it. When writing of the technique used in psychotherapeutic work with adults Coltart (1993) and Langs (1973) wrote of careful auditory and visual observation of the patient, while Greenson (1974) suggests that noticing a patient's non-verbal bodily reactions can give clues as to what particular affect the patient is struggling with.

Nelson-Jones (1982) states that we are more likely to understand the client accurately if we respond to non-verbal bodily gestures, and he specifies head movements, posture, facial expressions, eye contact, proximity and spatial position. Schafer (1983) points out that all 'showing' is a form of communication whether intended or not. This ability to pay attention to minute, barely seen details is surely enhanced by the experience of paying very close attention to the minute hand or eye movements of a young baby when undertaking an infant observation as part of our training.

The therapist must also have a very particular way of listening. This again includes close attention to detail and listening at a more meta level. Rayner (1991) writes that the therapist must be sensitive to the intonations, syntaxes and linguistic habits of others, and to hear the meanings 'between and behind words', while Nelson-Jones (1982) is also concerned with procedures such as speech rate, timing, stress of utterances and silence. While manifest content is important the therapist pays particular attention to what is being unconsciously expressed. Attention to when something is said may also be increased by the attention to sequence that the infant observation experience teaches.

Schafer's (1983) idea of narrative has profound implications for the way the therapist listens. Within the framework of 'narrative', which harbours no 'out there' reality, what the patient says is treated as 'narrative performance' and there is no final or definitive version: experience is always being constructed or reconstructed. The way of telling then becomes central; telling is not 'an indifferent medium or transparent medium for imparting information' (1983: 228), rather the therapist notes the how, when and why of telling, and pays close attention to gaps, evasions and non-sequences.

While all these authors cited are referring to the ongoing work with regular patients, much of what has just been described is of relevance when conducting interviews designed to give information to the courts. According to Goldstein et al, citing an Australian report on *The Emotional Needs of Infants and Young Children: Implications for Policy and Practice*.

'Children of all ages have a natural tendency to deceive themselves about their motivations ... to shy back from full awareness of their feelings, especially where conflicts of loyalty come into question. To pierce these defences demands more than usual skill from the investigator. Verbal and nonverbal communications (attitudes, behaviour) have to be scrutinized, assessed, and translated into their underlying meaning; openings offered by the child, all unknowingly, have to be pursued and utilized'. (1986: 33)

We do not rely on the spoken word, the overt answer to the direct question. The psychoanalytic psychotherapist (or indeed any other acutely observant and thoughtful interviewer) is very aware that so much more needs to be taken into account. It is important to remember that we have not been asked to conduct interviews to uncover whether or not, for example, abuse took place. Memorandum interviews will already have taken place in cases of Child Sexual Abuse. Our role will be to try to understand what the experience might have meant to the child. Sometimes I do hear information that had not been included in the papers sent and which might not be known to the professionals in the wider network, in which case I see it as my responsibility to alert them to this through the psychiatrist/team leader at the Clinic. I may have noticed that Haley's story of how she was knocked down by her father strains credulity as described, but that is not my specific contribution. Rather I notice small body movements or slight hesitation before saying a particular word, which alerts me to the fact that some emotions, which I may not yet - if ever- understand, accompany that part of the narrative.

## Awareness of the symbolic meaning of play

Child psychotherapy has a fundamental tenet. It is the belief that children's play (except unusually with some children on the autistic spectrum) has symbolic meaning and gives the psychoanalytically trained observer the opportunity to understand something of the child's

internal world; that is their 'unconscious'. When a child is given the opportunity to play with toys, carefully chosen to give as much space for them to be used in this symbolic way, he or she will usually show something of their internal preoccupations. If a child chooses to play at the doll's house, we are interested in what the detail of their actions might indicate. How do they organise the house: extremely neatly with all in its place, or with the furniture removed to create a rather bleak home? Are the children shut inside the wardrobe? If a child chooses to play with the toy cars, is the main emphasis on lining them up colour coded, or are they made to hover precariously at the edge of the table before falling off? Or is the predominant flavour of the game races or crashes? When offered a collection of figures including people, animals and dinosaurs, which are chosen for play? And what does the child make them do in relation to each other: are there vicious fights in which 'goodies' overcome 'baddies', or vice versa? Does the Mummy sheep notice that her lambs are being attacked by the tiger, or does it seem that she is too absorbed in conversation with the other adult animals?

It would be ridiculous and arrogant for any professional seeing a child do this on their first meeting to declare that they had understood the 'meaning' of such behaviour. What we can say with certainty is that these actions were not random and meaningless. With a child in ongoing treatment it would be possible over time to comment on what is seen, perhaps referring to how precarious and 'on the edge' life can seem for the falling cars, and possibly make links between the absent-minded sheep mother and the child's sense of not being sufficiently held in mind. Therapists and their patients together build up a shared understanding. Conversely, in these one-off interviews there is inadequate opportunity to find through gentle exploration and trial and error what the child is communicating, and the therapist must be careful not to be too assumptive. However it is possible to comment on what is seen, noting for example that the children are shut in the wardrobe and wondering in an interested way why that might be. Sometimes a child will explain this: perhaps they are hiding from a cross daddy, perhaps mummy has placed them there to save them from the monsters. Often the child will ignore the question and all the child psychotherapist can do is to mentally note the sequence of play and afterwards speculate on its possible meaning.

Noting the sequence is absolutely essential. *When* something is done is as important as *how* it is done. Child psychotherapists have been trained to remember in this way. In providing reports to inform others, it is vital that the interview is remembered and recorded in detail so that the readers can use their own thoughts and judgements. Reports that fail to give sufficient detail may seem to ask for the expert's view to be trusted; 'because I say so', rather than giving the judge and others the opportunity to see how the therapist's views were formed, thus giving others a chance to agree so far but no further.

## What we feel at the time

From these examples it will be clear that what *we feel* when observing a piece of play, or noticing how a young person responds to a question, is also significant. Nothing happens in an emotional vacuum. For instance with the car on the edge of the table, did I feel teased, hoping that maybe this time it would be safe, or was I in despair, already knowing that disaster was inevitable? When the fighting seemed endless did I shift uncomfortably in my chair, almost experiencing the blows being meted out or was I rather bored by it, experiencing it as rather routine? Why might I have felt teased? Is it possible that through his play the child was communicating his sense of being teased, kept hanging on? And if so, might this be related to the investigation and interview process or might it have reflected something of his early life at home? As psychoanalytic psychotherapists we are trained to be alert to our own feelings and question whence such feelings arise. Being with young people who have suffered abuse and deprivation, and may also have perpetrated abuse, can stir up all sorts of feelings within us. Trudy Klauber in 'Rooted Sorrows' offers a clear explanation of the process of transference and counter-transference.

Since Heimann's seminal paper (1950) on the subject, clinicians have realised that:

'the analyst's emotional response to his patient within the analytic situation represents one of the most important tools for his work. The analyst's counter-transference is an instrument of research into the patient's unconscious'. (1960: 74)

Therapists must allow themselves to experience whatever they are feeling in the presence of the patient; but simultaneously not be so overwhelmed as to be unable to think about *why* the experience is the way it is. Heimann specified that whilst the analyst must be receptive to counter-transference experiences he must not act on the feelings but use them to understand and help formulate interpretations. *Awareness* of counter-transference is an asset to analytic work, whilst any substantial expression of counter-transference in *action* is a liability that limits analytic work. Again we see the importance of a reflective space within which the therapist must hold on to feelings and think simultaneously.

Whilst a therapist will probably rely more on the use of counter-transference in ongoing therapy, what is felt in these brief one-off meetings offers an important tool that the psychoanalytic psychotherapist is uniquely well placed to use. It is therefore also a subjective experience that the therapist is trying to report on, and it is understandable that it may be received with misunderstanding or considerable scepticism by those unused to the idea that our emotional lives exert a powerful influence on conscious thoughts and ideas.

For example, as a supervisor of a trainee child psychotherapist I listened to a student describe her terror when, at the child's instigation, she and the child were pretending that it was night and the monster was approaching the bedroom door. Her description of how *her* heart was beating and *her* palms were sweaty gave us both considerable concern. It seemed likely that she experienced this terror as the result of unconscious communications from her child patient: terror which made us concerned as to whether someone was currently approaching the child's bedroom door in order to abuse him. Such concerns, together with many others gathered from his behaviour at his special school, were shared with Social Services.

Fortunately when I report to the courts, other necessary investigations have already taken place. Nevertheless the child's behaviour may make me *feel* things in a way that I understand as being caused by his, rather than my, experience. It may be difficult for those outside the therapeutic world to appreciate the significance of this.

## What we think about what we notice.

Goldstein et al in urging professionals not stray into decision-making territory that rightly belongs to the judges, warn professionals against being swayed by their personal views as to what is 'right' for the child: 'we have to separate our personal commitment to children from our professional knowledge about child development and the status of children in law' (1986: 11).

What we think about is strongly influenced by the theoretical framework that lies behind our work, and child psychotherapists are trained in a psychoanalytic tradition, having regard for ideas about unconscious mechanisms and intergenerational transmission of trauma.

However, I think it is reasonable for child psychotherapists to claim, along with others such as nursery workers and health visitors, a certain level of expertise in child development such that we can state whether the behaviour that we are witnessing falls within certain developmental norms. It ought to be possible for us to gauge whether the behaviour of the child in the room is that which we might expect of a child of the same age who had not suffered the similar abuse or deprivation. Obviously developmental norms need to be thought of in quite a wide way, but it is useful to be able to have an internal yardstick against which to measure observed behaviour.

Theoretical ideas about transference and counter-transference, as described very briefly above, are at the core of how we understand what we see. The way the child or young person behaves may give us a clue as to what they expect from other adults and their anticipation of

adults' behaviour towards them. Of course we must make allowances for the strangeness of the particular setting, but something of the way a child interacts with us is likely to offer useful information about their general, as well as their specific, expectations. The picture of the 'other' that the infant builds up based on repeated experiences is termed 'the evoked companion' by Brian Jacobs (*Rooted Sorrows*, p 14). If, in our initial meeting with a young person we find ourselves being treated as if we are interested and basically compassionate people, we might hypothesise that their experiences so far have led them to expect such an approach from the world. Conversely, and sadly far more frequently, when we see the child behave in a wary and suspicious manner we would wonder what experiences have predisposed the child to this. Given that I might interview a child to inform a decision as to whether he can return to live with his mother, (a result he may both consciously want and unconsciously dread), it is not surprising that wariness and hostility abound. If, however, I watch closely and use the feelings evoked in me sensitively, I may notice that he treats me as if he expects me to sneer at his failure to manipulate the toy in the way that he wants or may be startled when I repeat a phrase he has used earlier, possibly indicating that he is not familiar with being intimately attended to.

Together with the traditional psychoanalytic ideas that child psychotherapists have learnt, we are also familiar with and influenced by Bowlby's work on Attachment (1969, 1973). Therefore, with younger children the child psychotherapist may choose to interview the child in the presence of a trusted adult. It would not be appropriate to expect a young child to go easily with a stranger: although many do, and this in itself may be an indicator of their indiscriminate attachment patterns. The child to be interviewed may at that point be with its parents, other family members, or in a foster family or under the care of other professionals. Although the child may not be able to express any negativity towards their current living arrangements in the presence of an adult, or say what particular arrangements they wish for, it is less likely that their play will be seriously inhibited by being in their presence: in fact this gives the child psychotherapist an opportunity to see how the child is in the presence of that adult. Again the same careful observation and attention to detail will reveal a wealth of useful information. When a young child discovers a toy he finds appealing, does he turn to his mother with a gesture that says 'look!' or does he act as if she would not understand his excitement? When a little girl removes her shoes to use the dressing up clothes, does she turn to her foster carer for help or struggle silently for some time, indicating that she has no expectation of a helpful and involved adult? And what does the adult do? Is father too busy trying to impress the professional about his involvement to notice the little boy gouging the wall with the end of a pencil? If he notices does he shout at him to stop or take the pencil away silently? It is important not to assume that the way *we* would have dealt with the situation with our own children is the 'right' way. We must remain aware that the situation itself may misrepresent the usual interaction because of its artificial nature. Nevertheless we are in a favourable position to comment on what we noticed about the interaction between that child and the adult. On occasions when we are asked specifically to assess the relationship between children and parents at the Portman, we will organise a meeting in which both adult and child psychotherapists are observers in order to create a more rounded picture.

Reports on the individual meetings need to be written independently. However, the opportunity to discuss our thoughts with other members of the multidisciplinary team who are contributing to a family report is always useful and informative. Sharing impressions about what was seen can be illuminating. A child's rather odd way of phrasing something might have been echoed in the parents' meeting, suggesting that this was simply this family's way of talking. A boy's swagger and toughness might mirror that of his father. Observations of the whole family at home, or in a contact visit, might highlight undesirable alliances between family members that had shown up in symbolic play, but not been previously understood by the child psychotherapist when alone with the child. It is vital that the child psychotherapist holds on to her awareness that what was seen and noticed is a 'snapshot', a one-off impression.

We can state with absolute clarity what we have seen, what we think about what we have seen, and why we think it: but we must also acknowledge that our view is inevitably partial. In

ongoing psychotherapeutic work it is possible to say something that links conscious behaviour with what we suspect to be its unconscious roots by making an interpretation, and the child's response then gives us further information as to whether that idea was correct, or not. In the interviews for court we are not in a position to make any links for the children between what they do with us and what we believe may be bothering them. The interviews are not therapeutic in and of themselves. Indeed, although we try to work in a very gentle and affirmative way (far more so than would be my style in ongoing psychotherapy where negative feelings about the therapist are an integral part of the work), they can provoke anxiety in the children. On her way back from a meeting with me, a 3-year-old girl put a small stone up her nostril that had to be removed in hospital. While those outside the psychotherapeutic world might see this simply as coincidental, I could not help feeling that she had enacted her sense of being intruded on; having been hurt by someone being rather 'nosey'!

Mr. Justice Wall also said 'the medical profession owed it to the judiciary in particular, as well as to the litigating parties, to explain the philosophy/methodology behind their work in order to justify their conclusions', (p 34). This chapter has been my attempt to do that.

## References

- Bowlby, J *Attachment and Loss: Volume 1 Attachment* (London, The Hogarth Press & The Institute of Psychoanalysis, London, 1969).
- Bowlby, J *Attachment and Loss: Volume 2 Separation* (London, The Hogarth Press & The Institute of Psychoanalysis, 1973).
- Coltart, N *How to survive as a Psychotherapist* (London, Sheldon Press, 1993).
- Goldstein *The Emotional Needs of Infants and Young Children :Implications for Policy and Practice* (1986)
- Greenson, R *The Technique & Practice of Psychoanalysis. Vol 1* (London, The Hogarth Press & The Institute of Psychoanalysis, 1974)
- Heimann, P 'On Counter-transference' [1950] *Int J of Psycho-Anal* 31. Also in Tonnesmann M (ed) (1989) 'About children & children-No-Longer' in *Collected Papers of Paula Heimann* (London, NY, Tavistock/Routledge, 1989)
- Jacobs, B *Rooted Sorrows*
- Klauber, T *Rooted Sorrows*
- Langs, R *The Technique of Psychoanalytic Psychotherapy Vol 1* (New York, Jason Aronson, 1973)
- Nelson-Jones, R *The Theory and Practice Of Counselling Psychology* (London, Cassell, 1982).
- Rayner, E *The Independent Mind in British Psychoanalysis* (London, Free Association Books, 1991)
- Schafer, R *The Analytic Attitude* (London, The Hogarth Press, 1983)
- Wall, N *Rooted Sorrows*
- Zachary, A *Rooted Sorrows*