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Critical Aspects of Therapy in the context of child care-legal Proceedings: An Emerging Framework

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Title: Critical Aspects of Therapy in the Context of Child-Care Legal Proceedings: An emerging framework

Abstract

During the last 10 years working intensively with families in the context of child-care legal proceedings I am struck by how their lives hinge precariously on the outcome of a professionals assessment of them. This is especially so with 'Experts' assessments who often act as final arbiters on a family's viability by providing independent psychological, psychiatric or Social Work assessments. In some cases, during proceedings, a therapeutic issue often not previously known or considered viable can emerge requiring assessment before final decisions are made. It would appear that the families are not identified using any formula but by subjective measures in which chance plays a significant part.

Using the authors experience as the focus of the study (heuristic inquiry) and in particular 5 cases that engaged in therapy and were successfully rehabilitated (case study) this study aims to: Identify critical aspects of therapy in this context; signpost professional activity so that families with potential are more easily identified; and harness the findings as part of an emerging framework.

The professional context, and in particular, the 'risk aversive' professional culture was found to be influential in the parent-social worker relationship. Here conflict arising from the parent's defensiveness and the ambiguity in the Social work role was found to prevent meaningful dialogue with conflict intensifying as legal proceedings unfolded. Aspects of, 'early work and engagement', was found to be critical in overcoming parent's defensiveness, revealing the authentic parent, and laying the basis for change. 4 levels of therapy are recommended to address the complex, multi-dimensional aspect of this work. The significance of parent's narrative and associated self-identity issues are also referred to. Findings from the study are utilised in an emerging framework that also illustrates assessment criteria and variations of parent's defensiveness. The study emphasises the fact that families

embroiled in legal proceedings are often from marginalised sections of our society and struggle to be relational in a context of formal professional activity. Recommendations are made for therapy and wider professional activity.

CONTENTS PAGES

Contents of diagrams and tables

Introduction

The document you are about to read is the report of a Doctoral research study submitted for the award of Doctor in Psychotherapy (by professional studies) at the Metanoia Institute. This is a study of parents who have lost their children to the care system and who have become embroiled in a battle via the courts to have them rehabilitated. The majority of these families will have complex multi-faceted problems that have endured sometimes across generations and who are likely to come from demographically challenged and or marginalised sections of society. Their chances of navigating legal proceedings successfully and preventing the permanent break-up of their family are often quite remote. However, a small number of families are successful having benefitted from therapeutic and other interventions made available to them before final (legal) decisions were made. Having experienced how serendipity is influential in the way some families access help and achieve successful rehabilitation leads me to believe there may well be other families who may benefit but are not currently recognised by the system. Given the life-changing nature of decisions made in these legal proceedings as well as the huge human as well as financial cost - enabling families with potential to be identified and helped toward rehabilitation could be of enormous benefit.

I arrive at this study on the back of 10 years experience as an Independent (Psychotherapy) Expert to the courts having been involved with hundreds of cases in that time - a relatively small number of which had a positive outcome and were successfully rehabilitated. Using this experience as a basis for the study and via a combination of Case Study and Heuristic Inquiry I plan to explore the nature of parent’s problems, the impact of context (legal proceedings) on their lives and professional activity, as well as critical aspects of therapy. The study will be essentially collaborative involving critical friends, my academic consultant, and a wider group of professionals involved at the grass roots of this work. In this way I hope to extrapolate meaningful data that forms the basis of an emerging framework that will help

guide not only therapeutic work but wider professional activity with these families leading to better outcomes wherever possible.

My original training was in Social work (a long time ago) and I was once part of the system I am now exploring as a (psychotherapist) practitioner-researcher, though the context has changed significantly in the decades that have since past. I find it somewhat ironic, but probably not accidental, that the context for this study returns me to the origins of my early professional experience. While my motivation for this study can be traced to more recent casework experience it has its roots embedded even earlier than my earliest professional experience. My RPPL and then later in the heuristic interviews, the depth and origin of my empathic roots can be traced back to my own experiences of poverty and domestic violence in a family on the margins of society.

The early part of this document following the foreword is concerned with my research journey and its influences on me as well as the study itself. This is followed by describing for the reader the significance of the professional context and in particular the role of the Independent Expert. The potential influence of the professional context on parents, Experts and professional activity in general is also presented and elaborated further in the literature review that follows.

Following the literature review the methodology chapter lays out the rational and qualitative research methods chosen for this study. Included here will be the research experience as well as the insights gained through the synergy created by a mixed method approach in combination with the participation of critical friends, academic consultant and a variety of relevant professionals. The participatory nature of the study is further enhanced at a later stage in the study with the involvement of therapists engaged in similar therapeutic activity in small projects. This unforeseen but welcome development provided fresh impetus and was to our mutual benefit.

The Findings are discussed with a view to emerging themes and the research questions that drive the study. At the core of the study is whether or not the findings contribute to an emerging framework that will guide professional activity in this context leading to more successful outcomes. The framework it self is described in Appendix i and is work in progress.

Foreword - The Personal Context of the Study

This study has been inspired by several case examples one of which is summarised here. The context (legal proceedings) in which professional activity and assessments occur and then decisions are made is extremely influential to the outcome. The consequences of professional activity and sometimes the role of serendipity in these family's lives is profound and far reaching.

I had undertaken a 'paper review' of a case in legal proceedings as an independent Expert involving a family with 5 children aged between 5 and 13 years of age, all of whom were in care. The other Experts had confirmed in their view there was little chance of rehabilitation with the parents. My assessment, based solely on the paperwork, including the other Experts reports, was not especially hopeful but did not exclude the possibly of rehabilitation of one or combinations of children returning home. I had arrived at court to give evidence on my assessment in the usual way. The lawyers had met with the Judge earlier and had been directed to meet with me to uncover what would help expedite matters and prevent any unnecessary delay. I was told the Judge was familiar with my work on other cases and was keen to establish that all avenues had been explored before making his decision. As the 'hearing' had been delayed while procedural and other matters were resolved and everyone involved was in the court building I suggested meeting with the mother today if she was agreeable. Meeting with her would help me establish whether or not we could 'engage' regarding potential therapeutic issues that were central to the case – to establish this today would prevent unnecessary delay. The mother's problems with alcohol and depression and the family's episodic domestic violence were perceived as central to wider issues of family functioning and concerns for the children's well-being. She had also been unable to engage with any professional other than her lawyer up to this point.

The only room available in the court was the 'custody room' where they held prisoners before appearing in court. It was a soul less room with no windows and 2 very uncomfortable chairs and a table – you were not expected to be comfortable here. I was introduced by her lawyer who then left us. As I commented on the coldness of the surroundings and this not being the best way to meet I briefly wondered what other psychotherapists would think of this work. The context is sometimes an ad hoc improvised arrangement and, the nature of the work is hardly conventional.

The mother presented as highly articulate and clear thinking and had been assessed as having superior intelligence. I explained how from experience in other cases we might make these circumstances work for us. She looked a little reticent but agreed to try. As we discussed matters she quickly became negative and highly critical of other professionals. In this I quickly discovered she was not only articulate but logical and coherent and I recognised her story as similar to many others I had heard. She attempted to get me to ally with her in the conflict she had with other professionals. I felt she had misunderstood my interest in her circumstances and quickly pointed out I don't take sides. The mini-process of her trying to manoeuvre me, and then me reminding her of my position, repeated itself several times. Each time after reminding her of my position I would say 'tell me about your children'. Moving her from the preoccupation of conflict to understanding her relationship with her children and their father as this was very important to me in my assessment. I was feeling the conflict had become so intense it had a life of its own. It appeared to consume her and was a distraction from the core issues. She was dominated and absorbed with the battle for her family's survival. I was succeeding in getting her to reflect on past events but she easily drifted again into the conflict – a pattern I'm sure had repeated itself with 'key professionals involved in her case. I reminded her that the conflict we knew about but how she felt about and related to the children and their father was less known to me. She had seen my original report and was quite critical of some aspects – I felt her drawing me into conflict once more via

another route. She demonstrated good analysis skills and I was prepared to concede some matters after discussion. We were establishing an understanding. We discussed her episodic depression and its relationship to alcohol and her marital difficulties. She questioned me about how all this would help her have the children returned which was her primary objective. I shared my experience of other similar cases where there had been a successful outcome. She was interested in this and agreed we could work together – she said she thought (in comparison to other professionals) – 'you've got some sense'. I said I liked the way she talked about her children and would like to meet them as part of the work. I also said we would not be exclusively focussing on the conflict with the professional system although I recognised its significance. I was honest and said I did not know if the court would agree to an assessment of the type I offered. She was by now aware that this was an opportunity which may lead to further work and eventual rehabilitation of one more or all of the children. We had talked for over 2 hours and I felt she had potential to benefit from therapy. In the right context she was highly relational and able to use 'reflective functioning'. I wasn't sure yet to what extent she could trust. In reaching this stage I was seemingly guided by an intuitive framework – based largely on my experience with hundreds of cases in this context. There was something about 'engaging' with people to hear, understand and relate to their experience up to this time – people who historically had difficulty with relationships and especially relating to professionals. It was important to engage with the idea they were in a battle for survival with the odds stacked against them while recognising the transference and counter-transference component. This was the key to opening the door initially and I wondered about how often many professionals failed to get beyond this point. Opening the door of itself was not the answer as there were still many obstacles to overcome. Following this session I met again with the lawyers and recommended a period of assessment to see if she could commit to work in the way I described. After a discussion and a further meeting with the Judge this was agreed. I was aware the parents will

have seen this as a reprieve and they, like me would be wondering what the coming weeks or months would bring.

The mother successfully engaged for the 6 week assessment period following which I recommended to the court further stages whereby therapeutic work with mother, the parents and the family could be undertaken. During the next 9 months the mother engaged very well, initially with individual sessions and later in sessions involving her husband as well the children. The success of this case surprised me even though intuitively I felt there were possibilities. A striking feature was the quality of the relationship the mother and I had established – once she had begun to trust me it was the key to the rest of the family doing likewise. They felt someone was on their side even though my role is 'independent'. Trusting a professional and feeling someone could be on their side was a new experience. The therapy itself was relatively straightforward once mother and then the rest of the family engaged. I had requested a change of Social worker during the proceedings (based on 'messages from research' 1995) and when that eventually took place toward the end of the process the rehabilitation was accelerated. The new Social worker quickly saw the potential the previous worker had been unable to illustrating once more how chance can be influential in these cases. In this case 5 children who were to be placed for permanency, including adoption of the youngest child, were eventually rehabilitated with their parents preventing family break-up on a grand scale. The local authority also saved £250,000.00 per year - a substantial part of their 'looked after' children budget. The family remain together and functioning quite well despite occasional problems at follow up 2 years later. I realised part of the job was creating new perspectives regarding the potential of the family for key professionals and the court. In this I had to contend with resistance from professionals including other Experts while slowly winning them round to a new perspective.

This case was significant because of the rehabilitation of a large sibling group and the scale of potential distress and disintegration of a family. I am convinced there are other families able to successfully navigate these dangerous waters if only they can be identified by key professionals and provided with the appropriate help. The parents in this case wanted to do something to help other parents who would have a similar experience. I have used their example (protecting confidentiality) many times with other families but also professionals when I have provided training. They have unwittingly become an inspiration for other families I have worked with but also provided an example for professionals (whom they distrusted) of something they rarely see – a family who engage in therapy and successfully navigate legal proceedings thereby preventing their family break-up.

Chapter 1 Emerging identity – a personal account

Comment: ‘The happiness of your life depends on the quality of your thoughts’ (Marcus Aurelius 121-180 AD)

1.1 Reflecting on development

Producing a document of this kind naturally requires you to ask questions of where you professionally and personally locate yourself; what journey brought you here; what key influences have shaped your identity; what past learning and achievements perhaps still drive you; and importantly what are the essential elements in all this that form the basis for your intended study; or as Marja O’Brien put it in the first Metanoia seminar - ‘where does the passion come from’? The experience of a professional doctorate in psychotherapy as well as the personal and professional evolution that brings me to this point in time has raised many issues for me especially in relation to who and or what I have become. These are issues of personal and professional identity where I am challenged to accommodate different roles that do not necessarily sit comfortably together. For example I am a therapist, a practitioner-researcher, a consultant to organisations, and an Expert to the courts amongst other things. The roles, while having some common ground are for the most part not homogenous and are worthy of constant personal review to ensure healthy, psychological functioning. Even the therapeutic identity is complex with a history of its own that is still evolving especially with the influences brought by new collaborative experience in particular. For example over the years I was never sure whether I was a therapist who saw individuals but who liked working with families or a family therapist who also liked working with individuals. I certainly crossed the divide in my experience, often because of expediency; but it felt right to be doing so, was exciting at times, scary at others but mostly I enjoyed the process. I have spent the biggest part of my career working with child-focused problems, working with children and young people often as individuals, who are part of and dependent on families which naturally leads to involvement with parents as individuals, or couples or as part of the family system for the benefit of the child. I think I have been naturally drawn toward a kind of eclecticism that

was in part motivated by the aforementioned experience that naturally drew on a variety of theories and conceptual approaches. By eclectic I do not mean I accepted in equal measure each therapeutic approach and was not discriminating; on the contrary I feel I was very selective. I also recognised the 'self' as much as technique or modality as an influential factor. 'Self' and identity as a therapist is of course developmental so it is the 'who' I have become as well as the 'what' I have become.

On reflection a single therapeutic modality was never going to be enough, given the nature of my work, but more importantly my inclination to shift across contexts and explore new ways of working. Moving between different contexts – individual child-work, to adult-work or couple/family work required me to be able to draw on different theories, concepts, and knowledge-bases in order to function and develop the competence I was seeking. I am not suggesting this journey was at all consciously planned but more driven by the context, expediency and to some extent serendipity. The pursuit of knowledge as a means of change eventually lead me to research experience (M Phil) the outcome of which laid the basis for developing specialist Mental health services for abused children. A colleague and I developed this service from ideas we had co-constructed from our respective experiences as well as the need to deal with the problems confronting us. We therefore became clinical leaders as well as creators of this new, to some extent ground-breaking initiative. The role of consultant became ever more important as my role in this new service evolved. This experience, as well as the need to draw again on different concepts and knowledge-base to support us in this role was added to the developmental mix.

More recently, and to a large extent as a result of the 'Metanoia' experience, I have recognised the multiplicity of my experience – its richness and its influence on me throughout this process. As a result I consider myself something of a (therapeutic) hybrid – as opposed to someone who's professional or therapeutic identity relates clearly to a single professional

discipline or modality - e.g. person-centred or psychoanalytic psychotherapist. On reflection I have unconsciously sought to draw on whatever influences or knowledge-base felt right in relation to my personal development as a therapist; this was often driven by the challenges of casework and the pursuit of knowledge.

1.2 Becoming an Expert

Without really remembering when it happened there was a stage when I was increasingly recognised as some kind of 'Expert'. Somewhere between being a very experienced therapist, publishing research and being in demand as a consultant, I became aware of others perception of me changing. I was really pleased with this and confess it meant a great deal to be recognised in this way by peers who I regarded. I can remember developing consultation informally to begin with before it formally was part of my role and then later accepting it as an evolving element in my identity. When I was accepted by the 'Law Society' as an 'Expert' it was following a period whereby I had reluctantly fulfilled the role in court on numerous occasions, at the request of the court, without any ambition on my part to be recognised as such.

As I reflect on that experience now I am aware that the multiplicity of experience, its effect on my personal as well as professional development, had affected 'who' as well as 'what' I had become. Becoming an 'Expert' while not initially welcomed by me, was in some ways recognition of my practice and growing expertise. There is a challenge concerning how you can truly incorporate both roles – that of an Expert and that of a Psychotherapist – without significant compromise. There are undoubtedly compromises to be at times and I was very uncomfortable in the early stages. Understanding who you are – your 'sense of self' – in relation to your role as an 'Expert' – alongside that of a therapist – is crucial to amongst other things your healthy functioning. As I gained greater experience I was motivated by the belief, based on casework experience some of which is referred to later, that Psychotherapists have a great deal to offer the professional/legal system with

all its inherent difficulties in this work. I believe this view is supported by many in the system who despite being committed to the legal framework also recognise its shortcomings. Despite being philosophically diametrically opposed and potentially at odds with the system on many counts, Psychotherapy and what it brings is often welcomed; without completely understanding its value or relevance. In practical terms it seems to accept a certain amount of 'unknowing' so that it can pragmatically move on. In essence the professional/legal system is full of contradictions that paradoxically allow it some flexibility at times.

The role of Expert is initially intimidating but also potentially seductive, testing the vigilance of your self-awareness and quality of your supervision and feedback from others, especially peers. Other professionals may flatter your professed expertise but caution is required as a good lawyer will quickly undermine and then expose the Expert whose ego is out in front. The term 'Expert' – not at all post-modern, is both a concept and a label that you have to adjust to as it is unavoidable in the context of this work. The role of 'Expert' and what is expected of you constitutes much more than the role of therapist drawing on knowledge, competence and expertise on a wider front. It seems to me Experts deal with their role and how they perceive themselves very differently. Experts perceive themselves, and are perceived by others so that a particular identity is developed that has an impact on how you potentially deliver an opinion in relation to the views of others. In this I have tried to understand the position taken by others and to be respectful of their expertise.

The role of 'Expert' in this context will be more challenging for some than others given many of the demands and capabilities specific to the role. Perhaps a key capability is dealing with being cross-examined on your own as well as the evidence of others. Being able to express your opinions clearly and revising them, if necessary, in the light of new information while giving evidence, is demanding. In this respect having or developing the ability to

think on your feet when being cross-examined so that the best of your knowledge and expertise becomes available is important in the role. There is also an expectation that you will contribute to untangling essentially complex, cases so that the essence of the problems can be revealed and communicated in a way that is understood by lay or non-experts. Likewise bringing clarity to concepts such as ‘attachment’ in a context of child-abuse or child-parent separation or the consequences of childhood trauma, in fairly straightforward terms, is very challenging.

In more recent times I see the role as demanding a certain systemic expertise – an ability to be almost constantly aware of the bigger picture, particularly the impact of the professional/legal system, while also focusing on the specific. The demands made of you by others for information or opinion means the role is also more akin to being ‘consultative’ in other contexts – except here you may have to qualify your views and opinion via cross-examination. The role of Expert’ with all its inherent weaknesses is able to be potentially transformative for some families affording a previously unforeseen opportunity for change. When the Expert (therapeutic) role is undertaking effectively the benefits of therapy or the therapeutic approach may not be just restricted to the family but make an impact with the professional/legal systems.

1.3 The Expert experience

I first gave ‘Expert’ testimony in child care legal proceedings in 1993 without realising I was doing so at the time. I was at that time managing a multi-disciplinary team of therapists providing specialist CAMHS for abused children – called a Post-Abuse Service. In order to protect the therapists who were often very involved in direct therapeutic work with the children and or families/carers I often took the responsibility for representing the work of the service in legal proceedings. If the therapist themselves gave evidence, sometimes while the child and or family sat in court, then it could potentially undermined the therapeutic relationship and sabotage work at a critical time.

It was important for the therapists to feel they were free to get on with the work without these additional pressures. The other reason for me as opposed to the individual therapist giving evidence was, as I quickly learned, that most therapists are terrified at the prospect of giving evidence – it is very foreign, unfamiliar territory. I had experience of giving evidence as a very young Social worker and although apprehensive it was not completely unfamiliar – although the therapeutic verses social work role was very different and proved to be a steep learning curve. All professionals who give evidence have to lay before the court a summary of their qualifications, experience and areas of perceived expertise. Because I had, with a colleague, set up a specialist CAMHS for providing therapeutic assessment and intervention for abused children, their families and carers, (largely based on my M. Phil research) and subsequent publications on the subject, I was increasingly perceived as an Expert and asked to give opinions on other cases outside my Post-Abuse work. This I resisted for some time, feeling almost contaminated at times by the evidential process, especially the adversarial aspect in our family justice system. I was prepared to do it so that Post-Abuse could function and although not enjoying the experience, developed many of the skills along the way. Gradually, despite my concern with the system, I relented and undertook other Expert work. I eventually became more comfortable and gained expertise and was encouraged in this by others, especially lawyers and Children's Guardians.

I really became an Expert by accident and despite its discomfort at times I was encouraged by the way it was possible to 'make a difference' with some cases, that might not otherwise have been possible. Increasingly I became aware there were very few people with therapeutic expertise prepared to do this kind of work leaving the gap to be filled by Clinical Psychologists and Psychiatrists regardless of whether they had therapeutic expertise. Over time I have developed an identity in the 'Expert' field as someone who provides therapeutic opinion and where appropriate intervention. I think it is reasonable to expect other Experts whose primary area of expertise is

psychiatry, psychology or social work to comment on therapeutic matters. This is fine in so far as becoming generally more aware of important, very relevant factors in a case is concerned. However, where potentially life-changing decisions in a case may hinge on an assessment of significant therapeutic issues I believe this work should be undertaken by Psychotherapists or other professionals who have significant psychotherapy expertise.

After leaving my specialist CAMHS position to work as an independent consultative I attracted a great deal of Expert work in family proceedings. I have always balanced this work with other clinical interests but I was able to undertake work of this kind on a larger scale. I began to see cases in large numbers and the casework experience was intense during this time contributing to my learning and development. I reflect on this period now as my 'initial engagement' (Moustakas 1990) with the work. It was a time when I became embroiled with the subject finding it very difficult to rationalise my involvement. I asked questions of myself, the role, the nature of the families experiences as the intensity, drama, and potentially life-changing context drew me ever closer to the desperate predicament of these families; I was in a sense a 'lived experience' that had become a part of me; the essence of which I was to discover later. As this period unfolded I became gradually aware of professional as well as family dilemmas. The context as well as the case-complexity was challenging forcing me to reach inward for new knowledge and perhaps tacit understanding that seemed to guide my activity. After a period of 8 years having had an intense experience of this work I found my way to Metanoia and a qualitative research experience.

1.4 The Expert Psychotherapist dilemmas

Being an Expert and in a predominantly positivist legal environment implies a position of 'knowing' as opposed to that of most post-modern

psychotherapists of being comfortable with ‘not knowing’. In the words of Gilgun (2008):

“Not knowing” means that we wait for evidence to come in before we draw conclusions and, more practically, before we decide upon the concepts that we believe help organize the raw materials of accounts of experience. In addition, we continually look for evidence that adds to, contradicts, and undermines our evolving thinking. This is a multi-layered process that involves shifts in perspectives that happens when try to understand the worlds of others as well as shifts in thinking as we attempt to represent and then interpret our understandings, while all the time being aware of the differences between our experiences and interpretations and those of research participants. As we conduct research in these ways, our worldviews may change’.

In the way evidence is reviewed and opinion formed here you could argue on the basis of this that research-minded psychotherapists may be well suited to the legal arena; though in truth it is often an uncomfortable, challenging environment that demands compromise. In a sense the Expert’s task is to take the opportunity to offer them something they might normally be resistant to consider. While this, to a greater or lesser extent, creates an ideological dilemma for most Experts, you can also potentially offer an insight or window on the world of the family, they might otherwise not experience. This is challenging and in some ways reminds me of the divide between quantitative and qualitative research methods where taking findings obtained via one methodology into the camp of the other. That’s what it feels like giving evidence sometimes. Squaring this circle (as an Expert) I have learned demands you to be comfortable with your self and the potentially conflicting role as you counter the expectations of Experts to provide certainty, facts, in the (so called) pursuit of truth. Given the multi-dimensional complexity in these cases an attempt to reduce all too simplistic, positivist certainty is illusory and provides an intellectual as well as philosophical challenge, not

least when you provide a report or give evidence. I have always been very uncomfortable with what I perceive to be the professional/legal system's adherence to a narrow child protection dogma in a positivist legal context. At times I have felt contaminated by the process, particularly as I experience the way it deals with people, who I perceive as essentially in need help.

The 'expert' role itself is full of contradictions and challenges and the system in which the work is undertaken is often experienced by most professionals to be unsuitable and at times oppressive. Unless you are an Expert' who can undertake the role in a detached fashion she/he is likely to become aware of the (systemic) dysfunction in the professional/legal system that can often result in unnecessary complexity leading to protracted proceedings - often lasting up to 2 years. While the government is currently concerned with the enormous financial burden of legal proceedings there are also considerable human costs, especially as far as children are concerned.

The adversarial legal template used in our family courts to try and resolve complex family problems often leads to cases becoming 'stuck' in the legal process. The 'stuckness' is often mirrored in the relationships between professionals and or the parents. To a large extent the adversarial legal template exacerbates the problems and apart from resorting to Experts (with all their limitations) for help, they have no other tool available to free up the process. Despite all the serious limitations of the system I have experienced occasions when Experts provide opinions in a very complex case that have created new understanding, allowing progress to be made. In some cases it appears that the complexity in the case is it self mirrored in the legal proceedings, thereby preventing progress for long periods. As cases develop in court the problems are both case-orientated (untangling the complexity) but can also be systemic in terms of the professional/legal systems response. What has retained my involvement over the years, after a very reticent early period, is the potential with some families for potentially transformative change that may not otherwise be possible. Ironically, this context with all its

considerable limitations, can also allow very disadvantaged families an opportunity for therapeutic intervention, they would not normally be able to access.

One of the perceived problems with the professional/legal system, and generally supported by a wide body of professionals (Kennedy 2005), is the reliance on the adversarial element as a necessary aspect of law. Because these cases often involve many professional disciplines, who each adhere to a variety of potentially conflicting frameworks and ideologies - attempting to resolve essentially complex, multi-faceted cases in an almost completely unsuitable context (legal proceedings), can potentially exacerbate rather than resolve matters. While the legal system in this country makes some allowances in Family Law it is still an essentially adversarial system in which aggressive debate and winning are the principles that drive it. Although principles such as the 'prioritising the needs of the child' are arguably a central tenet it is often lost or temporarily subdued in the adversarial complexity, the rule of law, and the priority given to winning.

It is no surprise when the family's complex dynamics, not only become mirrored in the professional system, but in legal proceedings themselves. In a context such as this you can expect professionals from various disciplines to have different views of the family's functioning and their capabilities to care for the child. Unfortunately as information is gained it becomes evidence as legal positions are taken up. In this context positions taking may be vigorously defended and become consolidated sometimes losing sight of the impact on the family or even resolving the case. In some examples case-complexity itself makes it difficult to avoid some kind of at least temporal 'stuckness' while a 'wisdom of Solomon' solution is sought. As an 'Expert' you are inevitably confronted with the unsuitability of the professional/legal system in this regard. The view that our current legal system is inadequate and often unsuitable to deal with the complexity of child care, family dysfunction and break-up is generally supported by 'Experts' and the subject

of recent debate in Parliament (The Guardian 10th May 2011). Recent changes, mostly driven by cost, seem likely to only tinker with the system; more fundamental changes are required if we are to devise a system that more effectively balances the child protection needs of children on the one hand with the means to assist family's with complex needs on the other. When fundamental change does come I believe most Experts hope it produces a system that is essentially aimed at reducing conflict and adversariality rather than one that depends on its existence to function in the first place.

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Chapter 2 The Professional Context for this study

Comment: Meaning cannot be divorced from the activities and behaviour of the language users (Wittgenstein)

2.1 The role of the independent Expert

The role of the 'Expert Witness in child care legal proceedings has been defined recently in the Public Law Outline (01.01.2008; see appendix i) in Practice Law Directions for Expert's in Family Proceedings relating to children: Section 3; 'The duties of Experts.' In this document amongst numerous recommendations it stipulates that:

'An Expert in family proceedings relating to children has an overriding duty to the court that takes precedence over any obligation to the person from whom the Expert has received instruction or by whom the Expert is paid'.

'Provide advice to the court that conforms to best practice of the Expert's profession'.

'Provide an opinion that is independent of the party or parties instructing the Expert'.

As Justice Wall (2002) defined it 'the term Expert refers to persons external to the court proceedings and whom the court invites in, to enable them to advise on specific issues relating to the interest of the child.

Many but not all Expert witnesses are registered somewhere like the – 'The Expert Witness Directory' or the 'Consortium of Expert Witnesses'. There are others and they all have criteria for meeting the requirements for registration. This includes substantial qualifications and experience in your chosen field as well as publications and or highly specialised expertise recognised by your peers and not readily available in mainstream services. Within your range of experience will usually include demonstrable expertise, witnessed and

confirmed by others, in the role of providing assessments and producing reports and giving evidence in the court arena.

Most Experts in family proceedings prefer to take what are referred to as 'joint instructions' in which your expertise is recognised and agreed by all parties in the case. This at least prevents one party instructing one Expert against another effectively taking away one level of potential conflict. The joint instruction means that all parties agree on your Expert status as well as the questions posed for you in the 'letter of instruction'. The 'letter of instruction' is the basis for your involvement and provides the parameters for your assessment. Questions posed in the instruction can be anything from the very general like: Does the father have a psychiatric disorder? Or please provide a psychological assessment of the mother? To: does the parent's historical substance misuse and domestic violence reflect underlying personality disorder or relationship problems dating back to their own disrupted childhood experience. What would be the appropriate intervention and prognosis?

In most cases there are a whole series of questions that often reflect the complexity of the case and the professional's ability to make coherent sense of it up to this time. My assessments often follow the work of others who have identified a potential therapeutic issue. A typical question for a therapeutic assessment would be: *Both parents have experience adversity in their childhoods, with mother having experienced sexual abuse from her older brother and father having been physically abused in foster care. Father also has substance misuse problems that improved significantly since the children were removed to foster care. Are there therapeutic issues that can be identified and successfully addressed so that the parents can provide 'good enough' parenting for their children in the long term?*

Many Experts undertake the work as an extension of their clinical work and will expect the parents/families and whoever is to be seen to travel to them. Many, who like me cover a very large geographical area, (up to a 100 miles

from my base), realise the logistical demands as being too great for most families. I have long since given up the ‘secure base’ of my clinic setting and more often than not travel to see families in their own locality in a variety of settings including: their solicitors office; their own or a relative’s home; or some acceptable neutral venue such as that provided by voluntary agencies like ‘Barnados’ or ‘Action for children’. Via this kind of experience I have grown to appreciate the value of seeing parents in a venue where they can feel relaxed and secure. Travelling to see a family means that you naturally have to allow time for the journey which can take a few hours each way. Over the years I have found this to be valuable time in which I mentally prepare for the case ahead, and on the return assimilate the experience and begin a process of reflection.

2.2 Professional Context and the emergence of research questions

During the last 10 years working intensively with families in the context of legal proceedings I am struck by how their lives hinge precariously on the outcome of a professionals assessment of them. This is especially so with ‘Experts’ assessments who often act as final arbiters on a family’s viability by providing independent psychological, psychiatric or social work assessments. Often psychology or psychiatric opinion is sought in relation to therapeutic matters although increasingly a small number of psychotherapists like myself now provide this service. A notable Expert witness and author of ‘Psychotherapists as Expert Witnesses’, Roger Kennedy (2005) describes ‘being a so called expert witness in Family Law as carrying an awesome responsibility; recommendations made by the Expert may well help determine the future life of a child and their family.

In my experience therapeutic issues and the nature of family problems in this context are not well understood by professionals, sometimes leading to unrealistic expectations, and where they may be provided with inappropriate

or untimely interventions by professionals, and almost bound to fail. When therapeutic issues are identified it is often the case that local services either do not have the necessary expertise or it is unavailable at a critical time because of waiting lists or the family's unmet criteria.

This project has emerged out of this context and to some extent is inspired by the families who have successfully navigated the proceedings, begging the question – are there other families with potential for rehabilitation who are currently not recognised? It is equally influenced by families whose circumstances are desperate and where highly skilled interventions are required whether or not they are rehabilitated.

As a consultant psychotherapist working as an Independent Expert I have provided hundreds of assessments in the last 10 years regarding the potential viability of therapeutic work with families in the context of child care legal proceedings. The life history of my involvement in these cases ranges from a month or two up to 2 years. Sometimes after my involvement ceases they are re-referred for further work. I have produced thousands of assessment reports and given evidence on hundreds of occasions. My identity in relation to other 'Experts' is therefore clearly defined as someone whose Expertise is not in psychiatric, psychological or social work assessments but child and family therapy in this context.

In some cases a therapeutic issue can emerge during proceedings requiring assessment before final decisions are made. From my experience in some cases it seems serendipity is as influential as professional judgement in determining which families compared to others get considered for this option. For example a change of Children's Guardian in the middle of proceedings may lead to a different perception of the case; or the emergence of new information in which a parent discloses their own abuse as a child, can lead to the identification of new (therapeutic) possibilities. The work of child-care professionals in this context is guided by the Common Assessment

Framework (CAF) - a generic assessment tool. There is no method or framework at this stage that helps signal for child-care professionals the potential need for therapeutic assessment and or intervention - leaving a great deal to chance in some cases. Arguably, it is questionable whether Social Workers currently have the skills to identify families in need of this help. Other Experts involved in the case when asked about therapeutic issues also rely on existing assessment tools, specific to their discipline (e.g. Child psychiatry or clinical psychology) and not necessarily specific for this task and in this context. At present there is no literature that informs on what works or hinders therapy in these circumstances and those involved in psychotherapy in this context rely heavily on their experience in this specialist field, as well as intuitive knowledge and clinical acumen. A recent conversation with Dr. Roger Kennedy (2005), author of 'Psychotherapists as Expert Witnesses' and a leading authority in the U.K. on this subject confirmed the absence of a guiding framework or coherent methodology that could help inform/guide the work of professionals at this point. The combination of case complexity and the context of legal proceedings provide potentially overwhelming challenges for the less experienced psychotherapist. Alongside this and I would suggest influential in all matters, is the inherently 'risk aversive' professional culture that has prevailed for some years. Many professionals acknowledge this phenomenon, including 'Experts', who are fearful of the consequences should their recommendations be perceived to have contributed to a very serious outcome for the child.

Some families at the stage of therapeutic assessment have really engaged in the process and subsequent therapeutic intervention, demonstrating they have potential not previously identified creating the distinct possibility of the family being rehabilitated. Most of the families who reach this stage have severe, complex difficulties and therefore only a relatively small number of families are able to be rehabilitated successfully. The context of child care legal proceedings is often a long, protracted and complex process resulting in major decisions about family viability. The future position of many children in relation to their birth families is often determined sometimes on a

‘permanency’ basis (e.g. adoption) via this legal process – these are enormous decisions that have clear implications for the mental health and general wellbeing of the children as well as the parents and other family members. When separation is preferred to maintaining the family together there are often ramifications as far as suitable placement for the child(ren) and contact issues with birth family that endure beyond the completion of legal proceedings. The process before and during legal proceedings is essentially adversarial (Brophy et al 2005) in which a great deal of information and indeed evidence is gathered about the family especially in terms of ‘parental deficits’ and how this correlates with ‘significant harm’ of the child(ren). Often attempts to address the parenting deficits and other problems will have already been tried and by this stage been unsuccessful. When I make recommendations to the court my opinion will not necessarily be influential; where it is, there is often a second stage of therapeutic and or other intervention, as a final attempt to prevent permanent family break-up. Often demographics and other factors means the odds are stacked against families successfully navigating these proceedings. Where possibilities for maintaining or rehabilitating families exist, given the enormity of the decisions, it is important they can be recognised by professionals and acted upon during proceedings.

Families with (therapeutic) possibilities do not appear to be routinely identified by professionals using some kind of formulae – it seems more to do with professional’s subjective experience of a family alongside a certain amount of chance. Therefore, if it became possible to signpost key professionals toward families with potential to benefit from therapeutic and other interventions, it could make a significant difference. It is also seemed important to move from a position of broadly identifying therapeutic need in some families to what the critical aspects in therapeutic assessment and therapeutic work in this context might be. At this point I was planning to explore this phenomenon further to establish what factors have been perceived as influential in successful outcomes by families who had successfully navigated legal proceedings and prevented the breakup of their

family. At this time and prior to my learning agreement presentation my research questions were:

1. How can key professionals involved in legal proceedings be helped to identify families with therapeutic potential?
2. What are the critical aspects of ‘therapy’ in this context?
3. What positive factors are identified by parents (and their key professionals) who have successfully navigated legal proceedings and prevented family break-up?

As the questions had been firstly discovered and then constantly refined by a process of inner questioning and ‘immersion’ (Moustakas 1990) so they were reviewed again in terms of relevance in the light of ongoing casework experience. The questions were by now almost omnipresent and emerging in casework, during research activity but also at other times. Awareness of them could be triggered by something in a film or listening to the radio as I drove. The questions were now very familiar and increasingly relevant to my ongoing as well as reflected experience. This process was enhanced further by learning to share emerging questions and in being participative with interested others in the field.

Many of the issues raised here and earlier in the chapter will surface again in the ‘Review of the literature’ that follows.

Chapter 3 Review of the Literature

Comment: ***The Tacit Dimension'*, we should start from the fact that *'we can know more than we can tell' (Michael Polanyi 1967).***

Overview

A frequently encountered dilemma when constructing a literature review in this context is to achieve a suitable balance between the general and wide ranging on the one hand and the specific on the other. This study is complicated because there is a dearth of (specific) literature available on this particular client group in this context. To offset this I have drawn from literature relating to families who encounter Social Services earlier in the process and prior to legal proceedings. As the literature points to these families as having severe wide ranging, multi-faceted problems sometimes across generations, I have drawn heavily from the literature of dysfunctional families where concepts of 'significant harm', and 'good enough parenting' and the issue of the children remaining in their care are central. Significant harm and good enough parenting are concepts originally defined in the Children Act 1989 that are not only defined for the reader but explored in terms of its potential influence on the professional-client-professional relationship. Alongside 'good enough' parenting and other important related aspects of parenting are considered including parental breakdown.

When families become embroiled in legal proceedings the professional-client relationship is widened to include those involved in the court proceedings with children including lawyers of various kinds, a Judge or Magistrates, and a Children's Guardian. Further along the process various independent Experts may be commissioned to provide assessments. Therefore it seemed appropriate to make reference to not only care proceedings, as it forms a contextual backdrop for the study, but the influence brought by the professional system dynamics. Parent's experience of proceedings is also

briefly referred to as it potentially influences their ability to engage with the professionals who will ultimately decide the outcome of the case.
By the time the Local authority has embarked on the journey of legal proceedings they have already accumulated evidence they consider amounts to 'significant harm'. Moreover they will be engaged in establishing the parents are 'not good enough' and the children have been harmed by their behaviour and or failure to meet their needs. These are children who will be considered to have been abused or maltreated as a direct or indirect result of their parent's care. The history and background to child abuse or maltreatment is referred to so that the reader has an understanding of the ever-changing context as society's values and norms continue to evolve. Contemporary issues in relation to child maltreatment are also referred to so that the current context with all its inherent problems, for professionals as well as families, is illuminated.

Family functioning, parenting and child-parent relationships, especially when they malfunction, are central issues in this study. These families would be expected to have severe complex problems that are often trans-generational in nature. This review draws on literature that enables the reader to understanding these issues as they relate to the study, preparing the way for therapeutic and other interventions to be considered. Alongside this the significance of 'early work and engagement' in assessment and therapy in this context is discussed. This is an extremely important theme running through this study.

A central theme of this study is 'relationships' in various contexts; relationships within families, between parent and child as well as parent to parent. The parent's relationship with their own experience of being cared for will also be relevant. As a fundamental basis for understanding family relationship dynamics I draw heavily on attachment theory as a concept. It is referred to later as a major developmental influence as well as a significant influence as far as therapeutic intervention is concerned. Therefore

attachment theory occupies an extremely important place not only in this review but in the study as a whole.

3.1 Research on care proceedings

This is a highly complex and under researched area (Brophy et al 2005). As a result there is currently a dearth of literature to help guide and influence the practice of those involved in this area of work including Experts. A review of the research by Brophy et al (2003) indicates a high use of 'Expert opinion' in cases (89%) brought to legal proceedings. Though there is an undoubted need for Experts involvement in legal proceedings the evidence in this study suggests it is sometimes driven by the parent-professional and sometimes inter-professional conflict that arises. That activity involves a variety of Experts including the following: paediatric (filed in about 35% of cases); child and adolescent/family psychiatric (combining all types, filed in over 60% of cases); psychological (based on parents 24% of cases; based on children only, 14%); and psychiatric reports based on adults only (about 35% of cases). Cases also contain family centre assessments commissioned during proceedings (about 34% of cases). Rarely are psychotherapists used despite the obvious need to identify or clarify therapeutic issues inherent in these cases. Historically in the vast majority of cases Child Psychiatrists, Psychologists, Independent Social Workers and Children's Guardians provide the bulk of the independent Expertise.

Research also indicates that most cases contain multiple categories of child ill-treatment and multiple allegations of failures of parenting. All applications contained serious allegations of maltreatment; less significant or borderline cases are not usually brought before the courts. Research also identifies that most children and parents are well known to local authorities. Indications are that cases that demonstrate an exception to this trend are likely to include those where there is evidence of a serious physical injury to a very young child with no previous involvement/concerns about parenting by Social

Services. Further research on ‘new/never known’ families who become subject to care proceedings would be helpful in verifying whether there are other types of ‘single event’ cases and the profile of such cases. Similarly further research would be helpful regarding the characteristics and other factors significant in families who successfully navigate legal proceedings with relatively positive outcomes. I can find no evidence in the literature of typologies of families or parenting styles that would indicate certain outcomes in legal proceedings. Any information that can potentially influence professional activity more likely to lead toward a successful outcome, or even reduce the time in legal proceedings with these cases, would therefore be welcomed.

Data on the socio-economic circumstances of parents requires updating as it relates to a period in the mid-1990s. However, the data at that time indicated most parents are struggling on the bottom rung of the ladder – over 80% were on income support at that point (Hunt et al.1999). With regard to specific concerns/allegations resulting in failures of parenting, research demonstrates most parents are highly vulnerable on several indices. For example, over 40% are likely to have mental health problems, many (20-30%) are likely to have drug/alcohol problems, many lead chaotic lifestyles (about 36%). Many mothers also endure domestic violence (45-50%); many parents (some 61% in the latest study) are unable to control their children. Half of all parents are also likely to experience housing problems (Brophy et al 2003; Hunt, Macleod and Thomas 1999; Bates & Brophy 1996). In addition to the above features, most applications (over 70%) also include allegations regarding the failure of parents to co-operate with welfare and child health professionals (Brophy et al 2003). This is clearly a significant characteristic associated with these families but in my view exacerbated by the legal, or impending legal process. These demographics are indicative of significant problems with individual and family functioning affecting the well being of children. There are undoubtedly a range of interventions and support that families will require in these circumstances including therapeutic ones.

Whether and when these therapeutic issues are potentially significant in the outcome for these families is not clear and is a central concern of this study.

Brophy et al (2005) also suggests two main areas for consideration resulting from her study.
Firstly there are multiple vulnerability factors in the profile in almost all parents and children;

Secondly the need to explore current and prospective harm and in many cases a need for dual diagnosis indicates case complexity, and the need for clinical (as opposed to Social work) input. Clinical skills and opinion evidence are likely to be required, for example to address the aetiology of the child's problems/difficulties/injuries, and to arrive at a prognosis about future harm, children's needs and parental capacity for change. I support the use of Experts in this context not just because of (specialist) expertise but because the inherent conflict in the Social worker-parent relationship and the subjective nature of assessments that are often made (referred to later in Chapter 5).

These factors are likely to make case profiling a difficult exercise especially as far as identifying types of cases and some kind of predictive model. So much hinges on the Expert opinion in such matters.

Brophy's (2005) indicated the vast majority of cases have such complexity they utilised Expert evidence in at least one form. While there were some regional differences many cases are likely to require knowledge, skills and diagnostic and prognostic expertise beyond those usually found in social work. In general, expert opinion is accepted by the court even though the recommendations made may not be followed. However, in a minority of cases where there is unusual complexity, and or new issues arise in relation to that matter, a second Expert opinion is sought on the same matter. According to Brophy (2005) there is a shortage of available Experts in most

areas, prepared to undertake this work and is one of the reason proceedings can take so long to complete. While I agree with this there is also a significant part played by the inherent conflict that arises in these cases the role of which is a feature of this study.

Placement of children home to their parents was less successful (41%) compared to adoption (58%) and kinship care (78%) and foster care (68%). Foster care inevitably became the collecting ground for those placements that were unsuccessful. (Harwin, J et al 1999,). The figures themselves do not tell the whole story of course. Often sibling groups are broken up and difficult to place. Families where children are returned home are not necessarily supported and provided with help they require so that the rehabilitation can be sustained long term. What is not in the figures is that services are not geared toward supporting families with rehabilitation, or indeed supporting vulnerable family's long term, where that is necessary to prevent family break-up. Farmer et al (2011) in their recent study found that inadequate social work planning, assessments and support of families who were 'reunified' as being associated with breakdown. They followed up to a 100 children (2 groups of 50) and compared successful and unsuccessful groups of children up to 14 years of age to identify what factors were associated with a successful outcome. Interestingly they are similar factors to those associated with fostering and adoption breakdown (Sinclair 2005). Her study also indicated younger children under 11 years had better outcomes than older children especially when they had been in care for an extended period. The research also points to addressing a range of significant parental problems such as alcohol and drug misuse and parenting skills. Parents reported they wanted help with problems of substance misuse, child management skills, as well as direct help (mental health) for children. Interestingly the parents also felt they would benefit from help that 'built up their confidence as parents' and to be 'listened to and respected'. This indicates a relationship dynamic issue that is not explored in any depth in this study. There is no mention of therapeutic work although it recognises the

need for specialist support services including mental health. As I read the book, seeing the issues through my particular lens, it appeared to me many of the issues required a therapeutic focus. In fairness theirs was not a therapeutic but more general focus on issues affecting reunification. More recently I met Professor Farmer, from Bristol University, a leading researcher and academic (referred to above) who along with others recently published a book called ‘Achieving successful returns from care. She also read Chapter 5 of my dissertation and as a result of meeting we have decided to try and raise the profile of children in care who may be able to be reunited (rehabilitated) with their families. Although our respective research has different orientations we both believe it is a sadly neglected area and hope to write a paper together highlighting the issues.

3.1.1 Parent’s experience of proceedings

Here again there is very little research although the difficulties of obtaining views of parents and children in this context is recognised. However, a study by Freedman & Hunt (1998) indicated parents would prefer a less formal environment and while in the courtroom, would feel better sitting next to their lawyers. The legal formality, although reduced in family law, and the general environment, still engenders a sense of criminality for most parents. However, most parents felt positively about Judges but less so with Magistrates (Freeman & Hunt, J 1998). This may well be down to what is commonly referred to as ‘Judge-craft’; but also, relating to a single person in the form of a Judge, during proceedings, compared to 3 Magistrates, also has distinct advantages. It is accepted wisdom that there is a significant difference in legal expertise and in dealing with the whole care proceedings process. Parents clearly felt better when Judges talked directly with them, involving them appropriately during the proceedings. Parents also needed the translation of many of the legal, social work, and other professional jargon and naturally felt the use of more straightforward language would have

helped them. Some parents wanted more Judges and Magistrates from minority ethnic backgrounds (Brophy et al 2005). Although not a great deal of research I do feel it indicates how parents will feel not only alien in this context but disadvantaged by their lack of education and ability to be relational.

3.2. Important aspects of Parenting

Jones (2001) when referring to parenting describes activities on the part of the caretaker that lead to the child becoming autonomous. Reader and Lucey (2003) go further describing the 'purpose of parenting is to facilitate the child's optimum development within a safe environment. Hoghughi (1997) describe core elements to parenting:

- Care (meeting the child's needs for physical, emotional and social well-being and protecting the child from avoidable illness, harm, accident or abuse);

- Control (setting and enforcing appropriate boundaries);

- Development (realising the child's potential in various domains;

- Then describing parental qualities he refers to:

- Knowledge (how the child's care needs can best be met, the child's developmental potential, how to interpret the child's cues, sources of harm);

- Motivation (e.g. to protect, to sacrifice personal needs);

- Resources (both material and personal; and

- Opportunity (e.g. time and space).

Hoghughi (1997) also describes how ‘qualities and key facets of parenting need to be achieved in an evolving relationship between parent and child and where the context may well change.’ In this the child is not perceived as a passive recipient of parenting nor is the parent a mechanical or ubiquitous provider.

Quinton and Rutter (1988) see parenting as not only what parents do with their children and how they do it, but also something to be affected by the quality of the parent’s relationships, by their psychological functioning, by their previous parenting experiences of parenting other or a specific child, and the social context in which they are trying to parent. Parental competency is obviously a key component in facilitating and enhancing parent-child relationship. Belsky and Vondra (1989) noted from an extensive study that parental competence is multiply determined and that factors are interrelated, but that the parent’s personal psychological resources are most crucial. Schaffer (1998) agrees that ‘no single attribute of the child, parent or family determines the quality of the parenting relationship, since it is multi-determined’. Further more Golombok (2000) as well as Schaffer (1998) conclude that family structure or individual parental attributes matter far less to children’s development than the quality of relationships within the family and wider social world.

3.2.1 Good enough parenting

Good enough parenting like significant harm is socially constructed and relates very much to the accepted parenting norms of the day. Woodcock (2003) studied the Judgements of child protection workers to understand what constituted ‘good enough’ parenting. She included in her list: Capacity to prevent harm; capacity to recognise the need for and provide supervision, capacity to provide routine and consistent care; emotional availability and sensitivity and insight into the reasons for the child’s behaviour; a level of

affect and interest in the parent-child interaction, and finally not resisting professional expectations about their parenting.

This last item is very important and can determine the quality of the working relationship between professional and parent. Azar and Cote (2002) question how appropriate such professional parenting standards are when there are many in the general population who would not have the capacity to perform some or many of these tasks. This indicates that serendipity may be a factor in which some families, who meet the criteria for concern, are referred for investigation, while clearly there are many that are not. Many families rather than focusing on the concerns which are raised about their care of a child, tend to justify their behaviour and or standards by comparison with other families in their community.

However, Budd (2001) makes a very valid point when referring to the perceived higher standards expected of parents trying to retrieve their children from care. The threshold for 'good enough' parenting having been raised to a level not just higher than other parents in the community, but higher than the level expected prior to the child's admission to care. There is undoubtedly a variation in expected standards amongst child protection workers of what constitutes 'good enough' parenting capacity in many areas. This also appears to be determined by what stage the case is in the process; whether at the point of child protection investigation, or already in legal proceedings, or when considering rehabilitation.

Daniel (2000) noted the importance of workers making explicit their values that underpin their assessments, noting how different kinds of emphasis by workers may result in very different thresholds for removal. Fook (1997) points to the absence of a specified framework for decision-making, finding that even experienced Social Workers are often unable to articulate the reasons behind recommendations they have made.

It is very easy to be critical of child protection workers who as Shlonsky & Wagner (2005) point out have to weigh up and prioritise information without the benefit of a framework. They also indicate the potential for irrelevant factors becoming influential in the assessment without a guiding decision-making framework. However, there is clearly potential for subjective elements to be influential in the assessment process, including the prospect for establishing a working relationship between professionals and parents.

It is not only child protection workers who have problems with assessments of good enough parenting. Budd (2001) raise concerns about the accuracy and validity of psychometric tests often used by clinical psychologists. However, the findings of psychologists and Psychiatrists are held in greater value than those of experienced child protection workers, who have been involved over a much longer period with the family. Risley-Curtis et al (2004), Budd (2001) and Azar et al (1998) agree that many reports are of variable quality. This is very much in line with my personal experience. In particular I am worried about the overemphasis on psychometric testing in clinical psychology assessments

Woodcock (2003) found that Social Workers rarely referred to psychological evidence. Referring to earlier work by Parton et al (1997) she refers to a 'surface-static notion of parenting where there is a failure to address psychological factors underlying parenting problems even when they have been previously identified. Also identified was the tendency of Social Workers to rely on exhortation to (parental) change, rather than a response informed by psychological observation. When parental change did not occur in many circumstances it was often perceived as resistance on their part.

In such cases it appeared the Social Workers felt the parents were locked into their behaviour seeing this as a personality trait and deeply ingrained. Although at odds with the psychological literature on parenting, Social Workers in the study appeared intent on 'getting the parents to change'. They

see ‘parental change’ in these terms and ‘accepting responsibility’ as the core to providing good enough parenting in many cases often at the detriment of focusing on the multiplicity of problems that beset their parenting (Woodcock 2003). I think this aspect of the research is very important and fundamental to the failure or otherwise of the parent-Social worker relationship. This kind of approach by Social Workers can frequently be the basis for a spiralling conflict which inadvertently prevents meaningful dialogue between them. On the theme of social work practice being informed by the literature, Risley-Curtis et al (2004), refer to a lack of dissemination of mental health journal material to caseworkers. Social work decisions seem to be more influenced by legal and quasi-legal decisions in a context whereby ‘practical reasoning’ was a favoured approach (Parton et el 1997). I would add that Social Workers understanding of therapeutic issues, a close first cousin of ‘underlying psychological difficulties’, is also poorly understood.

In an attempt to establish some areas of agreement Teti and Candelaria (2002) in their comprehensive review of parenting competences, noted that successful areas included parental warmth, sensitivity, acceptance of children’s basic needs. These were the core features associated with positive outcome, irrespective of age, temperament and general resilience. Although control was also a key competence, warmth and sensitivity is a more influential factor than control without warmth.

Azar and Cote (2002) identify the key parenting competence as adaptability. The need to adapt flexibly to the changing circumstances and requirements of family life can only occur with accurate problem-solving and accurate perception of a child’s capabilities - pointing again to the significance of a parent’s underlying psychological profile.

In line with this view of adaptability being a key component Azar et al (1998) suggest the significance of being flexible, without becoming rigid, especially as stages of child development and the family life cycle unfold. They suggest

that as the child grows in competency through the developmental stages, so do parents as the family evolves and develops.

Cann (2004) introduces the notion of reflective parenting as an indication of competency. In this parents demonstrate a capacity to question their skills and abilities in the light of experience, providing a kind of self-review of their parenting.

There is often wide-spread disagreement on parenting issues as witnessed in the many debates that have taken place on corporal punishment. Even Experts have discrepant views regarding the benefit gained or damage incurred to a child when smacking. There is a complex relationship between advances in knowledge, public opinion and legal changes (Roberts 2000). Conventions and legislation concerning smacking or corporal punishment and our attitudes to children vary considerably across countries. It is also erroneous to believe that public opinion will naturally follow legislative change as some attitudes remain persistent in large sections of society. (Roberts 2000). This leaves open the potential for conflict between some sections of the community and those representing authority on controversial matters such as what constitutes child abuse and what is reasonable chastisement. I think this is very important and may explain why families in marginalised communities have values that underpin their approach to parenting that may be markedly different and lagging behind changes that have already taking place in mainstream society.

3.2.2 Assessment of parenting breakdown

As a means to developing a framework for understanding and intervening in family crises many authors have discussed assessment of family breakdown. Including Steinhauer (1983), Bentovim et al (1987), Sturge (1992), Tufnell et el (1996), Glaser (1993), Wolkind (1994), Iwaniec (1995), Herbet (1996),

Budd and Holdsworth (1996), Kennedy (1997), Black et al (1998), Sheldrick (1998), Azar et al (1998), Howe et al (1999), and Jones 2001.

In addition some authors namely Oates (1984), Swadi (1994), Gopfert et al (1996), Jacobson et al (1997), Henry and Kumar (1999), Jenuwine and Cohler (1999) and Drummond and Fitzpatrick (2000) have focused on parenting of adults with mental health and or substance misuse problems. Many of the families who find their way to legal proceedings will have substance misuse problems and or mental health difficulties.

Reder and Lucey (2003) interestingly brought together contributions from psychologists and Psychiatrists involved in child care legal proceedings. In all of these studies a range of styles are represented. Kennedy (1997) has referred to psychoanalytic principles as important in understanding family breakdown. Howe (1999) uses attachment theory to postulate on parents 'internal working model' of self and others to assess parental functioning. Azar and Weinzier (2005) refer to using cognitive assessment to understand parent competency and also referred to matching the specific needs of the child with the level of parental competency required for that particular child's needs in what they term a 'functional-contextual perspective. His main categories are: Parenting (child management); Social cognitive (problem-solving); self control (impulse control); stress management (coping capacities; and social (e.g. empathy).

He further recommended assessing factors relating to: The parent; the child; parent-child-interaction; systemic issues.

I think each of the approaches and therapeutic positions recommended have some value with the families who find their way to legal proceedings. However, these are complex cases with a multiplicity of need that often requires a multi-dimensional approach to achieving the necessary change.

3.3. Child maltreatment

3.3.1 History and background

Maltreatment of children by their parents or other caregivers is a major public health and social welfare problem in high income countries. It is common and can cause death, serious injury, and long term consequences that affect the child's life into adulthood, their family and society in general. Every year 4% - 16% of children are physically abused and one in ten is neglected or psychologically abused. During childhood, between 5% and 10% of girls and up to 5% of boys are exposed to penetrative sexual abuse and the number increases threefold if you broaden the definition of sexual abuse to include other sexual experiences. However, substantiated incidents of maltreatment amounted to less than one tenth of these statistics. Long term problems for the child include mental health, substance misuse, risky sexual behaviour and criminal behaviour. (Gilbert et al 2009)

The notion of 'child abuse' or 'child maltreatment' has been developed in relatively recent times and in the higher income West (Gilbert et al 2009). Arguably child abuse became more generally recognised when Kempe (1962) invented the term 'battered child syndrome'. It caused a stir at the time, made more so because it produced medical evidence to substantiate claims that parents caused severe harm and even death in some instances to their children. For the first time there was believed to be a 'scientific basis' not only identifying cases of maltreatment of children, but by implication - state intervention in family life to safeguard children where necessary. As paediatric Expertise grew in this area society, at least in the West, could not ignore the evidence and the basis of modern child protection agencies and eventually formalised procedures to guide multi and inter-disciplinary activity was borne.

You could be forgiven for thinking that abuse and maltreatment of children is therefore a modern phenomenon. This is not the case and there is evidence

that children have endured quite appalling treatment often from their own families, throughout history and across cultures and ethnic groups. The development of concepts relating to children's treatment in this regard and intervening in families where children are at risk is a recent phenomenon and far more developed in the higher-income West.

Concern for children's welfare in a more co-ordinated fashion began in this country during the industrial revolution. Some philanthropic often middle class individuals became alarmed at the large numbers of destitute children in the new cities and towns that had developed during the industrial revolution. It also became apparent that some parents were not or could not fulfil their duties to the child and even exploiting them in some circumstances. So the notion of families not providing good enough care and on occasions intervening in family life to make children safe was gaining ground. Concern for children's welfare grew during the 19th century much of it via well-intentioned voluntary activity intending to safeguard children and protect them from exploitation.

Concern for children's welfare continued throughout the 20th Century in which the world wars had a profound effect on families; the Second World War in particular led to many children being separated from the parents for long periods or even orphaned in many cases. There was societal concern for large numbers of children who were traumatised by experiences and or affected by separation and loss. This brought into sharp focus children's emotional needs and the development in this country of post-war local authority based (as opposed to voluntary) welfare organisations including children's departments created especially to be concerned for children's welfare.

3.3.2. Recent developments and the ‘risk aversive’ culture

By the time of the children Act 1989 and the subsequent ‘Working Together’ document there were 4 categories of child abuse in this country; physical abuse; neglect; emotional abuse; and sexual abuse. Alongside this new concepts were borne such as ‘significant harm’, ‘good enough parenting’, and the ’needs of children being paramount’. The ‘Working Together’ document that followed also laid down guidelines for multi-disciplinary professional practice for the first time. ‘Significant harm’ was introduced in the Children Act 1989 as the threshold that justifies compulsory intervention in family life in the best interests of the child. Significant harm refers to any physical abuse, sexual abuse, emotional abuse and neglect, whether by accident or injury and attributable to lack of parental care or control, that is sufficiently serious to adversely affect progress and enjoyment of life. (Adcock, White & Hollows 1991)

Harm itself in this context is defined as the treatment or impairment of health and development (Working Together 1989). Importantly there are no absolute criteria on which to rely when judging what constitutes significant harm. Sometimes a single violent episode may be considered sufficient to constitute significant harm but more often it is the accumulation of significant events, both acute and longstanding, which interrupt, damage, or change the child’s development.

Suspicions or allegations that a child may be suffering significant harm can be enough to trigger a section 47 (child protection) investigation (Children act 1989) into a family’s life. This is often the first stage of involvement with Social Services for the families in my study.

The problem with the concept of ‘significant harm’ and ‘good enough parenting’ is that they are all ultimately socially constructed terms (Reder & Lucey 2003). They depend on someone’s subjective impressions, culture-bound beliefs (Maitra 2003) and context-related thresholds of concern, as

much as objective qualities (Dingwall et al 1983) This is further complicated by the evolving nature of child abuse where society's approach to this emotive subject fluctuates; guidelines are constantly reviewed and amended and continue to be influenced by very serious child protection inquiries that have arisen often following the death of a child and where professional activity, or the lack of it, is perceived to have failed to avert a disaster. Public as well as professional perception of agencies failures and constant changes in procedures, and unrealistic expectations and pressure on Social Workers create an insecure base for professionals working in child protection. The pressure on professionals finds its way inevitably to families via the nature of activity as well as the relationships that develop in this context.

Platt (2008) used qualitative methods to explore the effects on parent-Social Worker relationships of more or less coercive interventions in the context of child protection. It discovered that less coercive interventions were associated with better relationships but were not necessarily a pre-requisite. They also found that worker's skill was also an influential factor.

In a recent review by Turney et al (2011) they indicated the relationships formed between social workers and parents during assessments serve a dual function of allowing the work to proceed, at the same time as providing relevant information. They recognised it is not always easy to establish 'good partnership' or 'cooperative working' and there is a degree of consensus about the characteristics of 'hard to help' parents (Hindley et al., 2006; Thorburn et al., 2009). Most importantly as far as this study is concerned, the research does not identify clearly the extent to which parental involvement and co-operation is affected by the knowledge and skills of the social worker compared with other contributory influences, especially the attitudes and behaviour of the parents and also the organisational or managerial systems within which practitioners work.

The relationship between parental engagement and outcomes for children

remains under-researched. However, there is considerable evidence that the nature of parental relationships with professionals affects decisions arising from assessments (Brophy et al 2005; Cleaver et al., 2004; Holland, 2010; Iwaniec 2004; Masson et al 2008; Platt 2008; Wade et al., 2010). Other research evidence points to practitioners becoming 'enmeshed' in chaotic family systems (Brandon et al., 2009) and find their attention diverted away from the child by needy parents.

It is often an intense and highly emotive context; emotional on the part of families because they are defending their viability as a unit, their very survival together may be dependent on the outcome of an investigation or assessment; but also emotive and highly pressured for professionals and their agencies who fear repercussions if they are perceived to have made a mistake that led to a disaster. When this happens the media and to some extent professional bodies are unforgiving towards professionals perceived to have erred. This has led to the development of a 'risk aversive' mentality in agencies and amongst professionals where the emphasis in their work is – not to make a mistake.

3.4. Stages of change

One of the best-known approaches to change is the "Stages of Change" model, Prochaska & DiClemente (1992) who were studying ways to help people give up smoking. It has since been applied by a variety of professionals to numerous client groups in which psychological and or behavioural changes are required. In recent times it is increasingly referred to in child and family proceedings by Barristers who seek to establish where parents are in the change process and alongside this what needs to happen .It appears to be used in an attempt to bring some clarity to the complexity inherent in these cases. It appears to be used more as a measure by those acting to prevent rehabilitation and as a means of establishing how far parents are from meeting the required level of change. It is often used to

support the notion that the required change cannot be achieved in the timescale for the child. It is therefore worthy of consideration here though I have considerable doubt as to its application in this context.

In this model they refer to 6 stages of change:

Stage 1 – Pre-contemplative

This is the earliest stage of change where the client is expected to present with denial perhaps claiming there are no concerns or minimising them to a large extent. They may also be ignorant of the nature of the problems and or the consequences.

Stage 2 - Contemplation Stage

During this stage, people become more and more aware of the potential benefits of making a change, but may feel overwhelmed at times by the challenge. This conflict creates a strong sense of ambivalence about changing. Because of this uncertainty, the contemplation stage of change can last months or even years. Many cases never make it past the contemplation phase. During this stage, you may view change as a process of giving something up as opposed to gaining any real benefits.

Stage 3 – Preparation

At this stage you may be making small changes and collecting information in preparation for more significant change. This is often considered an appropriate time for someone to see a Counsellor or therapist.

Stage 4 – Action

During this stage direct action is taken towards achieving a goal. By now there is a plan but this stage can fail because the previous stages were rushed and or are incomplete.

Stage 5 – Maintenance

The focus now is to avoid temptation and slip back into old habits. As maintenance of change is established you can become more confident and assured in the achievement.

Stage 6 – Relapse

Dealing with disappointment, frustration and a sense of failure is now the challenge. Relapse is expected and the situation can be recovered if you maintain your motivation and confidence. Analysing the reasons for the set-back is important in planning the recovery.

If applying this model to smokers, alcohol problems, or substance misuse you might argue that with any behaviour change, relapses would be anticipated and a common occurrence. When you go through a relapse, you might experience feelings of failure, disappointment, and frustration. The key to success in this context is to not let these setbacks undermine your self-confidence. However, in the context of child and family law you are very fortunate to get one therapeutic opportunity aimed at change that is appropriate, timely and sensitive to the family's needs. Significant failure, when it occurs almost certainly means that there is no relapse stage or second opportunity. With this knowledge in mind there is pressure on the parents as well as the professional providing the intervention to succeed, from the outset. With the current child care emphasis on permanency it means there is a pressure to establish stability for the child in his or her placement as early as possible and increasingly with younger children this means adoption.

The 'stages of change' model was originally designed with smokers in mind and has been adapted quite successfully for other client groups and I feel offers a conceptual frame that is helpful. It has a simplistic, slightly formulaic approach that will be helpful to a variety of professionals in their work with clients. Its straightforward approach gives the impression that all problems can be defined in this way and therefore easily understood. Many of the families I see would be considered to be in the pre-contemplative stage.

Unfortunately this would place them nowhere near the latter stages of change and in danger of being perceived as not able to change in the timescale for the child.

It is a model which does not appear to take account of the significance of context and complexity in cases. In my case study the parents were able to move relatively quickly from a pre-contemplative stage to the action and maintenance stages once a therapeutic connection had been made suggesting the families had potential that was unrealised and untapped up to that time. It also demonstrated they were not that far from being helped toward significant change, if the contextual difficulties, including the parent's initial defensiveness, could be overcome.

The 'stages of change' model referred to here may relate to the majority of individuals although I question its validity with clients from a marginalised group or so called underclass. Here the problems are complex, enduring and multi-facetted and the usual rules of social convention and being relational are challenged by the context. Challenging though the context of legal proceedings may be – taking parents to the edge - it may also (paradoxically) create a previously unforeseen (therapeutic) opportunity that if grasped could lead to fairly rapid change.

3.5 The role of attachment

The child is not seen as a passive recipient of parenting, but more that parenting occurs in an evolving relationship between parent and child. Child developmental specialists like Bruner (1986) see the various parenting factors referred to earlier as influencing child development through the notion of attachment – a key concept in understanding parent-child interaction. Bowlby (1969) proposed that an infant, baby or young child needs to develop a relationship with at least one primary caregiver – initially thought to be the mother, but now generally accepted to be whoever fulfils the caring role and

meeting the infants' needs in a sensitive, consistent, and predictable fashion. Attachment is essentially the 'affectional bond' between the child and the primary caregiver. The primary caregiver's social and emotional response to the infant's need for safety, security and protection is seen as crucial and underpinning the child's developmental process. The predominant views about attachment theory and its influences have been developed originally by Bowlby, then Ainsworth (1979) and more latterly Crittenden (2005). Bowlby described 3 main attachment styles: secure, avoidant, and insecure ambivalent/resistant developed in response to their experience of being cared for. Then Ainsworth later added a fourth very important category being that of disorganised/disorientated attachment style reflecting a lack of any coherent coping strategy in response to their caring experience. Crittenden's (2005) views have been developed in recent times to form what she terms the Dynamic Maturational Model. It differs from Bowlby's thinking in as much as it reflects Crittenden's view that attachment behaviour is a range of behavioural strategies for attracting and shaping parental behaviour in the context of a perceived threat and the need for protection.

Regardless of the definition or model most attachment theorists agree that early experiences with an attachment figure develop into an internal system of thought, sometimes called an 'internal working model', (Howe,1995) containing memories, beliefs, expectations, emotions and behaviours about the self and others. Ideally secure attachment experience produces an empathic adult, who is secure in themselves, autonomous and interpersonally and intra-psychically balanced.

In my study, attachment is very relevant from a number of perspectives. Firstly the attainment of a secure attachment experience is seen as a major protective factor for the child and therefore a priority in casework with families. If parents are able to achieve or potentially achieve this goal while some aspects of parenting are still deficient they can be seen to be doing a great deal that is beneficial for the child and themselves. Also the notion that

attachment is influential throughout development and shapes personality is important from an assessment perspective. Later I will discuss assessment of parents from the point of view of ‘sense of self’ and its relationship with therapeutic intervention. Therefore attachment theory is important in assessing and understanding the needs of the child as well as the parents in this study. Furthermore it informs an interactional or dynamic understanding of family relationships. Fonaghy and Target’s (1997) notion of ‘reflective functioning’ is very pertinent to this study understanding as it does, interactions between parent and child in terms of the parent’s ability to relate to the emotional and psychological experience of the child at any given time. This ability to ‘mentalise’ with or to have an ‘attunement’ with the child, or failure to do so, is related to parents’ self-identity and therefore very relevant in this study. Finally, I use attachment as a means to help frame parents defensive reactions to professional intervention (including removal of their children) in their lives.

3.6 Summary of key themes

I have tried to convey to the reader a sense of the contextual significant to this study and in particular the influence of the ‘risk aversive’ professional culture. The relationship between child maltreatment, aspects of parenting, and parental breakdown, provides more than just a backdrop; it should illuminate for the reader the emotive, insecure environment and the consequent pressure on parents and professionals. I have tried to lay out the difficulties of establishing professional-client relationships in this context and how the dynamics, beginning with the first section 47 (child protection) investigation, may affect the potential outcome. The contextual influence on client-professional relationships obviously extends beyond Social Workers to other professionals including Experts. The terms emanating from the Children Act 1989 such as ‘significant harm’ and ‘good enough parenting’ are referred to as socially constructed and therefore not absolute. The assessments are therefore, to some extent subjective and dependent on

several factors especially relationships. Of central importance to this study are the references made to how psychological assessment of parent's core problems is often ignored by Social Workers in favour of a 'surface-static' notion of parenting whereby they 'exhort them to change' and 'take responsibility'. The literature on parenting provides many helpful pointers to key parameters and dimensions needed for optimum parenting or relevant to potential breakdown. However, the references also suggest there is a failure to address the multiplicity of problems faced by parents that prevents them achieving the requisite standard. Despite all the attention paid to individual parent and child factors it is the relationship between the child and parent and the parent with the outside world that is most important to their development. This is a key relational aspect to parent's functioning and a focus of this study. Reference is also made to 'stages of change' commonly referred to in legal proceedings which I suggest is an inadequate framework given the families often marginalised status and case complexity.

Attachment theory is also explored in terms of its crucial influence on children's development and the enhancing qualities of 'secure attachment' in particular. The underpinning significance of attachment in this study is also reviewed in terms of its longer term influence on parents development, and 'sense of self' in particular, but also as far as generating 'defensiveness' is concerned. Sense of self or self-identity as it relates to parents problems in this context is considered within the narrative analysis of the case study of next chapter. Here it also emerges in the heuristic inquiry as the basis for assessing parents who have 'some chance, no chance, and every chance'. The next chapter (Review of Methodology) will explore further many of the issues that have surfaced here and consider them in the light of the research questions that underpin the study.

Chapter 4 Review of Methodology

Comment: '*Interviewing and interviewers must necessarily be creative, forget how to do rules, and adapt themselves to the ever-changing situation they face' (Fontana and Frey 2000)*

Overview

In order to understand the rational for the study I have laid out my reflections on the early research journey process – to understand what is left in and what is left out. Also during the research journey research questions are modified or changed as the study unfolds. This has been a rich process involving my early ideas for a study, which emerged directly from my practice, and the interaction with research challenges, professional knowledge seminars, and back to practice again. This helps build the rationale and the emergence of key research questions that have remained constant for the second part of this study. Following on from the early research journey and rational the method is discussed, why certain methods were preferred to others is considered and key points in the developmental process. In this, reference is made to the use of 'critical friends' and my academic consultant. Heuristic inquiry and its part in the study are described, followed by the Case Study method.

The Heuristic Inquiry takes the form of 3 interviews which are described in detail as is the 'interview experience'. It also makes reference to Moustakas (1990) 6 stages of inquiry and its relevance this study. Following this emerging themes and its relationship with the study are considered.

The second method is that of Case Study. In this, the preparation for the study and significant developments leading up to the research interviews are described to give the reader a sense of process. The case studies and then the analysis of the emerging data are described. The case study analysis is enhanced by the use of narrative analysis at this stage. Following this overview and prior to the rest of the chapter is a 'timeline diagram' that enables the reader to chronologically follow the research process.

Research process Timeline

	6 phases of HI	
2001	**Initial engagement**	▪ Began intense field experience. 400+ cases in legal proceedings over the next 10 years
2006		▪ Emerging but very unrefined research ideas
2007		▪ Interview at Metanoia. ▪ Commenced Metanoia D Psych later that year.
2008	**Immersion**	▪ RPPL helped me reflect and understand my earliest influences; ▪ Research Challenges provided opportunity to share research ideas, build qualitative foundation, and develop research questions. ▪ Support of research community. ▪ RAL 4 completed this helped me recognise stages and influence of my own learning via professional experience and prior research. ▪ Notion of 'research-mindedness' and reflexivity emerge as important. Sharing early research ideas. ▪ Involvement of academic advisor.
2009	**Illumination / Incubation**	▪ Learning Agreement. ▪ Presentation leads to significant change methodology and research questions. ▪ Dropped idea of appreciative inquiry (question 3) in favour of question regarding 'emerging framework'. ▪ Began professional knowledge seminars. ▪ Published article on 'therapeutic work in context of legal proceedings' in the psychotherapist journal. ▪ Agreed to collaborate with other experts on a book. ▪ Continuing Research Challenges which helped refine research ideas and questions further. ▪ Identified and established meetings with academic consultant and critical friends. ▪ Planning research activity. Began to track down case study sample and plan heuristic interviews. ▪ First stage (reviewing documents) case study inquiry.
2009/ 10		▪ Heuristic interviews and case study semi structured interviews took place. ▪ Began transcription of H/I's and SSI's and early analysis. ▪ Shared with critical friends and academic consultant.
2010	**Explication**	▪ End of 2010 produced early draft ideas on 'emerging framework' as basis for discussion with others. ▪ Shared with academic consultant and critical friends. ▪ Looking for appropriate structure to begin 'writing up'. ▪
2010/ 11	**Creative Synthesis** ↓	▪ Start the long process of writing up. This process is enhanced by series of workshops and consultations involving widened participatory group - initially based on my study, but increasingly involving their work. ▪ Influence domestic violence/substance misuse projects ▪ Book, articles conference

4.1 Reflections on my early research journey

When I was first interviewed for a place on the Doctoral program I had two ideas for research I could pursue if selected. These ideas were still fresh and as yet undecided when early on in research challenges we were each asked to outline, if not a research idea, at least the area in which we were thinking of developing a research idea. Consciously, I had not decided when it came to my turn, which idea to choose. However, I found myself talking about the research idea that has become the substance of this study. I remember thinking as I was speaking - this idea seems to have some shape as I presented it, and realised I had unconsciously been preparing this idea. Or perhaps it was as Moustakas (1990) says - 'the idea chooses you'. Following this initial exposure the idea for the study was subjected to more review and scrutiny via many mini presentations and formal as well as informal discussions at Metanoia and beyond. I was not wholly committed at this stage but nevertheless trying to build around the ideas I had and develop some kind of rationale for a study. The relationship with other doctoral colleagues and others, in and outside the context of research challenges seminars, was crucial in this early growth. Thinking and re-thinking ideas in a kind of self-dialogue alongside regular discussion with others enabled a process of constant reshaping and refining to take place. The relationship between my unfolding idea, exposure to examination by colleagues and others in research challenges, and further experience and evaluation in practice, laid the basis for early development. Discovering how to use 'critical friends', mainly via Metanoia colleagues past and present, augmented this process. In particular I recall the Professional knowledge Seminar given by Dr Bobby Moore who used 'critical friends' as an integral part of his research activity. The relationship he developed with his academic advisor served as a template for me later when I reached that stage. Critical friends, experienced in the field, were able to give authentic context-related feedback. It was inspiring to feel that the ideas I shared were potentially coherent to the critical friends but also interesting and even enthusing. As this relationship (with

critical friends) grew so did the feeling it could be more participatory if I allowed that to happen. I was a little ambivalent to begin with, feeling it (the study) was precious and mine, but knowing also at an intellectual level, the real benefits (recalling Dr Bobby Moore's PK Seminar) of making it participatory. The meaning of tacit understanding and implicit knowledge in my practice was increasingly revealing itself to me, via the accumulative, rich and varied experiences I have referred to here. It was augmented by periods of more meaningful reflection, experiences of ongoing casework where my research work was left on hold for a period, and the routine maintenance of my research journal. By now I had 2 different types of journals; one for notes, thoughts, and ideas etc, the other was diagrammatic where I tried to understand the relationship and or influence of one thing on another. Awareness seemed to occur for me in this way at unguarded moments; sitting in my conservatory watching the birds in the trees outside, or with some activity such as walking or cycling. I still find the activity of doing something like cycling creates 'windows in the clouds', sometimes disappearing again before I can mentally or physically record them. While insight or new understandings were revealed to me in unguarded moments they also occurred at more structured times such as reviewing the literature, or reflecting on some casework or when I began attending professional knowledge seminar. Since commencing research challenges, I increasingly experienced such moments in casework, as if some part of my psyche was now alert to mentally tracking and collecting this new material more consciously than before. Giving over time for reflection, in a structured way, was an important development. I learned to appreciate the experience as well as enjoy reflection making it easier to give over precious time to this (non) activity.

My original thinking was to include a mix of qualitative and quantitative methods that I had found interesting and rewarding in my M.Phil research. However, as my experience unfolded I became aware of holding on to my M.Phil experience as a kind of template, in a 'secure base' way, without

exploring fully the potential of more enlightening methodologies. It brought me back to the questions I thought fundamental to the study; what kind of data I was expecting to obtain, and to what extent my own experience was likely to be relevant. I knew I was interested in the essence of family's experiences in this context. I also felt deeply the nature of parent's difficulties in this context, as well therapeutic issues, was not well understood. It seemed to me some means of sign-posting key professionals to certain aspects of parental functioning may alter the potential direction of the case. I was also struck at this stage by the potential value of understanding the successful ingredients of families who had navigated the legal proceedings and been rehabilitated as a family. Were they substantially different to other families or were there factors in their experience of the process that pointed to a more positive outcome?

I was developing an understanding of the kind of study I wanted to undertake, the type of data that would be satisfying, and now considering methods to achieve that goal. Key questions, central to the study, were also beginning to take shape. By the time I reached the point of presenting a learning agreement for approval I had developed the following research questions:

1. How can key professionals involved in legal proceedings be helped to identify families with therapeutic potential?
2. What are the critical aspects of therapy in this context?
3. What positive factors are identified by parents (and their key professionals) who have successfully navigated legal proceedings and prevented the break-up of their family.

I had considered but rejected including by this time a quantitative aspect to the study. It did not really fit with my desire to obtain data that was sensitive to the essence of parent's as well as my own experience and uncovering their insights as well as my tacit knowing. Although I feel there is valuable

quantitative data to be obtained in the hundreds of cases I have seen, the data is not easily accessed, as the case files were (unfortunately) never prepared with a view to obtaining data of this kind at a later stage. I felt that a quantitative method required a disproportionate amount of investment, especially as the data would be difficult to obtain, for what was likely to be a relatively small return.

Having decided against including a quantitative element in the study I was considering a mixed (qualitative) method utilising heuristic inquiry, case study, and finally appreciative inquiry which was relevant to question 3 in particular. I had been particularly enthusiastic about appreciative inquiry and had already piloted this method in some of my ongoing casework and had been pleased with the results. In retrospect I was pleased with the way appreciative inquiry had had a positive effect on families during my final session with them. It had created a context whereby families could positively reflect on the whole experience of care proceedings and eventually being rehabilitated. On reflection it would not have significantly contributed to the research end-product in particular. The criticism from my learning agreement presentation feedback was that appreciative inquiry, while contributing to the mixed method design provided little more than added description. There was also concern that I may not end up with a substantial research product at the end. Although the feedback was mostly positive I confess I was disappointed to lose appreciative inquiry as a method though I retained elements of it in my practice.

In the course of the learning agreement discussion I shared my idea of an ‘emerging framework’ that had surprisingly developed during the course of the study and had considered including but for fear of making the study unmanageable. My disappointment of losing the AI was at least assuaged by the inclusion of an ‘emerging framework’ not originally included in the design. I successfully re-wrote my learning agreement dropping the idea of appreciative inquiry (question 3) in favour of a new emphasis focusing on an

‘emerging framework’; question 3 was re-written to reflect this modification to the original study.

4.2. The Role of Reflexivity

Reflexivity is a notion familiar to many modalities of psychotherapy, especially in family therapy where its influence is increasingly seen as integral to practice, as well as a means of research (Burck 2005). My relationship with reflexivity was enhanced by attending professional knowledge seminars and the Matts Alvesson Master class in particular. Although I had struggled with the reading material sent in preparation for the day the seminar was for me a - ‘window in the clouds’. He described reflexive dialogue as occurring through the interaction between some or all of the following levels; a) to see from other perspectives; b) engage critically with theory; c) move creatively across a range of theories; d) rise above theory (which is the capacity to adopt a critical stance towards theory itself). This last point is what Orlans (2004) I think refers to as ‘critical indifference’. You may have an initial starting point, a research idea, something that Portwood (2005) describes as ‘your creative passion’; something that generates your energy and emotional commitment that is inevitably superseded by an adjusted or reformed position as the ideas and rational are exposed to any of or all of the above levels.

There is a realisation that ‘meaning is not obvious from experience alone’ (Burns 1992; Sokolowski 2000). More that meaning is a construct that emerges from a collective interpretation of experience. Meaning is not lying around in nature waiting to be scooped up by the senses but rather it is constructed via acts of interpretation Alvesson & Skoldberg 2000).

Contemporary reflexivity involves a complex process of the interpretation experience straddling at least 4 layers (Alvesson & Skokdberg 2000):

- The empirical – which engages the experience of other sources of data;

- Hermeneutic – seeking the underlying meaning of the experience or data.

- The ideological – which engages with the knowledge and power relationships that dictate acceptable or control possible meanings;

- Post Modern – this challenges any overarching ideology or authority championing the local, pragmatic and 'fit for purpose' nature of meaning. For Alvesson and Skoldberg reflection is what happens when we engage with any of these or all 4 levels.

Using Alvesson and Skoldberg's layer referred to above I should like to reflect on the early development of my ideas and rational. This set me thinking about - why this client group - and why this context? That somehow I felt as if there was something specific but only partially (consciously) known about this study that had chosen me rather than the other way round. I had to consider whether I was seeing what I wanted to see and whether my closeness was counter-productive in some way. My RPPL and RAL 4 brought me back to my original motivation but the HI in particular returned me to my empathic roots and my connection with the needs of an 'underclass' or being part of a marginalised group, that has relevance here. As I reflected more deeply I was becoming familiar with the influence from my childhood that somehow resonated with the families in my study as well as potential in some families despite sometimes overwhelming problems. My motivation was becoming more transparent but to understand more clearly I needed to engage and participate with critical friends and others who were interested and had experience to share.

I also investigated at an empirical level what other sources said about the same problems. Again I had to be conscious of not seeking sources that provided me with data I wanted to find or in being selective about what data to chose. Being aware of my bias I did discover literature that helped me understand many of the contextual problems of parents as well as professionals (referred to later in 'Findings and Discussion'). I also found that there were other professionals involved in similar work across the UK with whom I was able to share and compare experiences. This included consulting with eminent Experts at this time who were canvassing Parliament for changes in Family Law system. In summary, I felt that at an empirical level there was support for the ideas in my study at many levels.

At a hermeneutic level I felt I was in touch with underlying meanings especially as far as the parent's need to be understood as a marginalised group in society with very particular problems. The problems they experience with professionals reflected significant underlying problems in dealing with a sense of 'shame' and other phenomenon. Professional's inability to understand underlying problems, supported in the literature, lead to substantial problems. Apart from the parent's and professional context I was wrestling with my own part in this; my role and its inherent complexities, my motivation both current and historical.

At an ideological level there is a significant power imbalance where (marginalised) parents have the odds stacked heavily against them. This becomes evident at so many levels where professionals have a great deal of power backed by multi-agency involvement and ultimately the courts. This is a formal arena where expectations and underlying beliefs and motivation are essentially middle-class and markedly different from their own. Understanding and relating to the rules of the game as defined by the authorities is a struggle for them and for me - as I position myself in relation to this.

At a post-modern level I have to examine my own role as an ‘Expert’ which is challenging in it self. Many notions such as ‘significant harm’, ‘good enough parenting’, ‘working together’, and many other terms are all socially constructed and open to potentially subjective interpretation. Used every day by professionals and an integral part of their professional experience affords them a distinct advantage over parents who struggle to truly understand the language, the professional systems, as well as the formal professional way of relating in this context. The parents are disadvantaged in this process from the outset as many struggle to be relational even on their own terms.

Considering the above issues, using the various levels, and taking data from other sources, including peers, clients, and the literature, and then weaving together into coherent meaning benefits from a great deal of reflection, participatory activity, uncovering an ever-changing experience and enlightenment. Participation is key too much of this development and something I was reticent about earlier in the journey remaining somewhat precious about my research for a time. I now realise that there is ‘knowing through participation’ (Ferrer 2000) or the participatory turn in transpersonal research - related to what Berman (1981) calls ‘participatory consciousness’ and similarly referred to by Reason (1993), Braud & Anderson (1998) and Heron (1998). The participation must be of a meaningful kind reaching beyond superficial or token levels. The richness of participation extended beyond the valuable contributions of my critical friends and academic consultant to a range of therapists from various projects and child-care specialists who became involved at key points as the study progressed. Reflexivity, I can know see as every bit as valuable in practice as it is in research. I have discovered in the process of writing-up, not so much a final reflexive phase but of being in a state of almost constant review, whereby I am revisiting within myself and again sharing and involving others, issues that I thought were dealt with. Seen through new lenses developed in the course of the study have led to fresh ideas, leading to further literature searches, which have all interplayed and weaved to (hopefully) some kind of

eventual coherency. It is unfinished of course, because of the constantly unfolding and evolutionary nature of qualitative study and this kind of experience. It is an ending of sorts before the next beginning.

4.3. Rational

The data I expect to obtain is likely to be highly individualistic and relational and capturing experiential insights and emotional reaction. My intention therefore is to use a mixed qualitative method (Heuristic inquiry; Case study) approach that best captures and appreciates different types of data of this kind. As a process, I expect to make what is perhaps implicitly known to me via my extensive casework experience in this field, more explicit. I am hoping the research methods, alongside the participatory dimension of the study, will consider and reveal what knowledge, frames of reference, tacit understanding, skills and other factors are influential in the therapeutic work.
I want the inquiry to help illuminate data specific to this context that I anticipate affects the activity of professionals as well as the behaviour of parents. I am particularly interested in understanding the potential impact the context has on key relationships parents have with professionals. I am hoping to reveal critical aspects of therapeutic assessment and intervention in this context that apart from being influential for therapists and Experts, may also guide wider professional activity, and signpost those families who may benefit from timely intervention or assessment. Much of my early experience in this field has been intuitive, where tacit frames of reference have been established on the back of accumulated implicitly-based knowledge that became increasingly influential as my experience in the field grew. I am aware I have also utilised experience of my work in other contexts, albeit modified to support my endeavour in this context. This combined with what I have drawn from the literature over the years has enabled me to build some expertise, which though partially known and felt by me, and understood by others, is nevertheless difficult to articulate in detail. Revealing and making more explicit this kind of phenomenon may contribute to an emerging

framework for others in this field. I am aware that much of what I have said here amounts to a kind of bias - for example, my expectation that there are more families out there who may benefit from therapeutic assessment than are currently recognised by professionals. I also have sympathy for families in this predicament and feel at times like an advocate. These are feelings that can underpin bias but are also a motivating force and create potential energy for change. They are nevertheless potential bias that need to be out front and examined as part of the study.

I am concerned that having chosen qualitative methods that I have the flexibility to organise the inquiry to meet the unfolding needs of the study. The potential obstacles, the twists and turns that will occur in a study of this nature, are rarely completely predictable from the outset and naturally requires some adjustment with the benefit of unfolding experience. I would argue, as Aguinaldo (2004) has done, that qualitative researchers should not be constrained within a 'methodological straightjacket' and must be allowed to utilise whatever methods necessary to explore the phenomenon under consideration. He does, however, make the point that it is not just the choices, but the *reasons* for those choices, and the researcher's theoretical interests secured by those choices, that need to be made explicit and held up to scrutiny. I hope I have done that up to this point.

4.4 Research questions

I have previously laid out for the reader how the research journey generated interest in this study and questions began to emerge. By this stage and following the learning agreement presentation the first two of three research questions laid out at the end of Chapter 2 are retained. Question 3 was dropped in favour of one concerning the emerging framework. This study seeks to answer the following questions which originated directly from my

experience in the field but have since been shaped and refined via the Metanoia experience and the participation of my critical friends:

1. How can key professionals involved in legal proceedings be helped to identify families with therapeutic potential?
2. What are the critical aspects of ‘therapy’ in this context?
3. Can the data obtained in this study be harnessed to provide the basis of a framework that would guide professional activity (identify families) and be predictive of outcome.

4.5. Ethical considerations

Because the work is undertaken in the legal arena there are strict rules of confidentiality that apply in addition to those normally associated with psychotherapy. The sample of parents involved will be made aware of the nature of the study and that their participation is completely voluntary. Their confidentiality will be protected with the use of pseudonyms in the case study. The 5 families who were the subjects of the case study were highly motivated to participate perceiving it as an opportunity to be helpful to other families who may be destined to have similar experiences.

I felt that I did not need to defer to local health board ethics committee because my samples were not patients receiving psychological treatment in the Health Service. We had a debate in Research Challenges about this issue where there was considerable uncertainty because of recent rule changes. I was now uncertain about whether my study needed to seek this additional ethical approval or not. If this was the case it would have been prohibitive because the case examples were spread across a very wide geographical area (South east, West and Mid-Wales) meaning I would need ethical approval from a different health trust for each case in the study as opposed to approval for the study itself. After making a lot of enquiries I finally contacted the National Research Ethics Service to ascertain whether

my proposed study would require ethical approval beyond that of Metanoia and Middlesex University. They were extremely helpful and very clear. They confirmed it does not require an additional level of approval. Written confirmation of this is in Appendix v, along with the completed D Psych ethical considerations form.

All research materials, files and data were kept in my office at home and securely locked. Electronic data was password protected and the identity of participants replaced with pseudonyms. I was concerned that the semi-structured interviews may expose parents to further distress following my interview. Parents were made aware they could contact me in the event of post-interview difficulties. I had enlisted the support of two psychotherapists (my critical friends) who would be available as well as my self to provide whatever support was necessary and or make a necessary link with local services if that was necessary. Fortunately the interviews went very well and were mostly therapeutic with no residual problems to my knowledge.

4.6 Research Method

4.6.1 Heuristic Inquiry review

Heuristic Inquiry can be distinguished from other phenomenological methods in several ways. Firstly, heuristic inquiry begins with the self-searching of the researcher, a reflective and passionate awareness of and personal experience with the phenomenon of interest. The inspiration for the study unfolds from the researcher's experience, involving introspection, self-discovery, and devotion in revealing the fundamental qualities, conditions, and relationships that underlie the phenomenon (Moustakas 1996). Secondly, the researcher is intimately and autobiographically related to the research question. The researcher recognises tacit knowings, engages with indwelling, and intuitively promotes a fuller personal knowledge and understanding of the phenomenon of interest. Thirdly, the passion with which the researcher strives to understand the phenomenon encourages disclosure

from participants. The researcher creates an atmosphere of connection and engagement that inspires participants to express, explore, and explicate the meanings that are within their experience (Moustaka 1996). Finally, unlike some qualitative designs, heuristic inquiry is not limited to first-person accounts of experience. In addition to collecting narrative descriptions, the researcher may also obtain stories, poems, diaries, songs, music, artwork, and other personal documents that depict the experience for the participant Douglass & Moustakas, 1985).

Heuristic inquiry was developed by Moustakas (1990); see also with the *mindful inquiry* developed by Bentz & Shapiro (1998). The heuristic inquiry paradigm is an adaptation of phenomenological inquiry but explicitly acknowledges the involvement of the *researcher*, to the extent that the lived experience of the researcher becomes the main focus of the research. The researcher really needs to feel passionate about the research question (West 2000). Indeed, what is explicitly the focus of the approach is the transformative effect of the inquiry on the researcher's own experience that Hiles (2001) refers to as a ‘process of discernment’.

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Moustakas has identified a number of core processes summarised in Table 1 below.**Table 1: Summary of Moustakas' core processes of heuristic inquiry (Moustakas, 1990, p. 15-27)**

Identify with the focus of the inquiry
The heuristic process involves getting inside the research question, becoming one with it, living it.

Self dialogue
Self dialogue is the critical beginning, allowing the phenomenon to speak directly to one's own experience. Knowledge grows out of direct human experience and discovery involves self-inquiry, openness to one's own experience.

Tacit knowing
In addition to knowledge that we can make explicit, there is knowledge that is implicit to our actions and experiences. This tacit dimension is ineffable and unspecifiable, it underlies and precedes intuition and can guide the researcher into untapped directions and sources of meaning.

Intuition
Intuition provides the bridge between explicit and tacit knowledge. Intuition makes possible the seeing of things as wholes. Every act of achieving integration, unity or wholeness requires intuition.

Indwelling
This refers to the conscious and deliberate process of turning inward to seek a deeper, more extended comprehension of a quality or theme of human experience. Indwelling involves a willingness to gaze with unwavering attention and concentration into some aspect of human experience.

Focussing
Focussing is inner attention, a staying with, a sustained process of systematically contacting the central meanings of an experience. It enables one to see something as it is and to make whatever shifts are necessary to make contact with necessary awareness and insight.

Internal frame of reference
The outcome of the heuristic process in terms of knowledge and experience must be placed in the context of the experiencer's own internal frame of reference, and not some external frame.

4.6.2 Application of Moustakas' 6 phases of inquiry in this study

The structure here is adapted from Bartram (2009).

Initial engagement

The task of the first phase is to discover an intense interest, a passionate concern that calls out to the researcher, one that holds important social meanings and personal, compelling implications. The research question that emerges lingers with the researcher, awaiting the disciplined commitment that will reveal its underlying meanings.

Activities

- Application to Metanoia
- Considering detail and suitability of research ideas
- Early exploration of and development of research questions
- RPPL written connecting autobiographical aspects to study
- Playing with and learning to use research Journal
- Learning to reflect in a more focused way

Journal entries

Entries reflect my empathy with parents; 'They can't communicate – they are so angry'. 'How do parents feel at this time'? 'How can they (professionals) be helped to see what I see? 'What separates parents with potential from others'? 'Am I too close sometimes' – transference++? 'This (legal) system is rubbish'. 'These families need help'.

Comments

The period of 'initial engagement' is also referred to in Chapter 2 (page 22) - 'The Expert Experience'. In my early involvement in this work I was a reluctant (Expert) practitioner but increasingly my interest was stimulated via exposure to the intensity, drama and life-changing context for these families. My passion was aroused by what I perceived as unfairness and even injustice experienced by families and how they were Judged rather than

helped. The combination of families in great need, their vulnerability as well as potential at times, drew me closer to their predicament and an awareness of but also feeling for their dilemmas. I felt captured by the need to do something about the missed opportunity, systemic failure, and most importantly the therapeutic challenge presented in this context. I was clearly identifying with the family's experience while trying to square it with the dilemma's faced by the professional system. I took this raw, untapped field-experience to Metanoia where the ideas began to crystallize via the discipline of research activity that enabled me to reflect on the families as well as my own intense experiences.

Immersion

The research question is lived in waking, sleeping and even dream states. This requires alertness, concentration and self-searching. Virtually anything connected with the question becomes raw material for immersion.

Activities

- Extended periods of reflection and self-searching
- Re-experiencing (internally) events and then reviewing experiences in depth
- Seeking isolation for uninterrupted reflection
- Unplanned periods of reflection; e.g. cycling; driving; walking dog.
- Using research journal for drawings, scribbles and narrative.
- Meaningful day-dreaming
- An awareness that 'self-searching' is never far away and easily triggered
- Presented learning agreement and first research questions

Journal entries

Lots of drawings (see appendix iii for examples) that represent relationships between parents and aspects of their functioning and other professionals; sometimes not representing anything I can recognise later.

Drawings represent early framework ideas which were easier to draw than describe.

Some narrative about my feelings: ‘am I only an advocate’? ‘this (my ideas) is rubbish’; ‘I am not sure I’m going anywhere with this’; ‘these poor kids’; Some professionals are disconnected from family – no feeling’? ‘What happened to relationships in this work’? ‘Feels like being the saviour in refugee work’.

Comment

In this stage my intense (ongoing) field experience was for the first time subjected to regular reflection and examination (also referred to in page 30 Chapter 2 – 1.2 ‘The professional context and the emergence of research questions’; and page 103 Chapter 4.4) as the Metanoia research journey got under way. I began for the first time to focus and mentally question the meaning of the experiences for sustained periods with the aid of my research journal especially during my long journeys to and from (Metanoia) London. My scribbling, doodling and almost illegible narrative, reveal it to be an outpouring of experiences, ideas and perception at that time. A process of being mentally absorbed, discovering questions that seemed relevant at the time, as well as ideas for change, and then setting them against my ongoing experience in the field was underway. Sometimes, this kind of reflection might occur as part of my recovery, following an intense period of cross-examination in court, or a very challenging session with a family. I was learning about self-searching that continued into sleep as well as daydreaming - sometimes tantalisingly revealing awareness or insight that is lost before recording and not always retrievable later. Having a research journal close by became essential. Something akin to this had happened before but this new found awareness enabled me to see its benefit. I felt myself seeking time and mental space to consciously turn inward in a search for meaning or coherency, sometimes feeling you may have something very tangible and explicable before attempted articulation reveals the need for yet more introspection.

Incubation

This involves a retreat from the intense, concentrated focus, allowing the expansion of knowledge to take place at a more subtle level, enabling the inner tacit dimension and intuition to clarify and extend understanding.

Activities

- Engaged with critical friends and academic consultant
- Learning agreement opened door to ‘emerging framework’ as focus
- Developing ideas for framework by discussing with agencies and interested professionals
- Dropped Appreciative Inquiry and revised research questions to incorporate idea of emerging framework
- Exploring and becoming more familiar with the role of intuition and tacit dimension
- Thinking more deeply about cases

Journal entries

Drawings representing shape and connections within emerging framework.

‘Early work and engagement is everything’.

‘Parent’s relational ability the key’. ‘What about reflective functioning’?

‘I need to understand narrative in this’.

‘Some parents angry/defensive others ambivalent or overwhelmed’.

Comment

Learning agreement helped clarify my research ideas and now more able to share critical friends and other interested professionals. I was becoming more comfortable with notions of tacit understanding and implicit knowing. Real benefit obtained from critical friends and academic consultant – feel affirmed by this and ongoing dialogue. Still reflecting but retreating from other activity for periods where I could be relatively undisturbed and assimilate and integrate new or reformed ideas. During this stage ideas for an emerging framework became clearer. A second such period of retreat occurred

immediately following the heuristic interviews while I took time to assimilate and make sense of the experience (see Chapter 4.4 page 104). By this stage I was feeling a clearer path was emerging.

Illumination

This involves a breakthrough, a process of awakening that occurs naturally when the researcher is open and receptive to tacit knowledge and intuition. It involves opening a door to new awareness, a modification of an old understanding, a synthesis of fragmented knowledge, or new discovery.

Activities

- Regular meetings with critical friends to compare experiences/share thinking
- Aspects of emerging framework to be tested by others as well my self.
- Using framework in ongoing casework.
- Write article for Psychotherapy Journal on my work as Expert.
- Diagram explaining framework developed (see Figure 5 Chapter 6)
- 'Eureka' moments and feelings of discovery

Journal entries

More drawing about framework and 'some chance, no chance, every chance'.

'Hard to say no chance' 'Jon (critical friend) says - I can't say no chance'; also says 'how does being post-modern sit with this' – bugger!

'Social Worker-parent conflict and risk-aversive culture'

'Heward's loosening the normal rigidities'; 'in the moment key'

'How much is intuition'?

'Present moment and engagement – how'?

Roger (academic consultant) liked the framework, Hallelujah!!

'Eddy recognised framework – thinks its good' 'We are not like other Experts'

'Being on the edge is what counts'.

Comment

Feeling less restrained after the learning agreement approval and more so again after the period of retreat and reflection following the heuristic interviews. It seemed as if new awareness and insights concerning my intuitive approach to 'early work and engagement' were revealing themselves; this was augmented by the interest of others including critical friends, and my academic consultant. The heuristic interviews as well as re-visiting parents involved in the case study really opened up this process. It was at this stage that ideas about parent's various forms of defensiveness and the predicament of professionals involved with them, exacerbated as the context becomes increasingly legal, began to emerge more clearly. What was essentially therapeutic was also emerging more clearly (see Chapter 5 page 200). My uncertainty about the validity and authenticity of these ideas was assuaged to some extent by the feedback from critical friends and the support and encouragement of my academic consultant. I felt inspired by this to put further efforts to shape the framework and test in the field.

Explication

This involves a full examination of what has been awakened in consciousness. What is now required is organization and a comprehensive depiction of the core themes.

Activities

Meetings with wider group of therapists – very encouraging – new energy.
Talking informally more about ideas in day to day casework.
Written draft of emerging framework for discussion with others
Writing ++ including drafts of Final Document.

Journal entries

'I think I know what I'm talking about'. I start to talk before I know everything I might say – where does it come from'?
'Families seem to understand more about this than professionals'

‘Relational (parents) at many levels – professionals; lawyer; family; me’. Drew diagrams to represent this.
‘Dimensions of therapy’; ‘being therapeutic’; construct narrative for ‘self; family; circumstances leading up to now, and future’.
‘Culpability and responsibility’ – ‘can we (parents) talk’?
‘Why say to me and not others’?

Comment
I was becoming much clearer about the nature of my therapeutic experience and developing framework and shared this not only with critical friends but a much wider group of therapists and other professionals. The experience of preparing this work, then the participatory experience with a wider group was f very influential. Later reflection also added layers to my understanding. As I shared the results of my work with others in a much wider participatory group I felt as if I was increasingly coherent and understood by them. The dimensions of therapy (referred to in Chapter 5) were more clearly conceptualised. I could now describe in detail the ‘emerging framework’ and its’ rational. It was now functional and influential in practice for me and others – though still very much work in progress.

Creative synthesis
Thoroughly familiar with the data, and following a preparatory phase of solitude and meditation, the researcher puts the components and core themes usually into the form of creative synthesis expressed as a narrative account, a report, a thesis, a poem, story, drawing, painting, etc.
Activities
Writing Final Document
Presentation at symposium
Collaborating with others to use my framework
Preparing book

Journal entries

No further entries. All energy toward completing Final Document

Comment

Although aspects of the framework I have been developing is already influential in my work and that of several small projects it is not yet a finished product. Completing this Final Document, writing articles and producing a book I expect to be part of the creative synthesis. It is therefore still - work in progress.

4.6.3 Heuristic inquiry

There are 3 heuristic inquiry interviews conducted by Dr Eddy Street, Dr Heward Wilkinson and Professor Paul Barber. Each of them has a very different, but nevertheless rich background and a great deal of expertise to bring to this process.

Moustakas describes heuristic research as “an organised and systematic form for investigating human experience. From the beginning and throughout an investigation, heuristic research involves self-search, self-dialogue, and self-discovery; the research question and the methodology flow out of inner awareness, meaning, and inspiration’. This method requires the researcher to have had a ‘direct, personal encounter with the phenomenon being investigated and undergone the experience in a vital, intense and full way. It demands the total presence, honesty, maturity, and integrity of a researcher who not only strongly desires to know and understand but is willing to commit endless hours of sustained immersion and focused concentration on one central question’.

The heuristic interviews referred to here aim to drill down deep into the author’s experience. Each of the interviewers (3) will be orientated to the nature of the study and provided with examples from the case study (using pseudonyms) where successful rehabilitation has taken place. They will also be familiarized with the notion of an emerging framework as it relates to the research questions. I expect the interviewer’s interest and curiosity to be

stimulated during the preparation and the interviews themselves to be broadly guided by the research questions. However, I also expect the interviewer, to bring their own expertise and individual perspective to the interview and driven to some extent by the unfolding, co-constructed experience. The interviews will be 'illuminating' (Moustakas 1990), via tacit workings, various phenomenon including the essence and meaning of the therapeutic experience in this context. The interviews will be audio-taped and later transcribed for further reflection and analysis.

Reflections and analysis of the transcribed data

Interview 1: Dr Eddy Street, Consultant Clinical Psychologist and Counselling *Psychologist. Former editor of the Journal of Family Therapy he is also an independent Expert in the same field, mostly providing psychological assessments. He is the author of numerous books and publications relating to child and family therapy.*

We had a history together of developing specialist CAMHS, publishing papers and then acquiring Expertise as independent Experts. We therefore had discussions on many of the issues not only in the context of him being a critical friend, but also in terms of the formal and informal support we provide to each other in our 'Expert' work. We have history of co-creating ideas and specialist services over many years.

Early on in the session we shared some of the contextual issues, so influential in 'Expert' work, as a means to laying a basis for the interview. He reminded me of the unusual basis for therapy this work constituted. In most therapeutic encounters a therapist meets a client who wants to be there and whose presence is voluntary. In this context the parent may not completely understand what is happening or even approve. They may be there because they are advised to be there and it is in their best interest as far as the legal case is concerned. These factors may be mixed with wanting help at one

level and feeling insecure and defensive at another. The context is also different for therapist and client in the sense that the therapist sees the encounter as something to be explored even enjoyed – for the parent it may be something to be scared of or avoided. We tried to bare in mind the importance of the context and its special circumstances throughout the interview.

I wanted to discuss the vague idea I had been developing of being to some extent 'therapeutic' in this work - as relevant for all professionals, including Experts. As we unpicked this, I was suggesting 'being therapeutic' not just when issues of therapy might be considered but as valuable or necessary throughout. It is true of course that many of the aforementioned professionals are not therapeutically experienced or qualified so may be reluctant for that reason. For others, we considered how they may not engage that 'therapeutic' aspect of themselves in these assessments feeling constrained by the expectation and the overall demands of this context. Eddy felt this had happened to him to some extent despite his experience and therapeutic background. Hearing this from Eddy, who I consider to be a therapist who can be a relational risk-taker when required, I realised how much more difficult to access and utilise, this aspect of self is in this context. I shared how I felt it is the 'therapeutic' skill or therapeutic aspect of self that connects with someone's underlying distress and personal context and the key to opening the door to assessment and other possibilities.

As we discussed the role, its expectations of us, alongside the demands of the parents, the role of the professional climate and parents problems seem to meet head-on. It seemed to us whatever your professional discipline, if the role of assessor is undertaken as a detached observer, it may be difficult to appreciate the meaning of parent's defensiveness in this context. This may lead to a limited assessment with some professionals inevitably seeing the parent's defensiveness as representing the actual parent even in terms of psychopathology. We discussed our own experiences in this role and tried to

imagine and then consider what it must be like for other disciplines in this role. In these circumstances the assessment is inevitably limited and disproportionately coloured by the parent's anxiety and defensiveness. As the interview unfolded we were able to highlight the inherent conflicts in the role of Expert. We discussed how we felt the therapeutic aspect of self should be out in front in this work much as it is in other professional contexts. However, the expectations, though unspoken, within the professional (legal) context are that you take the position of detached observer. I asked Eddy if he had discussed this view with any other Expert colleagues and he had not - neither had I – so we agreed this is probably not common discourse. Taking the position of being a detached observer is congruent with the cultural expectations of Experts in a legal context in the belief that the facts, and the pursuit of truth, are not only achievable but central to the case.

We both recognised this dilemma and at times feel contaminated by the process and questioning whether to continue in this work. Eddy wanted me to share examples of casework to uncover therapeutic dimensions to the assessment. We considered how therapeutic possibilities with some families in this context are difficult to identify in the first place - but also because of the legal systems inherent inflexibility, it is also problematic creating a suitable context for therapeutic intervention itself.

With this in mind his questions drilled down into my understanding of what constituted a therapeutic opportunity in this context from my experience. As he put it 'how would I know or what would I be seeing that was different with a parent/family that would indicate they had 'no chance' or 'some chance' of rehabilitation within the timescale for the case. What was I seeing that he and or others might be missing in their assessments because of something specific in my experience with them and or the therapeutic role? He was by this stage not unfamiliar with the 'emerging framework' itself'. I replied by discussing how I interpreted (therapeutic) assessment data on parents broadly in terms of 3 categories, on a continuum with potential movement either way. These are: no chance, some chance, and every chance. Eddy's

question was a very simple but apposite question aimed at the core of my intuitive knowledge in this respect. I must have encountered this position hundreds of times – why couldn't I now articulate what I do so often. I struggled to articulate or describe for him in any coherent way except that it related to my experience of 'engagement' with parents and how I felt it was 'relational' – either the way they were with me, their family or professionals or their context in some way that captured my (therapeutic) interest. As we began to explore this further I felt unsure if I was moving the conversation sideways to free me from the struggle or if I was actually uncovering something significant. Torn between wanting to stay with the struggle and persevere and following the 'engagement' thread – I settled with following the engagement thread and promising myself to reflect further. Eddy agreed we could discuss again if necessary. I made a mental note that this required a further period of inner focus and self-dialogue.

Moving sideways I talked of 'engagement' as critical to open up the potential in the first place as a necessary first base. I also talked about a parent's 'ability to relate' with me in some meaningful way; either about their experiences current or historical, concerning their child, about the context of proceedings and losing a child to care, or something relational where a meaningful connection could be made. Sometimes this 'ability to relate', would be reflected in narrative form, something that had now become their story, their rationale, and could therefore provide the basis of some work. Eddy helped me to realise I was making a distinction here between parents who had a narrative that was relational and open - in contrast to other cases where it was utterly closed regardless of the subtlety of the approach.

Other times it felt more intangible, and something 'in the present moment' (Stern 2004), would present itself more as an intuitive feeling than an observed behaviour or information provided in answer to a question. I again felt uncomfortable trying to explain the nature of this kind of experience and failing to be coherent. I knew when families had potential - but it seemed

more in a felt, relational way that did not necessarily include narrative. This kind of assessment is not wholly informed by questions and answers and narrative – though that is important.

I felt Eddy was sensitive with my struggle as he continued to unpick my experience and compare with his own. I was also feeling that a parent's ability to be relational, with or without narrative, was likely to be an important factor in the child-parent relationship. I was beginning to understand more that the nature of this kind of potential - while recognised at one level at the time, is made sense of or rationalized later. Eddy agreed that the kind of relational qualities we were discussing in parents, not always appreciated by professionals, could well be very meaningful for the child. I wondered if the intangible nature of this kind of phenomenon may in part explain my inability to answer and persevere with Eddy's earlier question.

The interview next took us to the critical issue of engagement and how this relates to parent's defensiveness. Constantly referring to particular case material we had previously shared, we discussed how and why some professionals, including Experts, will believe that the defensive parent they experience is the actual or authentic parent, seemingly taking little account of their context. As far as professional's assessment of them is concerned parents feel they are in a no-win situation. If they accept the professional's perception of events and allow the children to be taken into care without protest they will be perceived as not caring and or being sufficiently connected to their children. If they become emotionally aroused and unreasonable, even aggressive they will be perceived as being aggressive with anger management problems. It is as if losing your children to care is expected to be some kind of logical, rational experience with no emotional fall-out. I was thinking through with Eddy the position I take as far as parent's defensiveness is concerned. Firstly I accept and expect it to be there in one form or another. I think I try to remain open to possibilities beyond their position of defensiveness and intense emotional arousal and in the process

offering them something. I am looking for what the 'authentic' parent might look like that may exist beyond their defensive presentation. I am aware some parents have no position or narrative beyond the conflict with professionals and they may be stuck there and beyond the kind of help that can be provided by anyone at this stage. Some parents had become almost totally occupied with aggressive defence and by doing so externalising their emotions including guilt and shame. We recognised some parents with unfortunately very little potential where there is an inevitable outcome. These are families desperately in need of help even if their child is removed. Other parents that Eddy also recognised from his experience were clearly struggling with the whole process, were highly defensive and did not have much of a narrative at this stage - but somehow recognised the need to engage in a process that may offer a chance; they still held on to some 'hope' and were potentially available to the right approach.

These were elements in 'my emerging framework' I describe as 'early work and engagement' and seemed increasingly relevant in this inquiry.

Eddy shared some case experience where he felt there may be 'some chance' of rehabilitation but there was systemic pressure to go with the prevailing professional opinion; to do otherwise would lead to conflict with professionals and you becoming professionally isolated. He reminded me that the culture is now very 'risk aversive' where professionals perceived mistakes may have severe consequences for them as well as the child/family. It is far easier to go with the prevailing, often risk-aversive, professional viewpoint in many circumstances, than to present a different, more creative but challenging perspective.

Alongside this we discussed the impact the information provided in the 'bundles' sent to Experts prior to undertaking the assessment. These 'bundles' contain forensically accumulated accounts of parents deficiencies and family life and in my view, already loaded in terms of bias. Very often,

after consulting these documents, I wonder why any further assessment is required. Most assessments, be they psychiatric or clinical psychology or independent social work, is about identifying problems, risks, finding deficits etc. These are families who have complex, enduring, multi-facetted problems so the more you look the more you find. We discussed how accumulating data of this kind and in this way does not necessarily lead to greater clarity – sometimes exacerbating rather than untangling the complexity. The process of problem-identification in this way is enormously stressful to families who often have to repeat the experience with several Experts over an extended period of months or longer. The process is 'forensic' in nature and more about fact-finding rather than understanding the essence of their difficulties and relating it to context and possibilities, (including therapeutic) that may need to be explored.

Eddy suggested the fear of making a mistake is a powerful unconscious inhibition for many Experts. In this he included himself – believing he is a therapist prepared to go to the edge in many cases in other contexts - but for him it is the isolation felt by the Expert in these circumstances and the potential consequences of something going wrong that is inhibiting. Being independent in this context usually means you have no agency in which you can feel protected or supported. Sometimes where there is a glimmer of potential in some families that could be explored further, but the context and all its inherent pressures on Experts, is likely to prevent that happening.

We came back to the importance of being explicit concerning factors that could identify families with 'some chance'. Eddy referred to an important difference in our circumstances. He is mostly asked to provide psychological assessments in relation to a series of identified concerns. I am asked directly or indirectly to do a therapeutic assessment, whereby someone in the professional system has identified some potential or an opportunity not previously identified; as Eddy suggested that professional may then sometimes become an 'advocate' for this viewpoint. This is an important

role. We agreed that Experts asked to undertake therapeutic assessments as part or whole of their assessment should also be therapists – being an experienced Psychologist or Psychiatrist is not enough on its own beyond making very general recommendations for therapy.

Eddy made reference to the specific problems assessing young, single mothers who constitute a significant proportion of the assessments we undertake. Often they have had very unsatisfactory relationships with partners, and or become quite isolated and not met their child(ren)'s needs on a number of fronts.

As we compared experiences of working therapeutically with families I shared how in some cases I also use a psycho-educational approach. This might take the form of 'anger management', or dealing with an aspect of parenting, or what I refer to as 'developing a sense of relationship'. As we discussed the details of such cases Eddy pointed to the way I seem to move fluidly between being therapeutic and being psycho-educational and vice-versa almost without being aware of it. I discussed how in some cases parents who were benefitting from a parenting approach or anger management slip into raising therapeutic issues they might not in other circumstances raise. In this way, using for example an anger management approach, but being therapeutic, has helped some parents to be more insightful and aware of themselves, as well as the intended benefit of the intervention.

This opened my thinking about a (parental) developmental aspect to the assessments especially with young single mothers. I referred to 2 cases included in the case study, in which therapeutic work focusing around the young parent's sense of self and in particular their identity as a parent was significant in the outcome; what Reader and Lucey (2003) refer to as 'relationship to the role of parenting' - which as yet is still unformed for these young parents – often because they are developmentally still largely unprepared for parenthood. Previous interventions by Social Services or voluntary agencies trying to address this problem often place an emphasis on

parenting skills and management rather core (psycho-developmental) processes. The developmental significance for young mothers is often not appreciated. Often a major source of crises is an unsuitable partner and or a pattern of unstable relationships generally and where the mother has little social support. A pattern has emerged of unstable, abusive personal relationships perceived as causing 'significant harm' to the children. I refer to this in the case study as 'picking a good one' - referring to the mother's judgment about a suitable partner for her as well as a potential step-father figure for the child. I referred to cases, including some in the case study section to follow, and many others where I had used this approach – part therapeutic with a focus on developing self, and part psycho-educational where the aim was to understand the essence of personal relationships with a potential partner as well as their child. This I refer to as developing a 'sense of relationship' in their context. This is about understanding closer, personal relationships or partnerships in terms of stages that relate to intimacy, closeness, trust and mutuality and how this is built over time. In these cases the parents previously distorted sense of self-worth is addressed via the therapy but is also meaningful during the psycho-educational intervention. The two approaches have to be complimentary and as Eddy suggested often merge, moving fluidly between them as the need arises.

I explained my view that in these cases the parent had previously adopted a serendipitous approach to relationships with all its potential problems. In developmental terms the capacity to be relational had not progressed from being 'teenager-like' in its approach then evolving in the usual way to being 'young adult'. Therefore acquiring temporal relationships in the here and now, rather than making and sustaining a relationship, based on mutual need and established over time that took account of the inevitable step-parent role - which is an important bi-product of this activity. The more we talked I could see the instability of relationship experience was inhibiting 'self' development and their emerging identity and role as a parent in particular. In many other families with young mothers these effects are mitigated by the productive

involvement of the mother's own parents or other adults who support the mother and hold the parental role to some extent. Their protective influence also creates a potential context for the mother's personal and developmental growth at many levels as well as safe care for the infant.

My approach to helping young mothers was characterized by attending to self and identity issues and developing a more mature understanding of relationships. Eddy wondered to what extent I felt parenting skills were also important after all what I was suggesting contrasted with much of the help provided in the community where the emphasis was on acquiring parenting and life skills. I replied by saying I feel parenting skills are very important and these approaches are not mutually exclusive. However, for the vulnerable young mothers that we see, attending to 'self', 'identity' and relationship issues is a necessary corollary to or even underpins conventional parenting and life skills intervention. Eddy suggested my approach seems to favour a more relational approach with an emphasis on self at the core and adding psycho-educational elements as required.

We both agreed there are many young mothers referred for Expert opinion in these circumstances that are so damaged by early life experience compounded by abuse and other factors that helping them in the context of legal proceedings is not feasible. However, we also agreed there are a small proportion where there is potential – difficult to identify though it is sometimes. We returned again to what could identify them and how to help. As an example we discussed one of Eddy's recent cases where feeling uncertain about a young mother's potential he decided to try a short term intervention along the lines of my emerging framework and using a female psychotherapy associate. This required a conscious move from assessment to therapy mode – allowing your 'openness' to the possibility of change to be on display. It also meant coping with the inherent 'risk aversive' influences. The mother engaged quite well and in very little time she demonstrated more potential than Eddy or anyone else had anticipated and this led to further

intervention. There remained a great deal to do but there appeared potential to develop in the relative short term. This mother demonstrated with therapeutic support she could manage the personal relationship side of her life freeing her energy and attention for the needs of the child and in doing so her evolving her identity as a parent. This highlighted for both of us how freeing the therapeutic aspect of our selves even in this context may unearth surprising possibilities. I was agreeing by this stage with Eddy that my approach does favour intervening with parents at the level of self as opposed to conventional parenting skills acquisition.

We considered how 'self' issues may be different for younger mothers who are arguably still in a process of development and are perhaps still more – child and adolescent - than young adult. Eddy feels there are more possibilities with parents who are as he describes it - 'able to observe their own behaviour' and be a little reflective about that. He also included where parents can reflect on their own actions or behaviour having some impact on the children and their lives. This he feels also relates to taking some responsibility for their actions and accepting culpability to some extent. It also relates to a parent's capacity for 'reflective functioning' (Fonaghy & Target 1997) and being able to relate and or be attuned to the child's experiences when the adult behaviour has been the cause for concern.

'Self' in this context is seen as both therapeutic and developmental. Developmental criteria as well as specific issues relating to 'self' and their emerging identity as parents I believe to be critical in identifying a parent with 'some chance'. Some of the young mother's 'sense of relationship' seemed fundamentally underdeveloped. This was preventing them from building more substantial relationships that are essentially mutual, supportive, and protective of children's experiences.

I felt Eddy had done well using his vast experience as a therapist as well as an Expert, to focus on essentially implicit knowledge that guided my/our work. The process of making something that was hitherto implicit, more

explicit, I experienced as challenging; we were able to uncover important considerations for the emerging framework. I also felt clearer about how it may be possible to Illuminate for other professionals the important contextual factors particular to young, vulnerable mothers – sometimes barely out of the 'care system' themselves, with those of older couples with a history of domestic violence and or substance misuse. If adequately signposted for other professionals it may potentially impact on the way they and the parent's relate. Despite the obvious contextual and developmental differences between young single mothers and older couples with a history of various problems the legal and child-care systems will apply the same standards and have the same expectations of parents. For the therapist however, the substantial differences will undoubtedly influence the make-up of the assessment and where appropriate the therapeutic plan.

The interview with Eddy had made me think more about therapeutic qualities in the therapist that potentially opens up possibilities alongside observable, identifiable qualities in the parent. As I reflected more I became aware again of significant differences in the way Eddy has approached this work compared to my self. He takes a great deal from the questions he poses and answers he receives during the interview, and bases a large part of his assessment on this outcome. He is very good at this. He obviously is also engaged and aware of non-verbal aspects and other levels of functioning and is highly skilled. My approach differs in as much as I also use questions to illicit replies but also more as a means to engage and get more involved, not always (depending on the question) concerned with the detail of the answers. Both of us are what I would describe as 'conversational' in our approach; but something we have recognised in our work together in the past is he is more strategic in the way he uses a list of favoured questions he has developed for a variety of contexts; whereas the emphasis of questions in my approach balances being strategic with the need to overcome defensiveness and engage if possible with parents to see what that brings.

We reflected on the appreciation we have of our differences in this regard and how we have used it in work we have done in the past. Apart from interesting differences in interview approaches and therapeutic style it raises issues about therapeutic qualities and approach that may be more significant in this context.

Undertaking any kind of assessment let alone therapeutic work in this context certainly is inhibiting and we felt this needs to be more explicit. It is a factor along with many others that is likely to be influential in the outcome of parent's assessments.

At the end we wondered if we had a done a good job – not having used this method of inquiry before. We agreed we had both enjoyed it, and would do again if necessary.

Heuristic interview 2 Heward Wilkinson

Dr Heward Wilkinson is an integrative psychotherapist and psychotherapeutic Counsellor. He is an Honorary Psychotherapy Fellow whose interests cross modalities and include poetry and literature.

Heward took a completely different, but no less valuable approach, than Eddy to the interview. From the outset he said he would be 'a little provocative – Hegelian' – in the sense he wanted to offer an antithesis position as a method for developing argument, ideas, and issues – hopefully leading me toward a synthesis. He had read some of my material, including a bare outline of my emerging framework thus far and began by describing quite provocatively, the emerging framework as a 'manual' – a potentially 'sensitive, sophisticated document, but nevertheless - a manual. I think, without speaking I communicated a sense of trepidation; he said he was being provocative, encouraging me to engage with the process. I said that I would treat the point seriously and reminded him that we had debated this issue, in a slightly different way, about 2 years previously in Research Challenges, following which I had changed my methodology somewhat. I

had taken serious account of the issue, knocked back as I was by it then, and I would take seriously the view he presented now. In a kind of defence of whether it is a manual or not I posited the argument that it is not a series of instructions – a 'how to do it' as it were. I fully expected individual psychotherapists who would bring that necessary aspect of - 'self', into the equation and make it 'live'. In fact this was a basic premise and hardly likely to succeed without that. I recognized some formulaic aspects but felt it offered more substance and was different in character to that of a manual. In fact rather than tell you what to do it tended to make you think more about why, how, as well as what to do.

In the discussion Heward was very interested with what he described as 'open moments' in which people were 'loosened from rigidities' and led to change where change seemed previously unlikely. These were 'moments of crisis perhaps in court' where for whatever reason the potential for change was realised with some parents. I refer to these moments or experiences as an 'epiphany' and was described as such by a parent I was working with at the time. A moment and an experience where he felt his life would change.

In response Heward said - 'unfortunately it is all predicated on experience, the nature of which you can't import'. Suggesting that it is my 'expertise that creates change', sometimes in the 'present moment', and this is something that cannot find 'import' via a framework to anyone else. I argued by understanding my deeper experiences in relation to casework there may be benefit for me as well as being potentially meaningful for others. Heward seemed to be arguing against frameworks per se whereas I was trying to justify my feel the benefit of my emerging framework offers potential insight and understanding of the family and professional context allowing scope for therapeutic and other choices to be made.

Furthermore he said 'how can you in this context come up with anything more than headings', or 'at the end of this, be able to say anything more than a series of platitudes'. This provocative style had me reeling a little from time

to time and I counselled myself not to be overly sensitive but to engage with the process and be thoughtful in my response. I *a*greed that what I might have to say by the end might not be as earth-shattering as (Heward had already mentioned), Tuckman's theory of groups, or Bowlby's theory of attachment.

However, the notion of engaging with vulnerable people in an extremely difficult context is a challenge for most therapists and even a manual is helpful provided it is based on real meaningful experience. In a sense it is not the semantics of what you call it but its value to the user that is important. The 'emerging framework' is just that – emerging, and hopefully this process may assist its development. Others who had seen it had made suggestions to improve and make more relevant but had not roundly criticised it in this way. Heward was subjecting me and the idea to its first serious critique. I suggested its strength was also its weakness as it was based on an amalgam of ideas, different theories, but underpinned by experience in the field that few other therapists had. I shared some case material to elaborate on this.

Heward could see the value in particular of 'defining core elements of context – then providing a 'descriptive map' - that would be valuable to someone of less experience; but essentially there are no new ideas, or frames of reference that can fundamentally influence the work of others.

I elaborated further on ideas extrapolated from my emerging framework and the extent to which it had been shared and participated in by others (critical friends). But I accepted this of itself may be of limited value. He also felt much of my experience to be subjective and any success could be attributed to my skill, personality and expertise in this field, and again it would be difficult to enable others to benefit directly; though he conceded that illuminating the context can open the door for others to follow.

He was interested in the counter-transference aspect to the therapeutic work being influential especially in a ‘risk aversive’ society. We compared notes on this very much as I had done with Eddy. ‘Heward’ like Eddy perceives himself as someone who will, as I describe it - ‘go closer to the edge’ – what he refers to as ‘acknowledging counter-transference as a block from which to stand back from and to recognise it as something’. We agreed that to be therapeutic in this particular circumstance means being capable of being a (therapeutic) ‘risk taker’ - or what Mason (2005) refers to as relational risk-taking. But alongside this there are inherent risks working in the context of legal proceedings; situations can go badly wrong and when disasters occur this is a professionally unforgiving environment.

I had agreed with Heward about the importance of context but that it was much more than just a backdrop as he described it. He took issue with this quoting Betty Joseph’s reference to the ‘total situation’ – suggesting context is much more important than I first understood him to say but becoming quite interested in my personal experience of the context and what that might throw up. We were agreeing by now that the context and understanding and relating to it - were of fundamental value. I argued that from a therapeutic perspective engagement in this context was about in large part, therapists being able to relate the client’s context and how it might be experienced by them but also somehow communicating that you understand and relate to their underlying distress. However, I also saw the context and its specifics as something to be understood and that to illuminate what had been more implicit or intuitive within my experience with parents was of potential therapeutic value. I recognised as we discussed this that I was putting an aspect of me, or of ‘self’ on display, by how I related with parents in this context. This means stepping outside the (Expert) role for a time – bringing aspects of self into play. This is a kind of unconscious offer to the parent of a more informal, relaxed dialogue if they prefer. Metaphorically saying - ‘if you want you can come to this place with me and we can talk’. These are therapeutic and personality aspects of self brought into play that may enable

another kind of relational experience to take place – something much less formal. Some parents recognise (subconsciously) and respond to this taking up the offer at least temporarily. In response to Heward's challenge I said I expected others in my position could draw on their own therapeutic and personality aspects to achieve the similar goals.

In my attempt to help Heward more fully appreciate the context of this work I shared some cases where previously parents had received very negative assessments including those from other Experts. The families have a history of complex, enduring multi-faceted problems, and are often highly defensive and for a variety of reasons and difficult to engage. When I first meet these parents I have a kind of naivety - I read only enough of the 'bundles' to begin my work. I am conscious of avoiding a bias or prejudice position from the start. The parents will know of course that I am not naïve from the point of view of experience. In some families this naivety as I describe it, engages with a sense of desperation or hope on their part, sometimes creating a new otherwise forlorn possibility. Sometimes, in this way, a kind of energy is created bi-passing previously closed routes to being relational. He appreciated this and could see its relevance.

I wondered if by becoming more familiar with the process and aware of my own part in this that it would somehow lose its potency – that essential energy for this work would run dry. Heward felt not believing passionately that 'sources of intervention never dry up'. 'We depend of reflective articulation – trusting our inherent responses'. Recognising this is not a complete science. I agree that the 'art' aspect of therapy requires an inherent trust in our tacit knowledge – while at the same time recognising its fallibility at times and being skilled and aware enough to retrieve situations where necessary. This we agreed is the familiar territory of the veteran therapist, whatever your original modality or background.

We discussed acting intuitively in this context. Heward, via his own study, refers to the importance of something that is 'pre-communicable' as a factor

in such interactions. ‘We recognise what we have done after we have done it so much of what was done we later rationalize’ in a way that makes coherent sense – but importantly, we unconsciously store at a deeper level for use when called upon in the future.

It also helps maintain a kind of ‘openness’ (a better word than naïve) as far as potential for change is concerned with these families and prevents us writing them off before we begin, making the assessment process a sham - a token gesture to an inevitable outcome.

Heward was interested in and wanted to examine the crisis moments, sometimes in court, as per the example in the foreword. This is a critical context where the ‘openness’ - referred to earlier - lays open the possibility for parent’s to grasp an opportunity; this stage they too will be taking a chance without necessarily being able to articulate what it all means. Connections or engagement in such crisis are almost at a primeval level where obstacles or defensiveness effective at other times - can be by-passed. Our discussion lead us to consider essential stages to relationship building in such contexts; as Heward put it – what is important at the end of it for parents is that ‘the cheque can be cashed’. That is to say the process of engagement leads to therapeutic activity that leads to observable change that convinces the court to change direction toward rehabilitation.

In this aspect I began to realise how important it has been talking with some families about others who have successfully navigated legal proceedings. This would enable them to perceive me as someone who could as Heward put it - ‘cash the cheque’. I shared with Heward how I believed a lot of factors combine to influence a successful outcome in these cases including the part played by serendipity; for their part, families although dysfunctional in many respects have to be resilient in the face of this adversity and still have some hope for this process to succeed for them. Despite his somewhat provocative, Hegelian stance, Heward recognised the importance of this work

and successful outcomes are achieved amongst other reasons by ‘no small measure of skill’. Being ‘on the edge’ with families in this context, relating and engaging with them in a meaningful way, and then untangling the complexity so that key, influential factors that will determine the outcome, can be revealed, requires highly developed psychotherapeutic confidence and competence. I reminded him that I had chosen him for this interview because I experienced him as someone of veteran status and not constrained by a single modality. His vast experience and recognition that his influences came from many sources would enable him to be comfortable with a context such as this – where rich, cross-modality influences as well as other experiences you may draw on provide an essential therapeutic repertoire.

Heward wanted to examine a little more closely his belief that the combined effects of these rich influences enable us to be confident as well as competent practitioners and that the techniques learned and the skills acquired merely serve to inspire our ability to relate to our clients and their experience. I was not sure whether he was being provocative again but had a great deal of sympathy with this view. I acknowledge a variety of influences some from my personal, developmental and life-experience as well as professional training and experience of various kinds. I also recognise I am not eclectic with extensive knowledge and expertise across all the therapeutic modalities. Like all therapists I am more comfortable with some therapeutic concepts and approaches than others. But I feel Heward is right to suggest that what knowledge, skills etc., we acquire enables us to feel confident and competent in what we do. This is a therapeutic context (legal proceedings) where I feel therapists who adhere to a single-modality may find themselves out of their depth. The nature of my therapeutic background and my inclination to cross therapeutic modalities in the search for what I consider most helpful in my work, probably was a useful preparation. My background in specialized settings where therapeutic work would sometimes move fluidly between individual child-work to individual adult-work; between

family work and consultation with the professional system has helped me in this work. This required conceptual shifts and an ability to be comfortable with complexity as well as experiencing 'being on the edge' with some families; all necessary grounding experience for this kind of work. An integral part of my experience is undertaking this kind of work with clients from marginalised communities. In my experience these are parents who often struggle to relate to professionals and professionals with them. Heward quite rightly draws attention to experiences and inherent qualities in a therapist's self that prepares them for this kind of work.

We discussed aspects of the therapist self in this work. I suggested that being therapeutically comfortable within your self as well as being suitably relational with parents who are defensive is important. Heward referred to the 'ongoing openness' being an essential ingredient for your benefit as well as that of the parent. This stirred thoughts from my interview with Eddy. I was beginning to appreciate the importance of 'adaptability' as a therapist quality in this study and in working with marginalised clients generally.

This interview was very challenging and left me with a great deal to think about. It also felt like an unfinished conversation with more reflection and analysis required.

Heuristic Interview 3 Paul Barber

Paul Barber is a fellow of Roffey Park and a visiting professor within Lifelong Learning at Middlesex University. He has a private practice as a consultant and therapist and teaches group facilitation, organisational consulting, and research methodology on masters and doctorate programs at several institutions in the United Kingdom.

Paul Barber's interview took me right back to the origins of my study – from a personal as well as practitioner-researcher perspective. Right back even to some of my formative, childhood experiences that on reflection we

considered significant in my work – ‘it’s where your empathy comes from’ as Paul said. I had shared with Paul some of my early experiences of poverty and domestic violence in my own family that left not only a personal impression on me, but an understanding, even an insight, into what it was like being at the bottom of the demographic ladder – part of an underclass. What happened to me, my family, and many in my community at that time left a profound impression on me, that I cannot completely articulate to this day. It may be at a deeper level only communicable between people touched by that experience.

We reached this point because we were reflecting on some of the cultural differences in our respective working class backgrounds and how particular experiences influenced and shaped us much later in our development. Of particular relevance to me was how I developed an aptitude for relating to families who are socially and demographically challenged or in some way become marginalized, part of an underclass. The ability to communicate with them and relate to their context was perhaps in part due to my own formative experiences of adversity. This kind of experience for me seemed deeply embedded, very meaningful and able to be drawn on at times, providing something more than just motivation. I shared with Paul my view that parents in desperate circumstances have an antenna that works to receive signals from those they Judge able to relate to the nature of their experience – their basic, extremely vulnerable human condition at that time. This antenna receives and assesses more than higher level verbal communication or sympathetic approaches. It is as if it is almost an instinctive, hard-wired level in which only authentic, meaningful signals have a chance of relating to their sense of desperation. Communication of this sort is (as Heward would say) pre-verbal and the engagement should it occur is ‘in the moment’ as some kind of recognition and then joining together takes place.

Although having a great deal of field experience I am more recently learning to trust intuitive signals as a means for by-passing parents defensiveness

potentially leading to engagement. I shared with Paul how I find the context of therapeutic work with parents in legal proceedings very challenging. The parents will experience the pressure as will all the professionals in their various roles. It is a context whereby relationships can become intense and particularly adversarial as the long process of legal proceedings unfolds. It is well documented that these are often parents with complex, multi-faceted problems who having lost their children to the care system and threatened with permanent loss, naturally become highly anxious and defensive. I explained how I felt it important to recognise and understand the parent's defensive dynamic in these circumstances and realise the pressures on your role, to be the first stage to establishing a potential therapeutic position. From my experience many parents in this context struggle to be relational with professionals, not just because of their defensiveness, but because of a problem with formal professional contexts. Because they may already perceive professionals a threat to their very existence as a family the sub-text for them the whole time is – can I trust you?

Paul talked of communicating my 'passion' for this work and of a 'heartfelt connection that may be communicated to parents as symbolising integrity'. He agreed with Heward about the 'openness' as a vital quality and one potentially 'generating trust more than engagement'. Discussing this with Paul made me think about how my 'passion may communicate an opportunity to parents – in that sense, being something different to others'. This again related to Heward's point of being able to 'cash the cheque' as far as parent's hopes are concerned. I had also talked with Eddy and Heward about stepping outside the role and being able to put something of your 'self' on offer. Paul added to this by suggesting the passion or the heartfelt connection is communicated not necessarily with narrative – 'without saying it, conveying it'. Although with a different emphasis Paul, like Heward feels that some skills are beyond technique. This requires more than an empathic connection but some degree of adaptability on the part of the therapist who is temporarily stepping outside the role. In fact Paul was suggesting the

empathy necessary in such cases is achieved by stepping outside the role. I agree, in the sense that it is not just feeling empathic but how that feeling and its effect on you is then conveyed to the parent. From Eddy, Heward, and Paul I was getting an appreciation of the intuitive process in this work - rather than the kind of professional idealism or expectation that can otherwise govern what you do and how you think and relate.

I shared how my discussion with Eddy has helped me understand how most Experts take a position of 'detached observer' in their role. In this the parent's defensiveness is not necessarily recognised and adjusted to for what it is - but may be perceived to be how the parents really are. In this approach there may not be the sensitivity to the parents experience in this context as well as their inability to function and relate effectively with professionals in this context. Paul considered how important basic therapeutic skill is in this context whereby defensiveness is appreciated and accepted, even expected. I suggested that 'being therapeutic' is a very necessary quality for all Experts as well as other professionals regardless of role. We agreed being therapeutic is not just the domain of Psychotherapists and Counsellors but much more widely available.

Becoming more aware of my formative experience of poverty and adversity in my own family as a very useful empathic influence in this work is very satisfying. Reflecting again on my early empathic influences I began to wonder if it had unconsciously shaped the direction of my work over the years. For example, much of my therapeutic work with families has been highly specialised in the context of abuse, trauma, separation and loss. I shared with Paul how I considered the most challenging context was working with asylum seeker/refugee children and their families/carers who are also a marginalised group. I do not completely understand why I have developed interests in these areas of work - but suggest it may be more than serendipity that has brought me here. It brought to mind again much of the early focus of my RPPL and where my motivation may have originated.

Understanding the origins of my motivation and other influences had become a central part of the interview. I shared how motivation is not always a positive force and needs to be captured, understood and channelled effectively for good results. At times I have become aware of how the motivation, passionately felt, has translated into advocacy or political agitation (when younger) in some circumstances. As Paul suggested this is not altogether a bad thing and how else can change be brought about unless we seek to right the serious injustice we encounter. However, we recognised balancing a therapeutic and advocacy role in the context of legal proceedings is fraught with difficulty. Firstly the context generates 'transference' issues in abundance in an already complex and challenging situation. Secondly it does not easily complement the role of 'Expert' as it is defined but also perceived to be by others. We recognised understanding and relating to the client's context and its emotional and psychological consequences is vital. Paul also felt passionately that being able to step outside the role and put something of your 'self' on offer is also vital when working with clients from a marginalised group.

This interview has helped me understand more clearly the need for adaptability on the part of the therapist to make this work. You are dependent on the intuitive feel for the case but must be aware there is a line where once crossed you are not only at risk of losing your therapeutic initiative but your perceived 'Expert' status by other professionals. This interview and subsequent reflections has been very helpful in understanding my empathic roots and how this relates to my motivation, or my 'passion'. It has also helped me realise some of the essential therapeutic qualities necessary to make therapeutic work with (marginalised) clients meaningful.

4.6.4. Reflecting on the Heuristic interview experience

I approached the H/I experience with a little anxiety I did not completely understand at the time. Where as I was anxious about what feedback I might obtain from the parents in the Case Study – as a process I also understood it. However, my anxiety to do with the H/I felt much less transparent. I had undertaken 'Case Study' before as part of my M Phil so it was not completely new to me. But I also understood that the feedback potentially exposed me professionally and personally. The anxiety just prior to and during the H/I is difficult to describe and understand prior to the interviews but was manifestly evident during the first half of the interviews themselves. In retrospect I feel this is due to a number of factors operating at the time and influential in the process for me.

Firstly the H/I experience was completely new to me and I was keen to make it work as a methodology and there may have been an element of working too hard to achieve that end. Secondly, and I did not become consciously aware of this effect until I transcribed the interviews, I was for the first time being interviewed and not the interviewer. This subtle shift of power inherent in the role-change was also influential in my discomfort. Although this is my study I was effectively handing the responsibility for steering it for a while to someone else. I realised before, during and after that the 'trust' element is fundamental to it working and any research of this nature is anyway, collaborative to a greater or lesser extent. Being interviewed about something so important to me - that had occupied me so much in recent years - had somehow made me feel initially defensive – as if I could potentially lose something quite precious. On reflection, I wondered if being in a position of interviewee - rather than the more familiar position of interviewer - added to my discomfort. I became aware of how I am not used to being interviewed unless under cross-examination in court. There of course I expect the challenge and feel anxious from the outset. Following some reflection I became aware of a parallel with the families who are the subject of my study.

They too are interviewed about something extremely precious, and they to, are likely to be anxious, apprehensive, as well as defensive in the circumstances.

This experience offered another empathic resonance with the parents but also helped me understand my own discomfort. It increased my concern about parent's defensive (sometimes aggressive) responses to professionals being pathologised, rather than understanding the potential dynamics at play.

In each of my first 2 interviews rather than listen too, engage with, and stay long enough with the questions to do them justice, I felt my anxiety drive me to talk. I was aware that I would drift away from the question shifting the discussion to what I wanted, or felt most comfortable talking about. This often involved me sharing knowledge or experiences that I was clearly in need of sharing with someone. By moving the focus of discussion was I assuaging my anxiety at the time or was this to be expected dealing with the tacit, intuitive dimension; I am not sure. I was increasingly aware I needed to talk and share with others my experiences. I realised on reflection how much I had become absorbed for long periods and without realising it excluded others who could help. I missed research challenges and the informal contact with others from my cohort who I could routinely share these experiences. That had, in the first years of the D Psych been my natural outlet but I realized I needed to develop the use of my critical friends more as support in this way, as well as a critical soundboard. I realised I had underused this potential perhaps holding my study to preciously close and taking too much responsibility. Taking too much responsibility, in effect, is an old friend of mine, an occasional visitor these days, and a legacy dating back to my childhood. I also became aware that the 'parallel process' referred to in my RAL 4 whereby my professional development helped address, consciously or unconsciously, unresolved experiences relating to my personal development, was still alive and well.

Although re-visiting the H/I's with Heward and Eddy were in many respects revealing I remained somewhat perplexed by the way I struggled to 'stay with the question' and instead allowing my overwhelming enthusiasm or anxiety to dominate the interview for a while. Listening to the audio recording was enormously helpful in recognizing and eventually unpicking this. As I reflected on this I became aware of certain parallels with casework. This experience resonated with a case I had where I found myself gently pushing a parent to reconsider again an issue which regularly emerged in the sessions. It was as if the parent was unable to tolerate staying with the question for long before needing to be relieved from it in some way. Also reflecting on many other cases in this context where I have to move fluidly between a counselling and consultative relationship often reviewing the same issues over and over. Keeping the issues alive and in a form that is still fresh or acceptable to the client can be seen as part of the therapeutic relationship. The client trusts you to use the relationship in this way and manage this aspect of the therapy. Reviewing the transcription of the audio recording reminded me of the way a therapist has to persist in getting into the same territory or re-consider the same questions that are central to finding meaning or understanding. In a sense the audio recording was fulfilling the 'therapist' function for me in my need to reconsider, stay with and reflect on issues of central importance. I had considered undertaking second interviews as a means of resolving this dilemma but found that a period of retreat and assimilation helped me find space for what Moustakas (1990) calls 'inner attention' or 'focussing'. This process seemed to occur almost naturally following the intensity of the H/I experience.

While I initially felt incompetent because of my inability to stay sufficiently with the question – as if it was poor technique or some unnecessary avoidance on my part - I felt I was now able to analyse, understand and attribute meaning to the experience.

Understanding, after all this time, that the answers to the questions I posed at the outset of this study lay largely within me - was a revelation. Of course the seeking of meaning of experiences outside oneself is relevant and significant in itself - but the process can also illuminate data located at various levels within oneself.

The nature of H/I research methodology requires ‘immersion’ (Moustakas 1990) in the experience to create an internal focus on what is not understood completely or barely known at a conscious level. I found in order to make the implicit more explicit was linked to looking inward and self-dialogue searching for an ever deepening awareness of these processes. For me the Heuristic interviews were quite an intense experience following which I felt the need to retreat for a while and consider and appreciate what it meant for me and my study. I struggled to be motivated to transcribe immediately after the interviews preferring to reflect and look deeply within myself once more. This period of ‘incubation’ (Moustakas 1990) was a process that allowed me to understand my role in the interviews, my discomfort at times, but also some key aspects of the study. I re-lived aspects of the heuristic interviews over and over as the ever deepening search for meaning continued. In this way I felt the benefit of the interviews was still there for analysis long after they were completed. Uncovering my ‘empathic roots’ and the relationship I have with marginalised communities; understanding the essence of being ‘therapeutic’ to be relational in this context; being therapeutic and therapeutic dimensions in this work; this and many other aspects of the study were uncovered and then shaped more coherently during this period. Despite, or perhaps as a result of the intensity I experienced this period as a fruitful and creative time.

I found understanding the nature and role of tacit influences in my work to be a liberating experience. For me there is something of a dance, between the internal exploration and intense search for essence and greater meaning, and sharing the unfolding process, and its outcomes with critical friends and

others, that ca be enlightening. I experienced the process of sharing and collaborating help filter and begin to shape the essence and core of my internal inquiry. What your collaborators bring to this process, including an exploration of their comparable experiences in the field, is invaluable. As Miller Mair (1989) put it:

And it is not just what is told and how it is told, it is the very act of telling, the speaking itself, which seems to matter. In the act of speaking I become a different being. In becoming a little more articulate about some aspects of my experiencing, I articulate myself. In speaking myself to and with another, I may gain some sense of 'authority' that was not there before''.

It felt as if the process of talking about the outcome of my experiences and sharing the meaning I was extrapolating was of itself helpful in addition to the wider collaborative benefit. My critical friends and my academic consultant has confirmed that this process has benefitted them as well as being enlightening for me.

4.6.5. Summary of key points from heuristic interviews

I have summarised the following points under the main themes that emerged from the heuristic interviews. They are: Parents; Therapist qualities; Context; Therapy.

1. Parents

   Parental ‘hope’ and relationship with therapist ‘openness’; being able to be reflective; ability to relate at any level despite context and personal history; recognise impact of own parenting on child; developmental aspect of young parenting, shame-generating defensiveness.

2. Therapist qualities

‘Therapist passion offering opportunity and heartfelt connection communicating integrity generating trust’; appreciating intuitive feelings; adaptability and being able to temporarily step outside the role; not being constrained by professional context or therapeutic modality; putting ‘self’ on offer; ‘openness’ and relational risk-taking; having authentic, empathic resonance; appreciation of deeper more ‘felt levels of communication’.

3. Context

Parents often demographically challenged; cannot relate in formal professional context; risk aversive influence on professional roles; ambiguity in Social work role and ability to make relationships with parents; professionals being potentially ‘therapeutic’, whatever role.

4. Therapy

Relevance of psycho-educational and developmental levels of intervention; Relevance of ‘open moment’ and ‘present moment’ in early work and engagement; reaching with parents for a point beyond ‘defensiveness’; engagement and therapeutic relationship; context can create crises or ‘intersections’ where normal rigidities are loosened and therapeutic moments are created.

4.7. Research Method 2

4.7.1 Case study review

Case study methodology can be used as a creative alternative to traditional approaches to description, emphasising the patient's perspective as being central to the process (Zucker 2001). According to Bromley (1990), it is a "systematic inquiry into an event or a set of related events which aims to describe and explain the phenomenon of interest". Case study is described by Yin (1994) as a qualitative research method that investigates contemporary phenomenon within its real-life context; ‘when the boundaries

between phenomenon and context are not clearly evident; and in which multiple sources of evidence are used'.

Case Studies are 'multi-perspectival' analyses in which the researcher considers not just the voice and perspective of the actors, but also of the relevant groups of actors and the interaction between them (Tellis 1997). It also potentially offers a voice to those in our society who are generally perceived to be voiceless and or represent an underclass. When providing Sociological studies of the homeless and powerless, they do so from the viewpoint of the "elite" (Feagin et al, 1991). This aspect seems particularly relevant to my study where the parents are often perceived to be on the margins of mainstream society.

Yin (1994) presented at least four applications for a case study model:

1. *To explain complex causal links in real-life interventions*
2. *To describe the real-life context in which the intervention has occurred*
3. *To describe the intervention itself*
4. *To explore those situations in which the intervention being evaluated has no clear set of outcomes.*

I feel that all 4 applications have some degree of relevance suggesting this method as appropriate for this study.

Yin (1994) also suggested that every investigation should have a general analytic strategy, so as to guide the decision making regarding what will be analysed and for what reason. He presented some possible analytic techniques: pattern-matching, explanation-building, and time-series analysis. In general, the analysis will rely on the theoretical propositions that led to the case study in the first place. If theoretical propositions are not present, then the researcher could consider developing a descriptive framework around which the case study is organized.

Yin (1994) also recommends four stages of inquiry: 1. Design the case study. 2. Conduct the case study. 3. Analyze the case study evidence. 4. Develop the conclusions, recommendations and implications.

Stake (1995) suggests it is not necessarily important to define the type of case study and 'the choice is often difficult to make' – as in reality they often overlap one another; except insofar as it will help you to understand how you will approach the study and in devising your method. In his discussion of case method types he refers to 'intrinsic', 'instrumental' and 'collective' types of case study. The 'intrinsic' approach seems more focused and too narrow given my research questions. His description of 'instrumental' case study seems apposite as it is driven by the research question(s), 'puzzlement' and therefore curiosity, and a need for a 'general understanding'. Although it fits the collective case study description also - as it is a series of cases, it is closer to the instrumental type as he defines it. I like the way he refers to the research journey as something 'instrumental' in understanding something more than just the subject of the study suggesting an interest in wider (systemic) phenomenon .

When I consider the research questions I return again to Yin who in determining whether a study is 'explanatory' and 'exploratory' refers to whether the question is a 'what' (exploratory) or a 'how' (explanatory). This study is driven by three research questions two of which are 'how' questions and one a 'what' question. I have tried to take the most relevant aspects from the work of Stake and Yin to accommodate my design and in particular the research questions that drive this study.

4.7.2 Sample

The Case Study sample was made up of 5 - 7 families who I had previously assessed as suitable for therapy in legal proceedings, and who engaged in the process with me, and were eventually successfully rehabilitated as a

family. I would not know at this stage if the families were still together so identified 7 families hoping to get a minimum of 5 who would participate. To fit the criteria families still needed to be rehabilitated and not currently involved in legal proceedings or a section 47 (child protection) investigation. I identified my sample by retrospectively selecting the last 7 cases from my case records that met the criteria referred to above. The families ranged from 1 to 4 years since my last session with them. In the course of my work with families who meet the criteria I had already routinely informed them of the research project and of their potential involvement one day, should they agree to participate. Parents remembered this conversation when I contacted them again to discuss their involvement. The parents were offered the opportunity to become involved in the study and 5 of the 7 families agreed to participate. The 2 who did not participate were still together and met the criteria but declined because of the influence of life events at that time. One family had just had a baby; the other had recently lost an application to revoke a care order on the child in question. The child was still with them and the agencies very happy with their care. The court was sympathetic to their application but felt revocation of the care order was premature at this stage. The case had been in court for many months and they were exhausted and naturally disappointed and wanted time to recover.

4.7.3 First stage of the case study review

Prior to reviewing the above cases and as part of my mental preparation for this exercise I randomly selected a case where a family was successfully rehabilitated and reviewed my analysis, recommendations and the eventual outcome to see what thoughts, ideas it stirred within me after 2 - 3 years or longer. Reviewing the data again and reflecting with the benefit of new (Metanoia and other) experiences I felt my ‘emerging framework’ to be relevant and had I been more consciously aware may have guided my casework more effectively. I found myself wanting to speak with the parents

again to share my longer term reflections but also to capture theirs several years on. As I moved on to review the other cases in the sample - seeing them again to review the longer term outcomes, generated excitement as well as some trepidation. It seemed to me their longer term reflections would be invaluable to the emerging framework and I anticipated they would speak more authoritatively and without fear that it might undermine any assessment of them. I would expect them to be now comfortably beyond that time of assessments, constant observation and scrutiny.

It was self-evident that the parents had made significant improvements usually across a number of domains in order to win through legal proceedings and secure the return of their child(ren). There were in each case therapeutic issues that were addressed as well as other key factors influential as far as the court were concerned. In each of the cases, despite a problematic history of working with professionals, there was evidence of the parents successfully working with professionals before the end of the rehabilitation. To a greater or lesser extent this had required a huge turn around on the part of the parents with each of them having to have address issues relating to the return of their child(ren). This will have related to their previous care as well as attachment difficulties anticipated with the return of a child after a significant separation.

I was wondering at this stage what they felt on reflection about losing their child to the care system and their role in that. Whether the new, longer term reflection would add new insight or greater understanding and be meaningful in terms of their approach to child care now. I was also naturally interested if what I had perceived as significant changes in family functioning had been maintained over this time and been reflected in other areas; for example were they still together as a family unit and functioning quite well; were they able to deal with professionals more effectively. In 3 of the 5 cases reviewed and followed up there had been domestic violence and alongside this 4 cases where serious substance/alcohol misuse occurred. Where domestic

violence and alcohol/substance misuse occur together the consequences are often very serious for the children's well-being (Farmer et al 2011) (Parton et al 1997). I was interested to know how they had responded to the long term challenges.

I was able, on reflection to see turning points in the process and wondered about the parent's perception and what part the therapeutic role may have played in that. I wondered if they now saw it similarly; even though their feedback potentially laid bare the effectiveness or otherwise of my role it seemed imperative this was explored and would be potentially invaluable to the emerging framework.

In each of the cases in order to achieve rehabilitation the parents will have made measurable progress in family functioning, relationships and working with professionals and other areas, such as domestic violence and substance/alcohol misuse. I was curious to know had this been maintained over time and what were their reflections now?

4.7.4. Preparation for the Case Study interviews

Having reviewed and then reflected on each case I was able to develop some questions that would be common to each case as well as case-specific questions. Apart from the questions I would want to ask, I also wanted to share my longer term reflections hoping to create with the parents a conversational context with the potential to co-create new understanding. In its simplest form I was looking for their ideas of how they were helped and helped themselves, and how others in similar predicaments might benefit from their experience. This process would be more than a question and answer session but each of us developing and enriching the process with memories, reflections and potentially new ideas and or meaning. In this I was to some extent influenced by Fontana & Frey (2000) who say – 'forget about the how to do rules and adapt to ever changing situations you may

face'. While I was constructing a semi-structured interview schedule I did not want the potential creativity constrained by unnecessary structure and inhibition. With this in mind the basis of a semi-structured interview was developed.

4.7.5 Semi-structured Interview with parents

When I telephoned the parents to enlist their participation in the study I told them something of my preparation up to that point. When we met there was inevitably a social aspect to meeting again, usually discussing the last time we met and how they and the children are now. In a sense the interview begins before the first formal question and quickly develops a life of its own. The guiding questions I had identified were:

1. Did they remember our first meeting – we compare experiences, expectations and what information we had received about each other.
2. How did we arrive at an understanding and then a plan?
3. Was there a point when it began to 'change' for them - when they felt they had turned a corner?
4. How did relationships with professionals improve; when and why?
5. What was my part (with other professionals) in this?
6. Did they change on the inside and or outside?
7. What would they say (with the benefit of experience) to the parent they were then – if they met them now? This was sometimes reframed as: what advice would you give to parents in a similar position to you then, if you met them know?
8. What were the good aspects of a very difficult experience, or what or who was helpful?
9. How has it left them feeling now in terms:
    a) Reflections on the experience;
    b) Relationship with partner and child(ren)
    c) Relationships with professionals
    d) Sense of culpability and regret

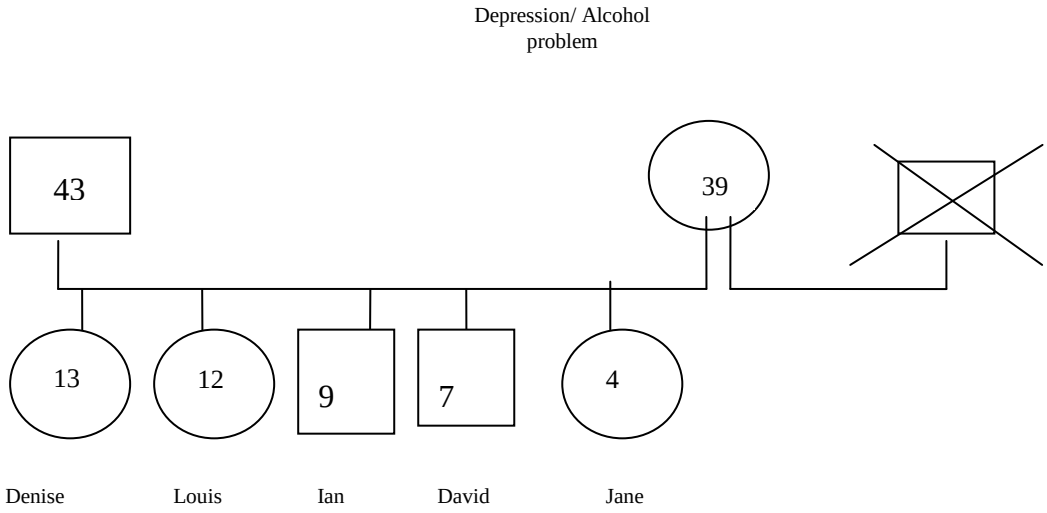
10. How did they see the future?

Although the questions are listed in an order 1 to 10, it never proceeded in that way. We often arrived at a question more as the conversation unfolded and it felt like the right time to ask it. Sometimes the issues that questions were meant to provoke were dealt with as the conversation naturally unfolded. The parents had a story to tell again and that developed a life of its own. I also told them my story, my reflections in a conversational, participative fashion. Despite resurrecting intense feelings in relation to difficult experiences, the process felt natural, shared and safe. The questions were as necessary for my mental preparation for the interviews as they were as a guiding influence in the interviews themselves. In most of the interviews I rarely looked at the questions except at the beginning and the end making sure all the anticipated issues were covered. It gave some potential structure for something that would inevitably become live, participatory and naturally unfolding. Each interview had a life of its own and was not uniform or dictated by the questions. I felt as if we had been through an experienced together again and the process of recollection and telling again had mutual benefit.

4.7.6. Case study presentation

The 5 case studies are presented here beginning with a genogram that lays out the family structure and some basic information. This is followed in each case by a summary of the concerns leading up to the removal of the child(ren) and legal proceedings offering the reader an insight into the early professional process. There then follows a ‘summary of the sessions’ that reflects the therapeutic and other processes.

CASE ONE - The Smith Family



The mother in this case had a history of depression and periodic alcohol misuse. There were also episodes of domestic violence which were thought to be related to the depression and alcohol problem. After several incidents of reported domestic violence and mother being found and reported drunk in charge of the children, the children were removed in an emergency to foster placements, and care proceedings commenced. The 2 youngest children were placed together for a time but the children spent most of their time in care in separate placements. Parents had significant marital problems which led to incidents of domestic violence. Father was known to have had several affairs adding to the tension in their relationship. Alongside the concerns there were for the children's well-being, the parents, mother in particular, were perceived to be at best intolerant and frequently hostile by most professionals. Father feeling equally frustrated was able to relate better with professionals despite his feelings. The mother in this case had an I.Q. of 145 as assessed by the clinical psychologist who preceded my involvement in this case. The combination of concerns the Social Services had for the children and mother's perceived hostility led to legal proceedings.

Summary of the sessions.

I first met mother in the Court and we discussed how we might proceed. I laid out my therapeutic position by saying I was interested in knowing more from her about each of the children; how they relate to her and each other as well as individual differences. I was keen not be part of the adversarial relationship she has with Social Services in particular and had to remind her regularly of this during the early sessions. While mother acknowledged this I had to work quite hard to protect my position in the early stages. In a sense this was the first major therapeutic hurdle to overcome following a process of engagement. I was also interested in trying to understand the family history from the perspective of the Children's experience (i.e. individual and collective). I wanted to know to what extent she related to and understood the children's experience (reflective functioning) at critical times in the recent family history. In addition to this I wanted to consider whether the likely effect of separation from her and the children's father and subsequent placement with carers had had on each of them. Taking a very child focused view, and being curious rather than investigative, I wanted to understand all this in the context of a developmental and in particular an attachment, framework. The sessions were conducted in an explorative way with me posing questions driven in part by my evolving systems/attachment framework. She engaged well with this approach and posed many questions for me – some to do with the ongoing professional conflict others more related to my perception of her and the nature of the problems. This was part of the process of building trust as she considered how I might use whatever information she imparted, but also my assessment of her, in the context of the ongoing legal proceedings. There was a kind of evolving dual process underway whereby I attempted to build a developmental picture while she was weighing up and testing out to what extent I was trustworthy. I felt our relationship became more established when I first reported back to the court on the progress thus far. I had shared everything I intended to put in the report with her so when she read it with her solicitor there were no unpleasant surprises. Following this although still pessimistic that the children would be allowed home by Social Services she

could see that I would support this plan provided progress of the type we had discussed was achieved.

We had also examined critical periods and events in the family history from the perspective of 'their individual experience' and in particular how that affected each of their relationships with her. It is often common for parents who have experiences such as domestic violence, depression or other significant life events to be somewhat pre-occupied and less connected to the child's actual experience. The intense, sometimes frightening nature of these experiences can have a profound effect on children with the parent(s) not always aware of the individual or collective impact on them. I wanted to explore with mother to what extent she had been able to relate to the children's experience at these critical times and what impact if any it had on their respective relationships. As some of the experiences were undoubtedly difficult and even painful for mother, they were to a greater or lesser extent emotionally and psychologically harmful for the children.

In the therapy I sometimes shift to being consultative for a while (not very post-modern) and take a psycho-educational perspective. In this we are able to step outside the family experience for a while and generally consider what happens for children in the context of domestic violence, or maternal depression etc. before considering the impact these experiences may have had in their family. More important than a general awareness and understanding of the context it self was to be able to relate to the child-specific experience for each of them especially given their age range and developmental differences; while doing this, being careful not to exacerbate feelings of parental guilt.

Mother conceded it had been difficult for her to 'trust anyone anymore.' Having reached beyond the hostile defence to become engaged the mother was revealing herself to be a very intelligent, thoughtful person with a capacity to be reflective. She was also able to trust - slowly and gradually -

and in doing she could reflect on past events and experiences without being angry and defensive. She conceded she can use her intelligence to be an 'awkward so and so' in less positive circumstances. Undoubtedly mother went through a difficult period at a personal level and in her relationship with the children's father, leading up to the removal of the children. While she had some awareness at that time that what was happening was obviously not good for them she/they failed to understand the true impact of those events and experiences especially as far as the children are concerned. The fact that she did not form a trusting relationship with anyone in Social Services during this period contributed to the enduring nature of the problem. Having overcome the initial therapeutic obstacles of engagement and the building of trust a lot of progress followed. The process of rehabilitation revealed the secondary problems of attachment for each of the children and the need to re-build relationships. This process was undertaken sensitively and in a graded way over a period of 6 months. Although relationships with Social Services improved with a change of social worker there were still residual problems which were exacerbated by either side at times. My involvement ceased almost immediately the rehabilitation was complete despite the need for further work and consolidation.

Research interview

I met both parents at their home. They were still together and although two of the oldest children had left home they were still in touch. The 3 youngest children were still at home and in school at the time of our meeting. The meeting was quite emotional and very friendly and felt a little like meeting old friends. Although 4 years had past the issues relevant at the time seemed fresh and alive as we recounted experiences. Comparing experiences and perceptions felt comfortable almost as if I had remained involved.

I sensed their relationship had become stronger despite all its problems leading up to and beyond the removal of the children. It seemed that once the tide had turned and there was real belief on the part of the parents that

the children could come home it galvanised them. This was the best I had seen them together. I wondered about a parallel process in which the battle with Social Services to recover the children had enabled them to put on one side their personal/marital conflict. This temporarily subdued rather than resolved problems but the process may have allowed a more conciliatory relationship to develop.

The therapy provided a focus on the children – how they had experienced this process and defining their needs in this - as well as mother's problems with depression and alcohol. At the core were significant problems with the parents relationship but the process of 'saving the family' to which they were both committed seemed to have generated new relationship possibilities for them.

I was struck by their passion for change in the professional system and how they felt about what they perceived were injustices. There was surprising agreement as they got into battle mode when reflecting on the experiences once again. The mother said 'I hate the thought of anyone else going through this'.

Both felt the experience of losing the children was profound. Father said - and it was quickly echoed by mother – 'it's the last thing you think of at night and the first thing you think of when you wake up'. Mother described a feeling of intense anxiety as she wakes each morning – with initially no sense of what it means. Slowly she realises she has to mentally check that the children have been returned to her care before the anxiety dissipates. Alongside the anxiety is the feeling of anger toward some professionals who the parents identified as obstacles to recovering their children. They felt they needed help earlier in the process. 'You are aware of a mental battle'.

When father in particular said this, I was able to say I wasn't sure if he resented my involvement during the early stages. We were able to discuss

this freely and for the first time he said that he felt my involvement in individual sessions with his wife was helpful. He also felt and mother agreed, that my role in mediating with the professional system was significant. They felt I believed them and 'believed in them'.

There was lots of comment from them reflecting the conflict with professionals. While they agreed they were architects of their own misfortune to some extent they referred to professional incompetence and even misconduct. This did not simply represent externalised negativity on their part as the social worker in question was sacked. Like many families in these circumstances they referred to feeling 'powerless' as if their word was easily dismissed while the professionals tended to be accepted. They clearly felt as intensely now about the perceived injustice as they did then. 'They can be two-faced – you can't beat them'. 'What they say is law'. Some Social Workers are better than others'. The parents complained of what they described as 'selected reporting'. In this they felt what they had said in discussion and how they said things was turned against them and misrepresenting them. 'I don't trust anyone anymore'. This was said with some passion but is strictly speaking not accurate, because they did trust some people in the professional system. I pointed out they had trusted me and their lawyers. They agreed but the statement was more representative of the passion than it was accurate.

'We had good lawyers'. 'They were 'sensitive as well as good'.

They were highly critical of the Social worker, Children's Guardian and the Psychologist who had assessed them. Reflecting on my involvement mother said 'with you I could say something – you didn't tell me what to do'. 'We talked about everything' and I she felt I valued her opinion. With other professionals she felt she was 'fighting to be heard'. I was able to remind her of how difficult our early relationship had been with her trying to pull me into the conflict. She seemed to like the way we discussed rather than battled

with issues. Father, who had some idea of how his wife was battling with the professionals at that time said - 'they should have brought you in earlier'. 'We needed to sit and reflect and do things differently' with Social Services. ''Only you told us what was in the report' with other professionals 'we did not know what they would write. We complained about the Children's Guardian and the Psychologist but it made no difference'. Mother felt the professionals were telling her what was happening as well as what to do which she resented. 'Whatever we did was wrong – they (SSD) wanted us to separate'. This gave me an opportunity to comment on how well they seemed together, given the history. I suggested and they agreed that they felt shamed and disrespected by the process as well as individual professionals.

With so many professionals to see they described 'going through the motions' each time and 'losing hope'. They agreed the process was confusing and 'did not understand the different roles of professionals'. Father said 'I think the Guardian has too much power'. He had a fantasy of 'talking with the Judge' – just the two of them, in an attempt to magic some solution and prevent numerous adjournments and appearances in court where he said - 'I felt humiliated'.

They agreed that the children were harmed by the separation from each other as well as the parents. 'They came back changed and not for the better'. There were 'lots of temper tantrums' and 'in care they were given lots of benefits'. On their return the parents described how the children 'used being in care against them to get their own way'. 'It's been hard work'.

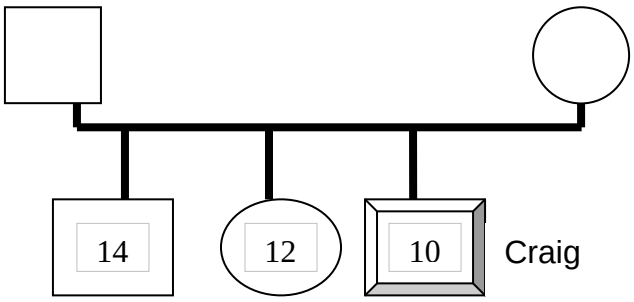
'The numerous meetings (with SSD) made things worse – the children often attended and then would run off (from their placements) and they (SSD) would blame us'.

My role ceased at the point of rehabilitation and the family were mostly left to their own devices. Their rehabilitation had been successful to the extent that

the children did not return to care. They however, remained a family with problems and would have benefitted from ongoing help especially in repairing the damage caused by the children's separation. Problems of the same magnitude that led to the children's removal however did not return. The parent's relationship appeared to have strengthened during the second half of my involvement in the case and consolidated over time. They also had developed the capacity to address many of the family's problems provided they received appropriate help they could engage with.

Seeing them again felt like an enjoyable, mutually beneficial experience.

CASE 2 The Bevan Family



Craig, the youngest of 3 children in this family had been diagnosed with ADHD and prescribed medication. Following a very violent domestic dispute with a neighbour that involved the children, the family were made homeless for a short time. Two of the older children were cared for by relatives, but because of Craig's problems he was placed in foster care at that time. The middle child was returned to the family when they re-housed in another area while the oldest child remained with grandmother. Craig's behaviour in foster care deteriorated following the separation from his family leading to a series of foster placement (4) breakdowns in a short space of time. Although in his fifth placement and experiencing a period of stable care his parents were not considered capable of providing good enough care for what was perceived

by now to be a very disturbed boy with complex needs. This assessment was contested by the family who felt Craig's disturbance had been compounded by the separation and succession of placement break-downs. During Social Services assessment they discovered mother had learning difficulties as well as mental health problems. They considered the family unable to care for a boy with such complex and demanding needs. The family, while acknowledging their need for help, disputed much of the detail of the Social Services assessment and legal proceedings were commenced.

Summary of sessions

While both parents were keen to have Craig home soon and felt they could manage him they were also keen to improve their ability to parent him. They acknowledged his significant problems but felt strongly that a series of placement breakdowns had compounded his difficulties. Furthermore they felt the enforced separation had damaged relationships between them. Mother felt she had not been a competent parent over the years because of depression; father had taken much of the parental responsibility while she had worked when she was able. She felt their father had a lot of parental skill and was generally good with the children. Both parents, but mother in particular, was keen to have parent training that was not group orientated but more specific to their needs. They were aware that this will involve a lot of work on their part and then observation and scrutiny of their efforts. Although mother had mild or borderline learning difficulties I felt her history of depression and childhood sexual abuse would be more of a problem as this contributed in part to her being emotionally unavailability to Craig in the past. In attachment terms she had not bonded effectively with him compared to the older children and he was insecurely attached to her in addition to the ADHD. This aspect seems to have fundamentally influenced the development of their relationship and would be the basis of much of the therapeutic work. Mother's history of depression and abuse has also influenced the development of their respective parental roles - with father as central and mother peripheral.

With the parents help we co-constructed a plan to address the various areas of concern. There were specific parenting issues for a child like Craig but also a need to review their parental roles as well as re-build relationships with Craig. Alongside this, there were therapeutic issues that mother wanted help from a female therapist – having experienced childhood sexual abuse. A female associate worked closely on this case with me and in particular focused on this work. The parents were more able to work collaboratively on parenting by the end recognising father's greater competence, but with mother more involved than previously. Mother was now more centrally involved in parenting and able to re-build her relationship with Craig. This proved to be challenging as Craig had considerable resentment and was often ambivalent. Although progress was made it was not completely achieved and remained very much 'work in progress' for them.

We worked steadily with them as parents and as a family for 6 months before beginning a process of rehabilitation that took a further 3 months. They were a family with significant problems and needed ongoing support from Social Services and other agencies following our involvement. The rehabilitation was successful but Craig's deeply felt resentment at the enforced separation remained an issue and he feared being removed for some time after rehabilitation.

In this case the therapeutic work moved fluidly between providing parenting skills and dealing with individual therapeutic issues related to mother's past as they arose. While stipulating early she did not want to delve into her past when issues arose she was able to confront them and ultimately benefit. She could do this in the context of a trusting relationship where if something went wrong any ensuing sense of shame was not catastrophic for her or the family.

The research interview

I was heartened that the parents and the child in question were still together. The oldest boy was now in the army and the daughter was living close by in her own accommodation. The rehabilitation had been maintained despite significant problems. The parents were pleased to report a better relationship with the current Social worker than when I was involved with them. This was significant because there had been considerable conflict with the Child Care Social worker leading up to rehabilitation. Both parents felt the separation from Craig and subsequent placement break-downs made matters worse. They felt hugely stressed at the time and although they remain rehabilitated they have often struggled to cope. They feel rehabilitation after such a long period of separation was very difficult resulting in Craig being more difficult to manage. He constantly felt he would be returned to care despite reassurances from his parents.

'It's taken a long time but I trust Malcolm' (current Social worker). The previous Social worker ' told him (referring to the children's father) to leave me - they saw me as the problem'.

They really resented the way they were encouraged to separate – Social Services feeling father could parent better without mother. While they accepted some responsibility for Craig remaining in care when the other children returned home they feel strongly professionals contributed to making matters worse. The legal proceedings were very stressful and they still feel anxious, angry and resentful reflecting on that time.

Because mother had disclosed her own experience of sexual abuse during the assessment I had involved a female (psychotherapist) associate who did some individual therapy as well as parenting with her. Mother reflected very positively about this experience and trusted my associate who was able to address issues of sexual abuse in her childhood.

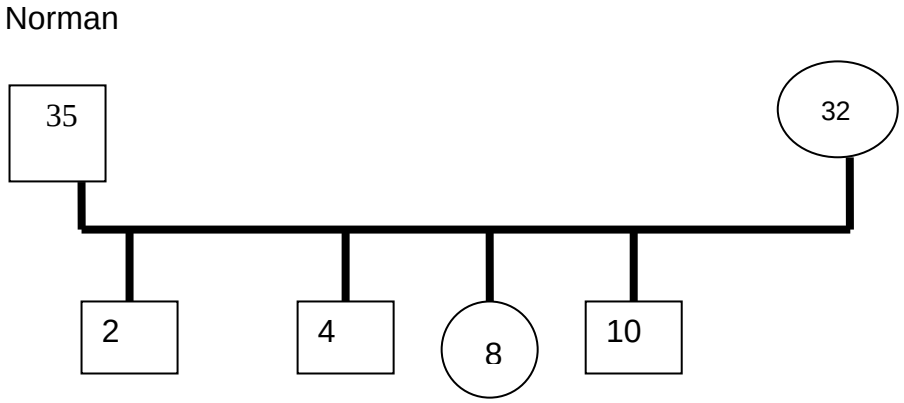
They felt our involvement with them offered some 'hope' and gradually began to trust us.

They knew they had problems especially with Craig. Four of his foster placements had broken down demonstrating how difficult he was to manage. They asked for help but received very little. On reflection the mother knew she had problems - she said 'I wanted to talk, not take tablets'. She felt Judged and seen as the problem which in turn made her angry. They were sent to parenting classes by Social Services which were very general in their approach and not specific to their family circumstances and a child like Craig. The issues with Craig were now as much about attachment and his anxiety about separation as they were about behaviour and ADHD. The Social Services saw the problems as 'parenting' and while the classes offered some limited benefit but did not deal with the fundamental issues for mother in particular. 'I needed someone to talk to' (about issues of abuse etc). When you ask for help they don't give it to you'. Father said 'we needed someone to work with us together' - as well as mother's individual help. 'You could see Craig had special problems' – 'we felt you understood'. 'You should have been brought in earlier'.

Mother said 'I have been abused. They made me feel I was to blame'. They were punishing me for being ill and depressed'. Mother had some mild learning difficulty and struggled to express her self coherently at times. As she became frustrated she could get angry and was perceived as violent. She struggled to make relationships and while she experienced me as understanding she could (understandably) not talk to me about the abuse. It seems that the therapeutic approach of moving fluidly between the individual therapy and help with parenting was very helpful to her personally. She also learned to trust via this experience. Combining individual therapy and parenting with couple-parenting and family work was seen as helpful.

They did not want other parents to go through this kind of experience. They have tried to help other parents in their community when they have been in similar circumstances. Very profoundly they said 'It is hard to pass on your experience (losing your child to care) to others'.

Case 3 The Morris Family



This family has 4 children aged 2, 4, 8, and 10 who were removed from their parents care following concerns over domestic violence, father's misuse of drugs and alcohol, mother's inability to protect the children, and the parent's minimisation of professionals concerns and non-cooperation. They were initially placed together with maternal aunt who subsequently abused them before being placed (oldest and youngest together; two middle children together) with foster carers. Parents had separated for a while but then reunited. Father became drug free and along with the mother appeared committed to rehabilitation.

Summary of sessions

By the time of my involvement there was some support amongst the 'Experts' for rehabilitation but many concerns remained about the parent's relationship and their ability to maintain any improvement. The process was expected to

present the family with some serious challenges despite the improvements already made and the commitment demonstrated by the parents. During the assessment phase I suggested addressing the quality of relationships within the family and how they could be enhanced including: historical issues such as domestic violence, as well as re-building relationships with the children and addressing the secondary attachment issues. Throughout my work with the family, and despite some set backs, the parents were very interested, committed and co-operative. Father was often combative, challenging and highly emotional – but as he said it is - 'not meant in a personal or threatening way'. However, I could see how some professionals would feel very uncomfortable in this context. He is an extremely intelligent man assessed as having an I.Q. of 140+ by the clinical psychologist who had previously assessed the family. He was very quick thinking, logical and rigorous in his approach and often read the most recent research to support his developing arguments. Although he would also take account of what other's said they were clearly not used to and often felt intimidated by his intensity and quick thinking.

Although their relationship with the Social worker wasn't good they had a good relationship with an experienced Support Worker who supported mother (following the domestic violence) and helped them improve aspects of their parenting. She was very clear and direct in her approach and both parents held her in some regard. We were able to work together on this case so that our respective interventions were complementary. The parents needed help with understanding the nature of the relationship problems within the family; with each other, as well as those with the children, resulting from a variety of experiences including: the parents past behaviour; the abuse they suffered while cared for by an Aunt; and the enforced separation.

The relationship problems with the children were somewhat different across the age groups. The 2 younger children did not understand at a cognitive level much of what had happened but had been very distressed by the

abuse, disruption and separation from each other. They tended to act out the consequences of these experiences as they felt them with very demanding, distressing behaviours – far more intense than they had previously experienced. More challenging for them were the older children who frequently reminded them directly as well as indirectly of their anger and resentment at not only the abuse and enforced separation but that it was all due to the parent's. They understood to some extent the reasons for being in care and would say directly to father 'if you weren't such a junkie' or 'because you and Mam used to fight' we were in care. They also dealt with their anxiety by challenging the parents with comments about returning to care soon when the parents would let them down again. This naturally generated guilt and effectively served to undermine parental authority and attempts to provide appropriate care. Dealing with their feelings of guilt and re-establishing (and enhancing) their relationships became a central focus of the therapeutic work. The parent's relationship had stabilised making it easier to create a secure, predictable, emotional experience for the children – the basis for improving each of their attachments. All 4 children had regressed to some extent and were more challenging and demanding than previously.

They now needed to be significantly better than just 'good enough' parents because of the demands of the children. Father's resentment in particular would surface at times as he oscillated between blaming the aunt, Social Services and himself for the children's dreadful ordeal. Mother was more able to move on but understanding and accepting the part played by each was an important focus of the therapy with father.

Father was quickly able to understand the attachment issues from an intellectual position. It took somewhat longer to translate the understanding into a way of behaving and relating with the children that generated secure attachment experience. Father, more than mother, was periodically visited by intense, almost overwhelming feelings of guilt – occasionally leading to incapacity and brief bouts of depression. Other times he would externalise

the feelings, often aiming them in the convenient direction of the professional system. Towards the end of the rehabilitative process father was involved in a violent incident with a neighbour who had accidentally, but quite seriously hurt one of the younger children when drunk. He regretted his behaviour and was worried about the consequences having only recently had the children returned home. We discussed this and we agreed to do some 'anger management' sessions. Again he grasped the concept very quickly and was fairly quickly able to regulate his intense emotions when they arose more effectively. He also seemed to manage his reactions to Social Services more effectively which I felt was a by-product of the anger management intervention.

The therapeutic work and rehabilitation took about 6 months. Shortly after rehabilitation my involvement with the family ceased although I was aware there were still significant problems that would leave them vulnerable and their future uncertain.

The research interview

The father referred to as Norman felt he was the main cause of the children's removal from their care. His substance misuse and the episodic domestic violence he largely accepted responsibility for. He was nevertheless angry with the Social Workers for the way they undertook their role and how they treated him and his family. He quoted several examples whereby he felt they moved the goal posts or were disingenuous with him. He was so angry still about his children being placed with their aunty against their wishes and subsequently abused by her. He warned them what she was like but they did not believe him. He now feels the children were more damaged by that placement than they were at home with them with all their problems.

It was only after the children were removed did he begin to come to terms with the severe realities as he saw them: 'You cannot fight the system but have to make it work for you'; When I asked him what changed him so he could deal with professionals he said' – you gave me more tools which

helped'. 'I had to learn - never mind the psychosis in my head'. 'I had to assess each question from the professionals – ask myself, what have I got to do'.

'I just wanted my children back'.

He was able to recall some aspects of therapy that he found useful.

You helped me relate to professionals as a means to an end rather than treating each interaction as a personal affront'.

He recalled the advice on managing young children's insecure attachment behaviour and repeated the core content of 'anger management' I did with him.

'You did not patronise me'. 'Treated me like an intelligent human being'. 'You were conversational, you debated with me'.

Norman recognises he is naturally anti-authority and disliked professionals being directive and critical of him.

What made the difference or was a turning point? 'When I realised we are good parents if I stop behaving like a teenager' (referring to his drug and alcohol use).

He was still angry that the Social worker had advised the children's mother to leave him and then have the children back. This was a turning point – they separated for a while and father lived rough on the streets. They got back together and decided to fight to have all the children returned so they could be a family again. This was his 'epiphany' experience. He decided to give up drugs and restrict alcohol. He did various courses and was profoundly affected by the one on domestic violence.

He felt the professionals were generally disrespectful to him even when it was established he had a superior I.Q (140+).

‘Once the Social worker was clear with me – my drug-taking is a threat to the children - I gave it up there and then - whatever my beliefs’.
He accepted some culpability during the interview. He said ‘we were treated harshly (by SSD) but it was not a good environment for children’. ‘I realised I had been minimising’ – a direct quote from the domestic violence course he attended. ‘It gave me another perspective’.

‘I was antagonistic’. ‘It got better once I stopped taking it personally’ (with professionals). ‘I started dealing with it better – I went to County Hall for a meeting and conducted myself properly’. ‘They were all shocked’.

‘I feel so guilty’. ‘I was left with nothing’. ‘I was treated like an abuser, an idiot – but I’ve got to take responsibility for this’. ‘I had a mantra – cast these devils aside’.

‘I trusted and believed you – I can remember what you said to me about anger management - zero tolerance for violence’.

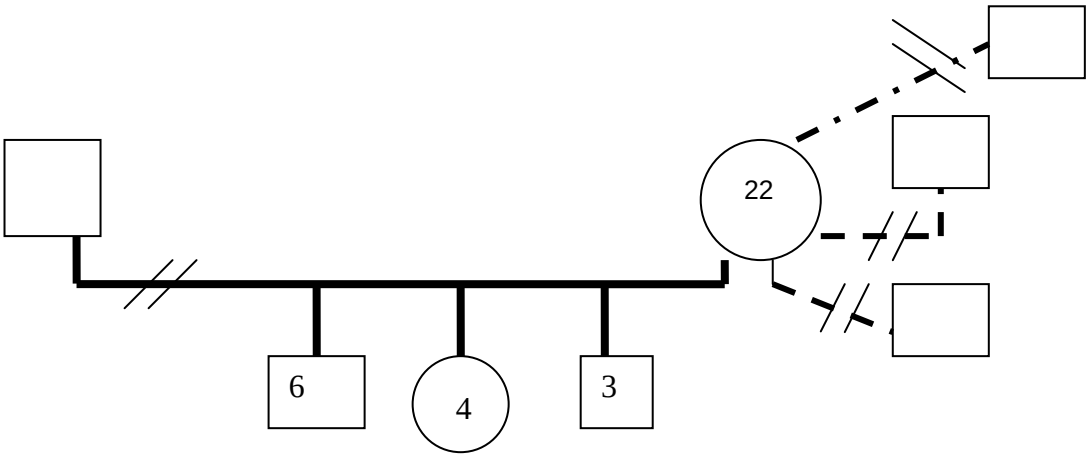
‘I think the (professional) system should weigh things up better – it’s too easy just to take (the children) them’ than work it out. ‘They want you to admit they were right’.

‘You’ve got to listen - in the end we needed to change and we did’.

‘I know I’ve changed’. ‘I’ve tried to help other parents in the same situation’. I say you’ve got to listen and take what they say seriously – they have power’.

It is hard to get them to benefit from your experience. ‘I learned the hard way’.

CASE 4 The Knight family



Following the break-up of her relationship with the children's father the mother embarked on a series of relationships with other men who very quickly moved in to the family home. The mother was dominated and frequently abused by them placing the children's safety and well-being at risk in the process. These relationships broke down very quickly sometimes in a matter of weeks with only a short gap of a few days before another partner had moved in to the home. This was a very unstable period when domestic violence and neglect of the children had prevailed with the children experiencing 'significant harm'. The pattern of abusive partners moving in and then out to be replaced by another had reached a point where it was seemingly beyond Sheila's control. The children were removed following a period of intense professional concern and placed (two youngest together, the oldest child alone) with foster carers. The first placement for the youngest children broke down following allegations of abuse and eventually all three were placed together in a stable placement in which they thrived.

Summary of sessions

Although to begin with mother was quite shy, reticent and unassertive she did engage giving me a sense of commitment to meeting whatever demands were required for the children's return to her care. She accepted

responsibility for what had happened and did not attach any blame to anyone else. At times she looked almost overwhelmed with the professional involvement and looked to them for support and direction. As the sessions unfolded and mother gained in confidence it became clear to me she was more intelligent than many professionals had thought. Being so young and largely overwhelmed by the experience had caused her to retreat within herself looking to others for a lead. As she began to understand my role and gain in confidence she became less defensive and contributed more using her initiative. She already had some awareness of her need for help and recognised that aspects of her parenting and care of the children had previously not been of a good enough standard. She felt she had learned a great deal in recent months once she had taken on a new attitude and approach to the role of parenting. Although highly motivated to have the children back with her she was aware she needed to develop more effective parenting skills as well as refraining from engaging in relationships with potential partners that was harmful to the children. Following a period of assessment we agreed to focus on the following areas:

- *Her perception of personal relationships and stages of closeness leading to intimacy and or commitment. Alongside this, defining roles and recognising boundaries in terms of friendship, partner, and step-parent.*

- *Her perception of Parent-child relationships and in particular her children's need for secure attachment experience.*

- *Freeing and enhancing mother's 'sense of self' in relation to the above.*

The work initially with mother and later with the family went very well. Once engaged she had an interest and commitment to learning and understanding more of her past difficulties and to being more able to protect the children and meet their needs in the future. She had a strong cognitive facility once she gained confidence and was able to consider ideas, reflect on

experiences, and consider new possibilities. She was insightful and in a supportive context she had the capacity to build greater self esteem. She also worked on a new approach to parenting that she eventually integrated with practice and experience. By using the contact sessions with the children to meet her developing needs as a parent she was able to develop and upgrade a range of skills. By carefully managing her developmental experience she was also able to re-build the relationship with each of the children and was becoming more self confident as a parent. Over a period of 6 months there was considerable improvement in her parental competence, stamina and general ability to cope. The context of contact increasingly represented normal family experiences where she clearly demonstrated with support she was much more able to cope. The children's foster carer was very helpful and invited her into her home to observe her managing the children. This was extremely valuable to the children who then did not have a sense of divided loyalty on their return to their mother's care. This experience also demonstrated the need for a mentor or role model for mother to build on her progress following rehabilitation. Unfortunately the foster carer lived a long way from them although made themselves available by phone. We were fortunate that once mother was re-housed she was close to an aunt who was able to fulfil that role. As progress was made toward rehabilitation the mother became more assertive, confidently expressing her views with professionals. She did not now look overwhelmed and dependent and had a much clearer sense of her own identity.

Once full rehabilitation was inevitable my involvement ceased. While I was very pleased with the progress made I was concerned the mother was very young and still remained vulnerable. Although the full-time demands of child-care would be demanding the next real test for her would be how she responded when confronted with a potentially exploitative partner relationship.

The Research Interview

By the time of the interview Sheila had a partner and another child since we last met. He was there for the session as were the younger children and they seemed like a settled family. I think she wanted to show off not only how she had established stability for the family but been able to 'pick a good one'. They had been together for two and a half years and looked very happy. Sheila appeared so much more mature and settled within herself and was confident and articulate, in marked contrast to when we first met. She comfortably recalled the history of this case and her recollections in front of her partner who she said 'knows it all'.

'In the beginning everything and everyone seemed against me'. 'Martin (new Social worker) was a breath of fresh air' – he worked for us to be back together'. The previous Social worker had been taken off the case after being roundly criticised by the Judge in this case.

This was one of several turning points identified by Sheila. Others were when the Judge seemed to be supportive of her in court and when she had extended contact in the community with 'no supervision'. It was unreal to begin with but it felt more like being a family. 'I felt I was being trusted'.

The foster carers who had the children prior to their return home were excellent. Sheila said 'they looked after the children – they did so much'. 'They were helped there rather than damaged'. 'The previous carer lied' and the children were harmed.

'Once I knew they were settled (in placement) I could concentrate on the court case'.

'You improved contact allowing me to do more with the children'. This referred to changes in contact I had recommended to the court so that Sheila

could extend her skill base in preparation for potential rehabilitation. This was a challenge she feels she rose to very well and helped develop her confidence and self-identity. She was learning off the foster carers who were very fond of her and allowed her to visit the children in their home. Sheila was increasingly confident and benefitting from relationships with more mature adults in her life.

When I asked her if she changed she said very profoundly - ‘yes’, you can see it in my kids’. By this she meant the children looked so much more content and settled.

‘I got to know myself’ ‘I kept reminding myself why I was doing this’. ‘Believing in myself – saying I can do it’. ‘I kept repeating this to myself’.

‘What is your priority – don’t get too negative’ (with professionals).

‘The hardest thing was for me not to get into battles – so much to disagree with in court. ‘Not to get too down’.

Sheila was (cognitively) giving herself inspiring and supportive messages so that she did not give in and become completely overwhelmed. Court was very difficult for her especially in the early stages.

‘The way I got through it was saying (after a lot of personal criticism in court) -OK this was not so good, but ….. and find something positive in the experience’. This was easier once she felt supported by professionals who had been previously critical or at best ambivalent toward her.

‘A lot of good has come out of this – I am closer to my (birth) family now’. Implying she has reached an understanding with them after experiencing conflict and disappointment with them.

‘I am pleased I got on well with all of you by the end’. Sheila felt professionals had a regard for her and the progress she had made by the end which was true.

‘In the beginning I believed nobody wanted to help me’. ‘Relationship-wise I was going from loser to loser’. ‘I always thought I needed someone and couldn’t bear to be without a partner’.

‘I had to use what I learned’. ‘Not to go from zero to 10 (a relationship score measuring closeness and trust) overnight and putting my kids at risk’. I kept saying to myself I put it wrong, now I’m going to put it right’. You must never give up on yourself if you know you can do something’.

‘The children were my motivation and the court case helped’. This was a significant acknowledgement as Sheila acknowledged not only her own culpability and responsibility but that without such serious intervention, her life would have been unlikely to change.

‘I thought the Judge was tough but fair’. Going into the courtroom was the hardest part of everything’. ‘Listening to professionals views of me and my care of the children as if I wasn’t there – I wanted to scream out – I’m here you know’. ‘I felt like a criminal’.

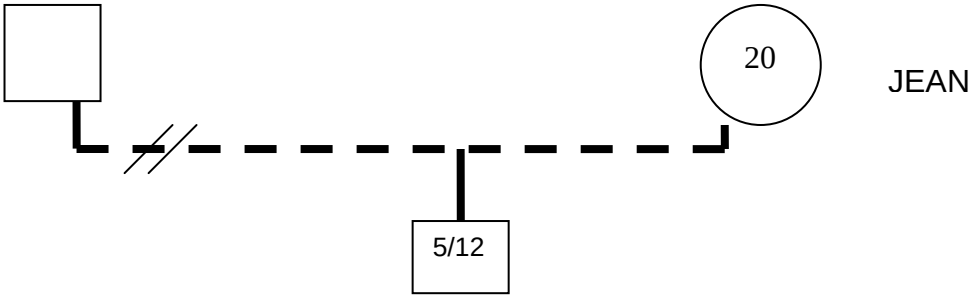
‘My Barrister was a big influence’. ‘He was realistic but encouraging’. ‘It was 85% positive by the end’.

What advice would you give to other parents in similar circumstances? ‘Listen to advice – get to know yourself – follow your heart (she looked toward the children), and find out what’s your priority’.

I was struck by how much self development had taken place inspired a great deal by the quality of internal dialogue she had developed as the work

unfolded. She had got to ‘know her self’ and was now able to be insightful and reflective. Moreover she seemed to understand her own as well as the relationship needs of children.

CASE 5 The Wilson family (Jean)



Jean was a very young, vulnerable mother with a history of being in residential care as well as an in-patient psychiatric unit as a teenager. She had been homeless at various times, was a frequent drug user and frequently in trouble with the police because of violent behaviour. She was raped by a stranger when 13 years old having absconded from her children’s home. When she realised she was pregnant at 19 years she immediately became drug free and changed her lifestyle. However, during legal proceedings she walked out of a mother and baby placement after a dispute with the staff, and before completing the assessment period. The child was then placed with a foster carer. She could be angry and aggressive at times and frequently alienated professionals in particular. She had been homeless for a while following her premature departure from the mother and baby unit but had recently obtained her own accommodation. Previous assessments by a clinical psychologist, during which she disclosed her previously unknown sexual abuse by a stranger, indicated she may benefit from therapeutic work in the timescale for this case, despite the significant adversity in her background.

Summary of sessions

This mother had certainly had sufficient negative and generally adverse experiences in her life to leave her mental health significantly, if not profoundly, affected. Despite everything she appeared to have some understanding of the impact these experiences have had on her functioning and the need to affect some change to herself as well as to her lifestyle. Becoming pregnant, albeit without planning had become a turning point in her life she had decided. She was described in the psychologist's assessment as having an 'anti-social, narcissistic personality style' which causes her to be somewhat 'distant, mistrustful and suspicious of others'. In the early sessions with her she could react in an abusive, hostile fashion especially if she perceived she was (unfairly) criticised. She is especially vulnerable if someone disagreed with her, or pushed her on 'personal matters'; dealing with 'embarrassment' or shame was likely to provoke an unnecessary and angry response. I could understand how she could be perceived by others to be 'aggressive' and/or 'intimidating'. Many professionals including her Social worker struggled to relate with her in a way that did not provoke further anger in her. She seemed comfortable when other people either retreated from the hostility or responded to her in a similar manner. Although many people, especially professionals experienced her in this way she was able to relate well to some people and had some positive relationship experience. Helping her to realise that this reactive, hostile method of coping - while enabling her to feel in control – needed to change was not as difficult as I anticipated. On the positive side she related well to her son's foster carer who she allowed to take something of a caring role with her. She was at her best with her son where she demonstrated her competence as a parent relating with him in a way that generated secure attachment experience. While at the mother and baby unit before she left prematurely, she was also able to demonstrate a growing child-care competence and child-focused approach which in marked contrast to her personality style at times which provoked conflict and hostility with others there.

I felt that any work with this mother would not engage her unless it was relevant to the here and now; dealing therapeutically with unresolved issues in her childhood in isolation from this would seem irrelevant to her. I also needed to include the developing relationship (attachment) with her son and his potential return to her care. It was also essential to help her relate more effectively not only to professionals but others who may potentially form part of a support network in the future. Previous assessments had indicated the need for 'anger management'. She was initially suspicious but by talking of other cases and the outcomes she became increasingly interested and agreed to participate.

Mother was concerned about her bond with her son and although she regarded the foster carer she feared he may become closer to her and forget his mother. In sessions with her alone and at times with her son we addressed the issue of maintaining their relationship together despite their enforced separation. This was supported by others involved in the contact arrangements especially the foster carer who frequently talked of his mother to him. Apart from engaging with me, the mother began relating well to other professionals involved in her sons care. She was an Expert on anger and quickly grasped the concept of 'anger management' and decided after few sessions she knew exactly what she needed to do and did not need more help. She wanted to use the basic ideas and make her own plan. I agreed with this as she clearly had understood what was required of her. The following months saw something of a transformation in her in which she also developed a working relationship with her Social worker. This improvement in their relationship helped the Social worker to accept the possibility of rehabilitation. By this stage mother had met someone who during the following months demonstrated his support and commitment to her and the baby. During the therapy we had talked about 'picking a good one' as many of her previous relationships had been at best unsatisfactory and often abusive and violent.

Once the social worker felt she could work with mother and the relationship between her and her new partner looked very supportive she quickly changed from being resistant to rehabilitation to accepting of it. The process of returning the child happened more quickly than I would have preferred and my involvement ceased. As in all the other case examples I feel my involvement ended prematurely often leaving the families still vulnerable.

The research interview

Jean now lived in very nice rented accommodation with her partner and 2 children. Her partner was the one who helped her throughout the battle to win back John from care. They had a child of their own and were pleased to show me how well they were doing as a family.

Recalling the early period of my involvement Jean said '*I would shout at you for nothing.' 'You would ask a question and I'd be off – I would do it with anyone'.*

In the beginning when I met you I wasn't happy'. 'People couldn't get through to me no matter what they said'. 'I was yo-yoing – then I would be alright for a time'. 'I lost my temper with everyone'.

'I'd push everyone away – I didn't trust anyone'. She had an aggressive avoidant attachment style with most people.

I had suggested a turning point had been when she discovered she was pregnant and made immediate changes to her lifestyle – giving up drugs etc. She recalled having her son taken from her *'John taken from me – broke my heart'. 'I loved him so much, I was an idiot'.*

After he was taken the next day - I did not know where he was; I didn't see him for 3 weeks'.

She recalled another turning point when the contact staff seemed to relate better to her as if she was winning their respect by the way she cared for John. She said - '*the staff made it difficult for me at first - patronising me, treating me like an idiot'. Something changed, I learned to trust them'. It took a while and they trusted me'*.

'*I've done everything they asked of me'. 'it was the happiest day of my life when he came home to me on his first birthday'.*

'You won't beat the system they have more power'. I did everything they asked of me and now I'm here with my 2 kids'.

'I always trusted Wayne' (Solicitor). He had been her solicitor since she her time in juvenile court. I suggested he was her only trusting relationship for a long time until her current partner.

'I realised after 2 -3 sessions with you there was nothing to be scared of'. 'I'd get better each time'. After a while things changed in my head – anger management clicked'. 'You realise you are better off not losing your temper'.

'I started to feel scared and anxious when I did not lose my temper – like everyone else'. I knew I couldn't hit her' (referring to a confrontation with another young woman who had previously been a rival).

We talked about her experience with the Social worker who was the same one throughout. Initially the Social worker was against any rehabilitation and suggested adoption in the care plan. '*She could see how hard I was trying'. 'It changed'. 'I realised she wasn't as bad as I thought – we get on well now'.*
'I grew up a bit'.

'*The biggest change in my life was 'picking a good one'* – referring to her partner. She says this openly in front of him to his embarrassment.
'I never thought I could settle down with someone'. Every man I knew before was a total wanker – all men were the same in my eyes'. 'I had changed before but Andrew (partner) made a massive difference'. Before that time I did not want to be in a room with you or any man'. Normally I am nervous but for some reason it was OK. He was funny and made me relaxed. He is brilliant with my son – he took me to contact'. 'I never want to be with another bloke even though I moan and shout at him sometimes. I remember thinking I hope he is not like the rest'.

Jean told me she is still in touch with the foster carers who cared for John. 'They did a good job - they really loved him'. I was worried he would love them and forget me. When I met them they were great and I could see they wanted me and John to be together'. I suggested she learned to trust them as well and she agreed.

'Its hard work with Social Services, I wish they understood better. Jean reflected on the early stages of trying to convince them she could care for john. '*You have to realise you cannot beat the system they have more power than you'*.

I knew form my contact with Social Services that they were very pleased with developments in this case and were looking to revoke the care order. We reflected on the progress made in 3 years since she discovered she was pregnant and how different her life could have been. Jean appears very proud of her family and more mature and settled than I had expected. As a family they have continued to make progress. As an individual and as a mother Jean has learned to understand herself. She has learned to trust appropriately and build relationships that have become the cornerstone of her life.

4.7.7. Case Study experience

I am so grateful to the parents who were prepared to participate. I was heartened to discover they were still together as a family and the children not returned to care. The families all had problems and were mostly coping in the way most families do but there were not serious child-protection concerns. This was confirmed by Social Services in each of the 7 cases I contacted and the 5 cases I interviewed. The families were all welcoming and it was highly emotional in a few cases. It felt to me as if I had only seen them a week or two before and not several years. The relationship felt as alive as if it had when I ceased my original involvement with them. Evidence of this was the way they shared confidential information with me in a trusting way as if I were still their therapist. I thought it may be difficult adjusting my original role as a therapist and 'Expert' to that of researcher with the same families but it felt very natural from the outset. This highlighted for me how conversational my therapeutic style has become in this work and also how similar - engagement and therapeutic uncovering is in casework - to that of being participatory and inquiring in qualitative research.

At times the interviews became emotional and intense as they recalled experiences such as - giving evidence in court – or the removal as well as the return of the children to their care. Revisiting these experiences uncovered a variety of emotions for them including anger, shame as well as guilt. Losing children to care was an unforgettable experience as was the sense of hopelessness in combating the authorities to get them returned. Although a researcher in this context, being a therapist who has also been their therapist and shared many of the experiences, was enormously helpful I feel in responding sensitively and judging the pace of the interview. It seemed as if self-awareness as well as awareness of process in all this is important so that the research focus is maintained. I was struck by how each of the parents felt their experience was meaningful not only to them but reflected the need for change in the system. They were still occupied with a sense of injustice which again became a useful vehicle for ventilating some

of the most intense and negative feelings they still had. Sometimes during the interview, I felt as I did during my original work with them that the intensity of emotional discharge towards the professional system, and their perceived sense of injustice - while being a valuable ventilation exercise for them - was also to some extent projection on their part, camouflaging deeper more negative feelings about themselves, critical experiences in their lives, and their role in it all. That is not to say there were not faults in the professional system and the families were often victims of poor professional practice, lack of timely support and other interventions, and sometimes even professional intransigence, prejudice and bias. I have occasionally felt the effect of the same professional intransigence and the feelings it evokes; they knew how I felt without me saying anything and we were able to relate about the process, with all its inherent frustration and other emotions.

I became aware of re-experiencing feelings I had in the early stages of the work with them and was able to share them. Feeling they had some potential but also feeling very uncertain at times; trying to square my perceptions of the parents with the accounts of other professionals and feeling caught between the system and the family and the fear of making a mistake. I reflected on my own part in the process especially ‘early work and engagement’ which is the catalyst for all that followed. Although the parents were not always able to articulate it – I was aware of something deeply relational that occurs here that is meaningful at the time, but difficult to describe later. Some kind of tacit understanding on my part intuitively allows me to stay with the process especially during the early encounters with the parents. What I sometimes describe as my ‘naivety’ or ‘openness’ (H/I Heward Wilkinson) to the possibility of change is offered for their consideration. These parents recognised something in the way I was with them, were able to contain their uncertainty and usual reluctance to trust, perhaps experiencing me as someone who understood them and their circumstances. They may even have felt I was on their side – I was to some extent - but not in the strictly legal sense. I was also aware and recollected

other cases where I had been unable to stay with the process and or the 'openness to change' on offer was not taken; I thought of my own part in that and how precarious and potentially fragile this work is. Would another therapist have been more successful? I also reflected on the outcome for families if professional casework is undertaken in a more engaging way earlier in the process. It was also clear that some parents were more likely to be available for change once the children had been removed and legal proceedings were under way. Perhaps this salutary experience was necessary before they could truly engage with the change process.

When my involvement ceased and the children were returned I felt there remained a great deal more therapeutic work to be done in all the cases so that consolidation was achieved. Although the families had all remained intact the parents confirmed they were frequently left without any help or support following my involvement. The families had wanted help but not necessarily ongoing Social Services monitoring and scrutiny in their lives. They still felt a strong sense of injustice regarding the way the system had responded to them and were keen for other families not to be subjected to the same experiences.

4.7.8. Analysis of Findings

According to Moustakas (1996) heuristic research is defined as 'a process of internal search through which one discovers the nature and meaning of experience and develops methods and procedures for investigation and analysis'. Therefore analysis of data is an ongoing and integral part of the process and not restricted to the final phase of the study as in other methods. I would argue that early rudimentary analysis was underway prior to my Metanoia experience as a result of the intense, prolonged casework experience in the field. On reflection this accumulated experience lead to 'Initial engagement' (Moustakas 1990) with the subject where my field experience became stored in the tacit dimension where it is organised and to

some degree analysed and refined. Over a period of several years in this work questions began to emerge - at this stage not yet formed as research questions, but requiring the following of hunches, speculation with others in the same field as well as self-searching. The Metanoia experience and developing a research discipline freed me to be ‘immersed’ in the subject to seek meaning and understanding; a process that eventually yields the research questions that are coherent and relevant and potentially underpin the study. The analysis, therefore, begins early in the process and is ongoing throughout.

The data obtained from the case study (assessment and therapeutic reports) and then shared with parents in a co-constructive fashion is analysed with a view to emerging themes and patterns that relate to the research questions that drive the study. This process is enhanced by using a narrative analysis approach which is particularly helpful in revealing aspects of self-identity which it is anticipated will be central to the emerging framework. This process involves an analysis of copious notes made as a result of the transcription process which are organised and grouped according to emerging themes. Original (handwritten) examples of this process are presented in appendix iii to give the reader an idea of the analysis that took place following transcription of the audio-taped material through to the emerging themes. This process is capturing the parent’s longer term reflections as it relates to therapeutic work, professional activity and indications for an emerging framework. To assist with this process, control for bias and increase authenticity the emerging data is reviewed at each stage with ‘critical friends’. Meaning extrapolated from the data will have undergone a process involving: my own re-visiting of the original material; then reviewing with parents in a semi-structured interview; and reviewing the data with ’critical friends’ and my academic consultant.

As the data from each method is analysed and becomes more coherent I expect its relationship with the developing framework to emerge. To assist

this process I plan to meet with other Experts, agencies and relevant professionals who have extensive experience of rehabilitative and or similar work with families in the context of legal proceedings. Early indications suggest that their work is often guided by intuitive understanding and or adaptations to existing psychological and or social work interventions. Meeting with them will provide the opportunity to not only share experiences and ascertain their perceptions of what 'makes a difference' but enable me to obtain feedback on the 'developing framework'. While data from the study is likely to inform the emerging framework I also expect there to be a wide range of other influences including: the critical practice experience of other Experts/agencies as well as contributions from other methodologies and frameworks relevant to and then adapted for this context. I hope in the latter stages of the study to widen the participatory involvement further by sharing findings with professionals who are directly involved (Social Workers and Children's Guardians) in this work. I hope to do this by meeting with them but also taking the opportunity as it arises in ongoing casework. This I feel adds a further level of participatory value and refinement of data.

The challenge will be to then to harness the meaningful data from the study with the other influences as the basis for a coherent, usable framework.

4.7.9. Case study data – emerging themes and analysis

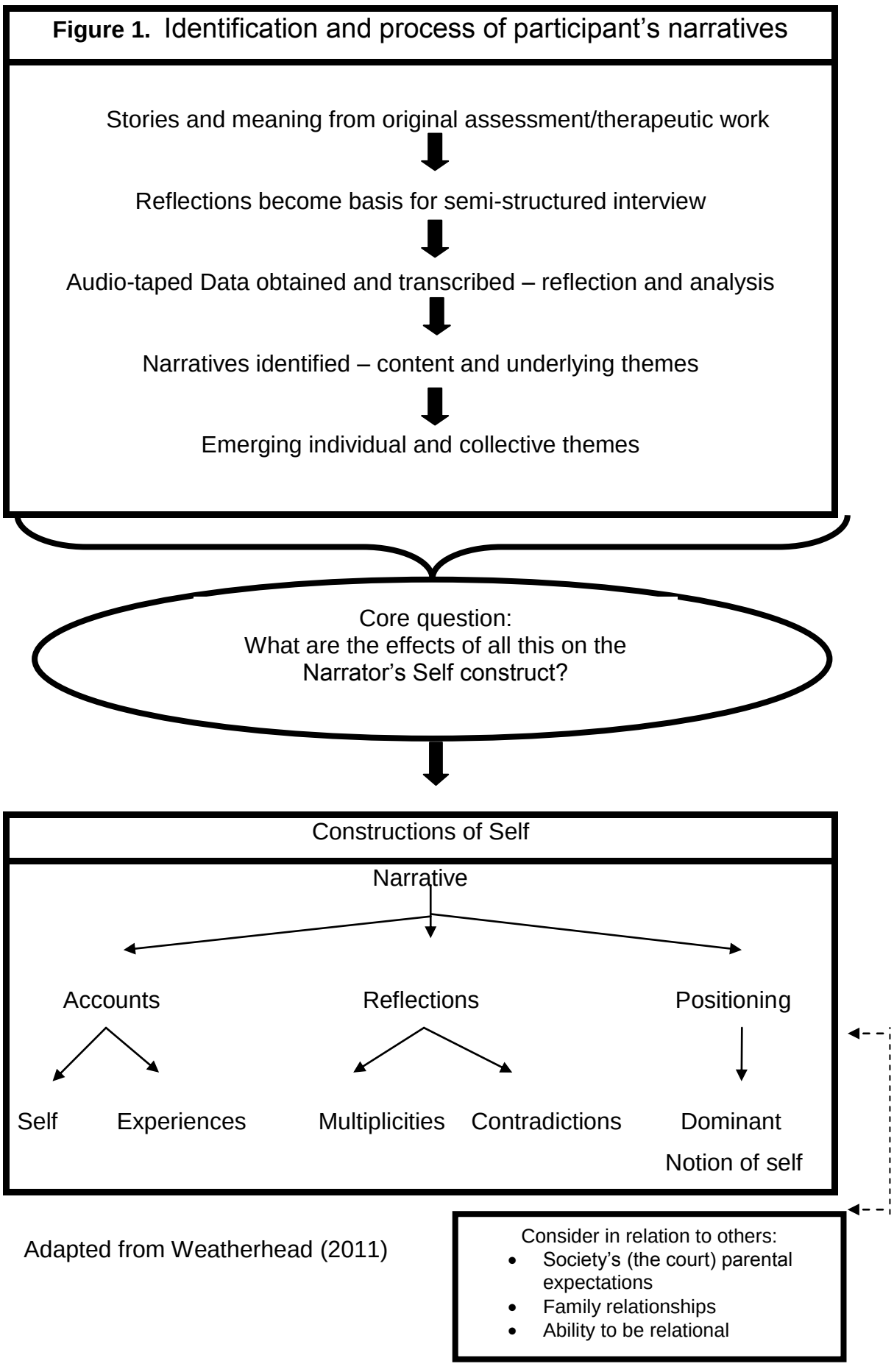
All the case study semi-structured interviews were audio-taped and later transcribed. This is a very detailed, painstaking process which involved copious amounts of notes to determine categories and groupings which eventually become organised and then refined. There are examples of this process for each of the case study examples located in Appendix ii. After listening to the interview recordings and reading and re-reading the transcriptions, several clear themes emerged from the data. I am aware that the groupings I finally settled with were influenced by the research questions that were very much in my mind throughout this process. I can see from this

that another researcher may well have arrived at the same point with a different set of questions and potentially a different outcome. However, the themes that emerged for me are:

1. Context and professional activity;
2. Aspects relevant to therapy; and
3. Parental change.

The process of exploring the case study data was enhanced by the use of narrative analysis to illuminate relevant aspects of self identity. This has proved to be a useful qualitative methodology where the numbers of participants are small, and where the focus of inquiry is upon the relationship between self and culture. (Weatherhead 2011). Burck (2005) has explored this from the perspective of the 'systemic researcher. She presents 3 levels of self-construction that I have used here. These are: Accounts, reflections and positioning with sub-levels beyond this depending on the detail and nature of your inquiry. The levels are illuminated by posing the core question: What are the effects of all this (participant's narratives) on the participant's self-construct (Weatherhead 2011). This is represented diagrammatically in figure 2

Figure 1. Identification and process of participant's narratives



Adapted from Weatherhead (2011)

Context and professional activity

All of the families felt very positively about their lawyers who more than most other professionals could relate and connect with their distress at that time. Having met their lawyers some of whom were responsible for commissioning me in the first place, I can confirm they cared a great deal and believed in their clients (often undefined) potential. This relationship in all 5 families was undoubtedly profoundly enabling to them; on reflection sustaining them through the darkest times and keeping alive the 'hope' (Flaskas 1997) that was essential to their morale and mental state. The lawyers were referred to by the families in a way you might have expected them to refer to their Social worker, therapist or some other member of the caring professions. On reflection I feel their lawyers were probably more accepting of them – which is in part to do with their role – and this allowed the parent to 'engage' at a more productive level with them and have the kind of dialogue they needed, but could not generate with their Social Workers and others. It was clear to me in all 5 cases the lawyer's believed in their client's credibility and was not simply just doing their job.

Some parents experienced a real turning point when they felt the Judge began to connect with them and their predicament – especially if it was something disputed with the professionals or specific to the child, such as favouring increased contact with their child. Finding the capacity to trust anyone especially professionals was fundamental for them. They now felt professional competence was something to be judged by them, and not assumed, before any consideration of trust with them. For example sharing sensitive information was now approached with caution feeling it could be used against them at a later stage. Often, because of the unstable professional context of child-care social work the parents would have experienced several if not many changes of worker. The same could be said of Children's Guardians. Sometimes this would happen at critical times and they would be left without a Social worker and or Guardian for an extended

period. Establishing a good working relationship with professionals was very problematic in this unstable professional environment. This was critical to families who would struggle to have routine, but essential matters such as contact arrangements with the child resolved during this time. Even where trust was established with an individual Social worker the parents now seemed more aware of the reality of their circumstances, especially where the power to effect decisions actually lay.

These families had experienced the power of agencies like CAFCASS or Social Services or the Courts and knew that they could override any decision made at the parent - Social worker level. Many parents also felt that by opening up to Social Workers and Children's Guardians that they were providing them with potential evidence rather than laying the basis for working together. There is a serious dichotomy here between making a relationship with a Social worker and co-operating with the professional process and obtaining the help you need while avoiding providing evidence that will potentially lose you the case. The Social worker too is in an invidious position – are they building a case against the parents, or are they helping and supporting them? (Woodcock 2003) Juggling both roles is a real challenge making huge demands on the Social worker's skills and personal resources (Parton et al 1997). The process of gaining evidence is now inherent in child protection social work as well as the basis of our legal system and often directly militates against the development of a working or trusting relationship with parents.

The parents are aware I also have to give evidence either in the form of a report and or via cross-examination. This is a very tricky area that I try to address not only early on but throughout my involvement in the case. I say to parents that before I submit a report we will discuss my findings, recommendations etc., so there are no surprises there for them. I am as open as I can be but the context of legal proceedings is undoubtedly an influential factor and often a significant obstacle in building any kind of

(including therapeutic) relationship. The child protection social work role brings with it cultural as well as agency pressures that I do not have to the same degree. I have also become aware that I can easily be absorbed into the culture and associated mind-set and by doing so sub-consciously accept much of the local authority account of events as facts rather than perceptions or different debateable narratives. I feel sure this happens with other Experts who take a more detached, neutral or forensic position or who may be less aware of this systemic dynamic (Davies 2009).

The parents to a greater or lesser extent recognised their culpability and accepted some or even the greater part of the responsibility for the professional-client acrimony during the therapy. However, they also were able to speak more freely about what they perceived as serious shortcomings in the system as well as professional competence and even integrity in some cases. In 3 of the 5 cases the Social worker had been roundly criticised by the Judge and in 2 cases dismissed as a result. What came over strongly was a sense of parental disempowerment and fear that they were reacting to. This reaction was often judged by professionals to be ‘resistance’ on the part of the parents, of evidence of their inability to ‘work with the department’. Examination of social work assessments as well as research by Woodcock (2003) suggests (referred to in Chapter 3) Social Workers in this context do not seek to take into account or address ‘underlying psychological problems’ of parents in their expectations and or assessments of them. This may contribute to their inability to relate to the context-specific nature of the parents overall experience resulting in the parents being defined as resistant, ‘aggressive’ or ‘unable to work with the department’; or worst of all as displaying anger-management problems.

Parent’s perceived professionals as not understanding their predicament and relating to their experience – especially that of losing their child to care. They were highly stressed often with secondary symptoms of depression and anxiety. Rather than the stress being understood in terms of the context it

was at times turned against them and adding further weight to the notion of being incompetent parents who were unable to cope.

Even when the situation improved for parents they still felt disempowered, as if most of the professional system was against them. It seemed to me many parents felt culturally alienated from the professional system and therefore in difficulties throughout.

Aspects of therapeutic work

Although the parents found it difficult to articulate what the therapy was – they were able to describe meaningful aspects for them some of which are quoted here: ‘being listened to’; ‘not being judged’; ‘feeling someone was on my side’; someone was prepared to believe me; ‘you seemed to understand’; ‘you knew what you were talking about’; ‘I remembered the way you talked about other cases, I felt you must know a lot’.

The above brief narratives were offered by parents as an explanation for the success of early work and engagement with me and often in marked contrast to the involvement of many other professionals. In many respects these are the kind of therapeutic qualities you would expect most therapists would bring to a situation. The benefit of being ‘therapeutic’ in approach, whatever your role, was also indicated in each of the heuristic inquiry interviews. As I have reflected on the experiences and shared with others (including heuristic inquiry interviews) my ideas, I have become aware of therapist qualities as well as a broader expertise that I feel makes a difference in this context. While accruing a great deal of specialist experience in this field I have also worked with refugees, and other very marginalised groups. In contexts such as these where you might expect more than the usual communication problems, the use of language, and (therapist) flexibility and creativity are likely to be important elements (Papadopoulos 2002). For example I am used to working in a variety of environments outside the clinic/therapy room setting to make therapy or a therapeutic approach more viable as well as

meaningful to these clients. I also recognise my early developmental influences and the roots of my empathic resonance (Heuristic interview Paul Barber) which is influential and providing something more than motivation itself. These are not unique factors to me but relevant for me in the context of this work. Other therapists may be able to identify other meaningful influences for them. It would appear from this that a multitude of factors contribute to equipping a psychotherapist for this kind of work. It is also evident that some of the therapeutic skills, not exclusive to psychotherapy, such as being non-judgemental, empathic listening and many others are relevant for other professionals. It seems that the parent's lawyers in this study were able to employ these skills with success. The data here also indicates It is not simply a question of having the skill-set but being able to work in a way that is not constrained by the context (Cecchin 2003) and whereby you can draw on aspects of self to make the therapy relevant.

My experience in these cases was that once 'early work and engagement' was achieved a context was created allowing parental reflection to become possible. As the relationship unfolded it became easier to examine their narrative, perceptions and underlying emotions without fear of prejudice (Bugental 2002). Referring again to therapist qualities and benefitting from the heuristic data I can increasingly see the benefit of therapists being able to temporarily step outside the role – putting something of 'self' on offer. The ability to relate with the parents in a less formal way in this context seemed to be very important to the parents. However, the sub-text for the parents throughout this was 'how can we get the children back' provided the basis of their motivation; where appropriate I shared with them my experience of other cases that had been successful. Farmer, Sturgess, O'Neill and Wijidasa (2011) identified this kind of motivation as a positive indicator in reunification of families. This therapeutic strategy took the focus outside of them selves for a while and issues could be explored with less intensity. They undoubtedly related to the experience of other families I used as examples – what I refer to as 'parallel cases'. They also appeared to benefit from

knowing other families had the same or similar problems and had faced the same challenges. It did not mean the solutions would be the same for them but that there was a potential route to rehabilitation, already travelled by others whose experiences they could relate to.

Woodcock (2003) refers to understanding the underlying emotional and psychological issues that could potentially explain parent's motivation, behaviour, and ability to relate at so many levels. The 2 cases of single mothers Jean (Case 5) and Sheila (Case 4) had previously had problems of domestic violence with unsuitable, sometimes dangerous partners. The approach to the therapeutic work in these cases was enabling them to develop a 'sense of relationship' as I described it in many reports. I often referred in my assessments to how these young mothers who had experienced severe disruption, abuse and trauma in their backgrounds and had been unable to develop a very mature sense of relationship. For example they seems to have little concept of the stages between meeting someone, becoming intimate, developing trust, and longer term commitments based on these and other qualities as preparation for parenting together. It seemed these relationships developed at such pace leaving a great deal to chance; importantly there appeared little consideration in this for the safety of the mother or the children and with no solid (parental) relationship base. The children would have to adjust to new partner/step-parents coming and going with all its associated dynamics and lack of stability. These were factors that were often the substance of serious child protection concerns. Sheila's (case 4) ability 'to pick a good one'; in conjunction with recognising the importance of family stability, free of disruption and violence, was a fundamental requirement for rehabilitation. Sheila (Case 4) said 'I know what I needed to do but getting there was a problem'. The therapy helped her realise a concept of relationships that was defined in developmental terms; she was able to hers as 'teenager-like' and not yet young adulthood. We would examine potential explanations for this and other important issues such as why abuse from a partner had been tolerated. We would also recognise the

needs of young children in this context and being more attuned to their experience. Sheila recognise she needed help with aspects of her sense of self, previously ignored, such as self worth in relation to expectations in a partner.

Through a variety of processes including this study and testing out new ideas and understanding in the field I was able to identify various dimensions of therapeutic work in this context.

1. Doing stuff; refers to psycho-educational approaches, such as ‘anger management’, relationship work, an aspect of parenting, or anxiety management.
2. Becoming reflective and narrative work
3. Me and you (therapeutic relationship)
4. Professional context; acting as a (therapeutic) link between and within the often separate worlds of the professional system and the family.

In Heuristic interview with Eddy Street we considered how important it seemed in this work to move fluidly between the dimensions according to the parent’s needs. In this the work is sometimes educative and or consultative but always collaborative with the ‘me and you’ – the relational core - strong throughout the dimensions. All of this is potential activity is of course predicated on the success or otherwise of ‘early work and engagement’.

In each of the 5 case studies I re-visited and in many other examples not referred too but in my experience, my involvement invariably ceased prematurely often as or just before rehabilitation. This was openly acknowledged as financially driven and not based on the family’s ongoing need to consolidate and or maintain progress. Another common phenomenon experienced by my critical friends and my self was the way Social Services sometimes changed their position of resisting rehabilitation in a case to accepting it almost overnight and putting families back together in haste and without appropriate support and contingencies. It was almost as if

the agency was saying - well you think you can cope let's see if you can, with little consideration of family's need for support and intervention following this process. This petulant and reluctant attitude to rehabilitation is I feel borne out of losing the battle in court and a consequence of 'positional intransigence' referred to in Chapter 3 (literature review). As much as the legal process angers parents it can provoke similarly emotive responses from agencies.

This of course fails to prepare families adequately and rehabilitation fails in such a way it incurs further distress and damage for the children often eliminating the chance of any further attempts.

This study points to the experience of losing children to care and then the battle in legal proceedings to have them rehabilitated as a profound experience for the parents. Each of them in their way frequently re-experienced feelings associated with events like the removal of a child or being in court. The Smith parents (Case 1) in particular talked of going to bed at night and waking up in the morning to the same feeling of stress they experienced during the worst of their ordeal. 'It's the last thing you think of at night - the first thing you think of in the morning when you wake'. The feelings each day are as intense although relatively brief before their conscious mind is able to be informed that they are not now in those circumstances – the children are at home with them. In 3 of the case study examples they could not imagine a time when the experience would not be profound for them and re-experienced in this way. It was reminiscent of the 'malignant memories' (Pynoos and Nader 1993) I had encountered in my work with refugee families. Like refugee families they felt most other people could not understand or relate to this experience. They all felt that most of the professionals did not relate to their experiences as parents - losing children in this way, appearing to them as detached and unconcerned.

They each indicated I related to their experience and listened to them without prejudice. Although it took longer in some cases than others to establish trust they all felt I 'was on their side' – even though I again denied I was taking sides – it was their (necessary) perception. With my involvement they felt there was 'hope' which developed as a central feature in each case. They felt I could act as a bridge between them and the professionals they were in conflict with, perceiving this very positively even though it often did not result in the change they desired. In the conversational nature of it all I was able to remind them of uncomfortable times when they could have easily rejected me as they had other professionals. This kind of frankness felt comfortable and help dig deeper into the experience. We recalled how we had been able to maintain a dialogue throughout whatever the tension or potential conflict. Some parents referred to me not 'judging' them and 'listening to their side of the story'. I also came over as having sympathy for their predicament. We also recalled some 'straight talking' or 'being honest' that took place at critical times. What was interesting was that some parents engaged almost at the outset as if intuitively they felt they could trust me. I recalled how I felt – not knowing exactly why – that the same parents had something I could not easily quantify at that time, but I felt I could work with; that there was as yet an undefined potential that was worthy of further exploration. I felt this early with some families while others it took longer and the process was more cautious and incremental; but nevertheless I felt a sense of a process was underway.

I seemed able to identify those parents I felt had 'some chance' compared to others where in marked contrast it felt more of a struggle, feeling stuck, with no sense of a process underway. I felt increasingly able to recognise parent's therapeutic potential via the assessment in terms of therapeutic chance: On a continuum parents were perceived to have either, 'no chance', 'some chance', and 'every chance'. This was a continuum whereby parents could be perceived as having defining (relational) characteristics with potential movement either way, dependent on intervention and change. There were of

course examples where engagement was not possible and in others where engagement is possible at some level but the problems are now so overwhelming that it is too late.

Parental perception of change

The study indicated that there were several significant changes over the period of my involvement. Firstly, there grew a recognition of culpability and responsibility that was theirs, quite apart from any criticism they might level at professionals, or the system.

For example the father in Morris family (Case 3) at one stage saw himself as a: serious substance mis-user, having a violent relationship with his wife, a self-confessed adolescent, and being a parent. There was no dominant self-identity as each competed for preference with him. There were inherent contradictions in these competing self-identities that while he and his wife could at one level accommodate in their relationship, also resulted in a chaotic lifestyle, disruption and even trauma for the children, and a range of other family problems.

The self-identity issues resulted in a positioning with agencies that compounded issues eventually resulting in the children's placement in care. When relating to agencies he adopted a dominant notion of self which was angry and defensive especially early on in the process. Narrative that represented this was; 'they are fools; there is nothing they can do anyway'. Later he was to recognise how he underestimated the power of the agencies involved.

There was also a positioning in respect of his relationship with his wife that he eventually defined as 'teenager-like', and potentially aggressive – not seeing the true extent of the wider implications for their relationship especially the impact on the children. His identity as a husband or partner

was seemingly separate from that that of being a parent – as if the one was unconnected and did not impact on the other. The therapy allowed reflection on competing aspects of self-identity and the resulting positioning that had taken place.

In his words - ‘I can’t keep living like a teenager - I have to grow up sometime’. He was able to reflect on the contradictions and conflicts in his various self-identities, and the way that led to a positioning, either in relation to disputes with his wife, or conflict with professionals, or even society in general. He was able to recognise that serious substance mis-use, domestic violence and a chaotic lifestyle are not congruent with the kind of parenting his children needed. He also eventually recognised whatever the agencies views of his behaviour he did not want this lifestyle for his children. Within this he also saw his culpability and responsibility and what he/they could change. This was now seen as separate from the criticism he levelled at professionals and the system. He had previously blamed them for nearly everything and that affected his positioning in relation to them. There was room for both in his understanding now rather than one obfuscating the other. This kind of therapeutic work is what Dallos and Vetere (2008) refer to ‘Attachment Narrative Therapy where: Creating a secure base; exploring narrative and attachments; and considering alternatives are important elements.

Table 2

Case Study Psycho-Educational involvement					
	Psycho-Education	Anger management	Relationship work	Aspect of Parenting	Attachment Issue
Case 1	√			√	√
Case 2	√			√	√
Case 3	√	√		√	√
Case 4	√		√	√	√
Case 5	√	√	√	√	√

Table 3

Case Study Parent – Professional relationships				
	Good Relationship Lawyer	Good relationship Social worker – beginning	Good relationship Social worker – end	Encouraged to separate
Case 1	√		√	√
Case 2	√		√	√
Case 3	√		√	√
Case 4	√		√	**SP**
Case 5	√		√	**SP**

4.8. Summary of findings

Data from both methods revealed very similar findings and in most respects related well to one another. This is not surprising as I had the experience of the case study follow up interviews prior to the heuristic interviews but then wrote up the first draft of the heuristic interviews before I wrote the case

study interviews. There is bound to be an influence of one on another during this process but nevertheless, similar themes emerged. The findings were also influenced by my ongoing casework experience and the way this also fed back into my developing understanding of this work. At about this time in my study I was asked to provide consultation and training to other therapists involved in this work or related fields. This has provided a new focus and an opportunity to get feedback on my ideas but also understand and benefit from the experience of others. This has led to further reflection and no small measure of inspiration.

Both methods have referred to the importance of the professional context and how this affects the nature of the work of all professionals, including Experts, as well as the defensiveness of parents. A lot of reference has been made to therapist qualities and to what extent it is influential in 'early work and engagement' - not only for a meaningful assessment, but therapy work should that be possible. The heuristic interviews in particular identified various interactional phenomenon and means of being communicative such as 'present moment' or 'open moments' where the usual defences can be by-passed opening up relational possibilities. We considered how being 'therapeutic' has potential for all professionals working in this context. Working in such challenging circumstances the data points to the therapist (and other professionals) being able to (comfortably) 'step outside the role' temporarily at times in order to put on show aspects of self and empathically relate.

I have also made reference to moving fluidly between therapeutic dimensions according to parent's needs at the time and maintaining momentum. 'Openness' that potentially relates to parent's sense of 'hope' was identified as a therapeutic quality that seemed to underpin much of the work. From both case study and heuristic interviews emerged qualities relating to the therapist as well as the parents that related to increased chances of a successful outcome.

The case study data benefitted from narrative analysis and focussed on critical self-identity issues (Burck 2005) of the parents. Identifying aspects of self-identity and in particular significant and competing contradictions amongst various self-identities revealed significant changes for parents both internally and externally during the course of therapy.

Identifying aspects of parents self and their relational ability was related to whether they had ‘no chance, some chance or every chance’ of benefitting from therapeutic intervention. This, as with most of the rest of the data was relevant to the emerging framework.

A surprising late addition to the research process

As data emerges from the main methods of inquiry (in qualitative research) it cannot remain as it is being naturally subject to reflection, before and after sharing with interested colleagues and then later reviewed in relation to the literature. In my case this process is also significantly influenced by its ongoing relationship with casework. Those colleagues who have participated as critical friends or shared casework with me have all added their influence to the mix. As I have become clearer about the findings myself and able to share more coherently with others it has generated interest and very valuable contributions. Some like my critical friends Eddy Street, Clinical Psychologist and Jon Chatham, Family Therapist (CAMHS) have not only contributed enormously to the process but been influenced by their part in the study; as a result they were able to test some aspects of the thinking that underpins the emerging framework as well as the framework itself in practice. In Eddy’s case he took the ideas to a conference and shared with other clinical Psychologists who while critical of some aspects expressed interest and made some recommendations about aspects of parenting skills that I later incorporated. Eddy also utilised the framework to underpin some therapeutic work with a young mother who was able to have her child returned to her

care (referred to in the heuristic interview). Jon Chatham was instrumental in organising the seminar with other therapists interested in my study which eventually led to a wider participatory involvement and new impetus to the study. Jon has also used the ideas that have influenced him in casework in his own work as well as alongside me. As they have been affected by their involvement in the study, so they have gone on to share the benefits of the experience with others, widening the participatory network further.

I felt very encouraged by the interest expressed in the 'emerging framework' by therapists in related projects who were looking for some guiding method or framework as well as a forum for sharing the work they do. These are mostly Family Therapists, Psychologists or Social Workers working in a variety of settings often as part of a small project. One project for example worked with families where domestic violence is the core concern and where legal proceedings may be imminent. Other projects working with demographically challenged individuals and engaged with similar challenges also participated including a Consultant Social Worker who was training to be a Family Therapist. He was working with parents who had drug and alcohol problems in an attempt to prevent legal proceedings taking place. Each of the participants had a common theme of working intensively with vulnerable parents from the demographically challenged parts of our communities and prior to legal proceedings. These are essentially preventative projects working with similar families but earlier in the process. If their intervention fails then it adds weight to the case against the parents as the local authority can argue they have already tried therapeutic work. If it is successful then further work is likely to be required. After meeting them I realised a common theme in our work was that of inventing how we do this work and searching for a means to guide us effectively. Each of us also provided interventions that ran alongside ongoing social work involvement. After some discussion we established a series of training/consultation workshops for therapists involved in this kind of work who were often isolated. This recent development has enhanced this research process providing new impetus and

energy. It has broadened the participatory base to a much wider group whose practice interests directly relate to this study. This has been a highly stimulating late addition to the research process that also contributes to the ‘product’ element required in this doctorate.

The findings from each of the qualitative methods have unsurprisingly produced similar and related themes. In the next chapter these themes and the issues that arise are discussed in terms of the key questions that underpin this study.

Chapter 5 Results and Discussion

Comment: ***It's not only what we do that matters – but how we feel about what we do****'. (Wallin 1997)*

Overview

This chapter begins by examining the influence of the legal-professional context on parental and professional activity, and in particular the nature of the parent-Social Worker relationship and how the inherent conflict in their relationship is instrumental in preventing meaningful dialogue between them and therefore also prevents any progress. The sometimes intense intransigent nature of the positions taken by parents and professionals in this context leads to a discussion about the relevance of 'positioning theory' and other factors that may be relevant in untangling aspects of the complexity. Understanding the dilemmas faced by parent and professionals and finding a way through the intransigence and stalemate that develops is then reviewed. The next section in this chapter deals with 'critical aspects of therapy in this context'. Here creating a therapeutic context, engagement and early work, and 4 dimensions of therapy are offered to the reader as a means of addressing the complexity and multi-dimensional nature of the work. This chapter has been shared with my critical friends, academic consultant, senior lecturer in psychotherapy and other professionals including Consultant Social worker, Children's Guardian and two Family Therapists who work as part of a domestic violence project, as a means of establishing its relevance to the field.

5.1 The influence of the legal-professional context on parental and professional activity.

5.1.1. The significance of Social Worker-parent relationship

This section will have significant echoes from earlier Chapters especially Chapter 2, 'The professional context for the Study' (1.2); and Chapter 3, 'Review of the Literature (2.2)'. When I began this study I had no idea of the complexity surrounding the Child Care Social Work role especially once legal proceedings have commenced. I recognised the conflict and at times the enduring acrimony that existed between parents and professionals but did not appreciate at that time the restrictions of the social Work role referred to in the literature review (Woodcock 2003; Parton et al 1997; Fook et al 1997). I must confess at times to personalising matters and secretly 'blaming' the Social Worker. In the way the Social Worker tended to see problems located in the parent - I was guilty of perceiving the problem as located in them – although not consciously sharing these feelings with them. I am grateful to my 'critical friend, Jon Chatham, who as an experienced Family Therapist is also a Social Worker of more than 30 years experience, who helped me reach beyond the personal and subjective in this difficult area and to look with fresh eyes. I now understand this phenomenon as a dynamic consequence of this particular (adversarial) context. It is a challenge for professionals to remain close to and even experience the conflict without becoming embroiled. In a way it reminded me of Minuchin's (1969) work with - 'Families of the Slums' in which he would join the family system to experience what they experience and connect with them, but not become 'enmeshed'. I am struck by how Minuchin's structural approach to family therapy with families from marginalised communities is still relevant and appropriate today. In the way the parents are constrained by their personal, developmental histories, the consequences of significant events (including trauma) in their lives, and the pressure of losing their children to care, so are professionals affected by the conflicting demands imposed on them by the system, the 'risk aversive' culture and society's unrealistic expectations of

Social Workers to protect children. Therefore rather than a Social Worker's attitude or personality characteristics being in question it is the pressures on their role resulting in it being more strictly and rigidly undertaken and thereby limiting the potential for more creative and relational possibilities with parents. In the heuristic interview with Eddy Street we explored within each other's experience how the risk-aversive professional context infiltrates our ability to be our natural, relational selves and how we see this occurring in others - so much so we recognised a reluctance to acknowledge this even with peers.

Close though Eddy and I have been in our work it was the heuristic interview that was instrumental in bringing this forth. The findings in this study suggests that as the pressure comes on for both the parents, professionals and the professional system, the closer to legal proceedings the case moves, conflict between them appears almost inevitable and or intensifies. It seems that at present professionals as well as parents in these predicaments have no means of understanding let alone resolving the conflict; as proceedings drag on, parents and professional's positions can become entrenched, legally defined, and leaving very little scope for relating about anything else. This parent-professional relationship conflict was illustrated in each of the case study examples and a fundamental cause of stress for the parents.

Throughout this time as the social Worker needs the cooperation of the parents, so too the parents need help of the Social Worker; for example the parents depend on the Social Worker for appropriate contact arrangements with the child. The parents are also likely to have a wide range of welfare requirements for which they may also be dependant (Brophy et al 2005). Evidence from the case studies indicates as their ability to collaborate and negotiate diminishes then extremely important, emotive issues such as routine child-contact can find its way to the court arena to be resolved. In this way something relatively straightforward becomes much more complex heightening the intensity between parent and professional.

Findings from this study, especially the Smith family (case 1) and Morris family (Case 3), indicate that by this time neither position is well understood by the other party and anything can become a point of conflict. A premise of this study is that there are some parents who may have potential for rehabilitation not previously realised or that potential has developed as a result of and during the course of the proceedings. This is quite clearly a relationship context whereby any changes in the parent would be perceived by the Social Worker with some suspicion and unlikely to be recognised as a (therapeutic) opportunity. Having also decided that the parent is clearly not 'good enough' any potential for therapeutic work is likely to present them with a dilemma. If the parent benefits from an intervention it will potentially undermine their case, and if not the intervention incurs additional time causing delay to the proceedings and considerable cost (not least in emotional terms for the children).

I referred in the literature review to research by Woodcock (2003) that indicates Social Workers appear not to take account of parent's underlying emotional and psychological problems in their assessments or work with those parents. I very much support this view as it is in line with my experience in many cases including those in this study. In some cases it would appear that information from psychological assessments has been misunderstood or misrepresented and used to provide further evidence of parent's incompetence and general inability to cope rather than a focus for intervention and or support. A concern in many cases is that in their attempt to provide interventions for parents but without taking account of parental difficulties and obvious limitations, parents can be provided with inappropriate and or untimely assistance. In this context assistance is almost bound to fail and further undermines the parent's case together with any plan for rehabilitation.

Parton et al (1997), Woodcock (2003) argue that this approach by Social Workers is caused by the conflict created by the 'assessment of risk' and the

‘assessment of need’ - with the former being the dominant theme. As Browne & Lynch (1996) put it ‘child protection is enhanced by the improvements in the welfare of families and the promotion of positive parenting and child care’. This is based on the notion that parent’s problems are likely to be multiply-determined and addressing them will require a range of solutions referred to in Chapter 3 (Turney et al 2011). I also consider most Experts would be inclined to support this view. However, Social Workers by this stage are occupied with the legal position as well as a fixed view that the parents need to change, accept responsibility (Parton et al 1997) which then undermines being alerted to new possibilities for parental change.

The Social Worker’s role is ‘investigative’ and geared toward assessment identifying any concerns for the child. There is also an expectation that they will be supportive to the family and doing what they can to meet any welfare needs in the process (Browne & Lynch 1996). However, as the relationship becomes dominated by the investigation and identifying concerns rather than supportive interventions the parents' perceptions of the Social Workers are likely to change from one of support – if that did exist - to one perceived increasingly as a threat. With the parents wanting help and the Social Workers believing ‘parents should change’ and ‘take responsibility’ (Woodcock 2003) – there is an inevitable clash.

The evidence in this study suggests that when the balance of the Social Worker’s approach is more upon investigation rather than support, and where the prevailing professional belief is that ‘parent’s need to change’ and ‘accept responsibility’, parent’s are likely to become inordinately defensive, reacting with a deep sense of unbridled ‘shame’ that is not 'held' (therapeutically) by anyone. This is often (in this study) manifest in various forms of defensiveness and can be projected as anger, ambivalence, or overwhelming passivity and dependence; their (unconscious) strategy depending on their usual reaction to dealing with such stress. On occasions when the Social Worker or other professionals involved, can maintain a more effective

balance of the roles that meets parental need it can potentially lead to a more collaborative relationship as demonstrated with each of the case study examples. The findings in this study, shared with others in the field, points to this being a very important, but not well understood (therapeutic) aspect of the Social Worker-parent relationship. Unfortunately the 'surface-static' notion (referred to in Chapter 3) described by Woodcock (2003), often underpinning the social work approach is likely to perceive the defensive parent as the actual parent, and their behaviour as something that is unacceptable and must change; whereas an alternative view would have an appreciation of the parents' context and see the defensiveness as a coping mechanism, perhaps hiding underlying psychological and other problems. This then can be a context, if understood by professionals in particular, that offers an opportunity to engage in meaningful dialogue.

In my case-study the collaborative potential (in parents) was often kept alive long enough by someone else other than the Social Worker in the professional system, so that my and other interventions had some potential at a later stage. In each of the case studies except Jean (Case 5) there was a change of Social Worker before it lead to an improvement in the parent-Social Worker relationship. In Sheila's case (Case 4) she talks about Martin, the new Social Worker, who arrived at the point of change and saw her through the rehabilitation process, in very positive, even glowing terms. It undoubtedly improved and accelerated the process especially when there was some degree of mutual trust between parent and Social Worker. In the Morris family (Case 3) it was the Family Support Worker who played this containing role while it was the contact workers as well as the foster carer in Jean's situation (Case 5). These professionals not only kept alive the professional link with parents, but also appeared to enhance their relationships with the parent in the process. This seemed to contribute to the parent's well-being - but also offered me an insight into the parent's potential to be relational with a professional in the child-care system, if not the Social Worker. This strongly indicated to me the problem lay more in the oppressive

climate of the professional context and its influence on the role of the Child Care Social Worker and to a lesser extent the Children's Guardian. A Family Support Worker and contact worker do not carry critical (child protection) case responsibility, nor do they have to be responsible for building a legal case, hence they are out of the 'legal loop' that is present in all these cases. This demonstrated for me the importance of child-care professionals having a better understanding of the relationship dynamics in these circumstances alongside the valuable psychological literature on parents underlying problems referred to earlier and in Chapter 2. If social workers were able to develop a greater appreciation of these factors it may enhance their prospects at being suitably relational in this context potentially affecting parental (defensive) behaviour.

In order to better understand the role and function of Social Workers I now make reference to some of their guiding principles. Biestek (1961) originally identified a set of guiding principles for Social Work practice later updated and summarized by Miley & Dubois (1992) they describe Social Work as:

'*Guided by a distinct set of abstract values and a Code of Ethics. These values are transformed into accepted practice principles for the purpose of informing our intervention with clients. The principles are:*

Acceptance; Affirming Individuality; Purposeful Expression of Feelings; Non-judgmentalism; Objectivity; Controlled Emotional Involvement; Self – Determination; Confidentiality.

From its earliest origins it is possible to identify an emphasis on relationship-building as well as a significant therapeutic dimension in Social Work practice. As Howe (1995) reports much of social work principles of 'understanding' and 'empathy' have their roots in the work of Rogers (1961) and Truax and Carkhuff 1967) and therefore linked to counselling and psychotherapy. Despite the efforts of Howe (1995), Barlow and Scott (2010), Turney et al (2011) and others in recent times to encourage a return to

relationship-based social work It does appear that practice appears to be departing from these principles in its approach to child protection work - even though there is a strong argument, for a more sophisticated use of such skills. However, I also agree with Brown & Lynch (1996) that it is questionable whether Social Workers have developed the necessary skills for this kind of approach given the context created by the 'risk-aversive' professional culture. Indeed Social workers have indicated their own concerns in a review of recent research by Turney et al (2011) referred to earlier regarding adequate training to meet the multiple expectations of their role. In essence this boils down to whether we want Social Workers to be 'caseworkers' or 'case managers'; the former, requiring an emphasis on close, supportive relationship seeking to directly address problems with families; while the latter implies more of a detached organisational management approach where the relationship needs and any interventions are met (potentially) by others. The evidence in this study - in line with my broader experience (and critical friends, and academic advisor) – points to the need for social Workers to be equipped with relational skills and being 'therapeutic' at times whether or not they provide interventions. The case management approach implies a more organised and analytical approach to assessment – though by failing to be relational the Social Worker's assessment is likely to be linear, one dimensional in failing to appreciate the meaning of parent's defensiveness. The challenges imposed by the child protection role and the imposition of building a case for legal proceedings severely compromises the influence and practice of such well-meaning and very appropriate principles referred to earlier (Miley & Dubois 1992). Research suggests that current practice seems more focused on 'exhorting parents to change' (Woodcock 2003) and utilising a 'practical reasoning' approach to the work (Parton et al 1997). Here the influence and quality of managers and supervision, referred to as the 'context of practice' (Turnery et al 2011) in particular, is crucial to how Social Workers undertake their role.

Greenson (1967) refers to a 3 tier model of relating that is helpful here. Referring to:

Level 1 A contractual (professional); I – It

Level 2 Idealised (fantasised); I – I

Level 3 Authentic (genuine); I – thou.

He refers to the ‘contractual level as applying to many professional contexts where as the ‘idealised’ level is fantasised and implying dependence. The authentic or genuine level of relationship is built on transpersonal values with the real 'you' at the core.

The Social Worker’s relationship appears to me to be very much at a contractual level, and therefore very formalised with it not taking sufficient account of the relational or transpersonal elements required. The parents may be occupied with a multitude of problems and in the early stages at least ‘idealise’ the role of the professionals by thinking about the extent they can help or even ‘save’ them. It could be argued given the findings of this study and the aforementioned research that Social Workers and other professionals, including experts, need to be aware of the relational dynamics at play here. It also suggests the context places demands on professionals that through their awareness they should be somewhat adaptable and in particular ‘therapeutic’ at times. As Howe (1995) puts it:

‘*It is therefore incumbent on those who deal with people who are not coping and who may be experiencing difficulties in their relationship with others to understand the nature, significance and origins of people’s personalities and relationship styles. To this extent, assessing the quality and character of people’s relationships is basic to the practice of social Work’.*

The parents in my study felt what they said was - ‘turned against us’. In these cases it appeared that requests for help can become evidence of inability to cope. Frustration and anger, on the part of the parent can become - ‘not working with the department’ (Woodcock 2003). The evidence here suggests

that as legal proceedings unfold the nature of the relationship between the Social Worker and the family, even if positive before, is now subject to fundamental change. It seems at the core of this is the lack of trust between the parent and the Social Worker. The parents in my study indicated ‘you should not loose your temper’ - however frustrated they became and to ‘say as little as possible’ to the Social Worker’ for fear of how it might be interpreted.

At this stage the context appears dominated by adversarial factors, where battle lines are drawn, with roles and behaviour very strictly defined. Even if there was some degree of change in the position of either the Social Worker or the parent at this stage it is likely to be perceived with suspicion by the other.

Summary of key points

The following summarises the key points in the process of the unfolding relationship between the parent and Social Worker from the outset up to and including legal proceedings. The headings emerged from the analysis of the heuristic and case study data and is represented in appendix ii.

Throughout the process professional activity and parental behaviour is dominated by the adversarial nature of the work and the prevailing ‘risk-aversive’ professional culture.

1. Early positioning

i) Parents need help, but are fearful and become very defensive.

ii) Social Workers need to investigate and assess and ensure child’s safety.

2. Constraints on (Social Worker) role and (parents) ability to relate.

i) Parents (from marginalised backgrounds) struggle to relate well and cope in the context of formal professional activity, feeling threatened and may become very defensive.

ii) Social Worker's role is often strictly defined and formal and therefore unlikely to engage the parent.

These above constraints prevent meaningful dialogue.

3. Conflict of expectations

i) Parents under immense pressure and needing help; told to work with 'the department' but by now fearing what they say 'will be used against them'.

ii) Social Workers are caught between investigative, child protection role and supporting and helping the family resulting in them being strictly 'role-defined' (formal) in order to protect themselves and their agency.

A consequence of these conflicting expectations is that again meaningful dialogue does not take place.

4. Different perceptions of core problems

i) Parents aware by now they need help (underlying psychological and other problems) to change and often actively make requests for intervention. Their sense of dependency compounds feelings of anger and frustration which affects their functioning;

ii) Social Workers perceive problems as located in the parent who they 'exhort to change and take responsibility'.

5. Relationship outcome

i) Parents attribute negative motives ('they wanted my kids whatever') to Social Workers intentions and see them in highly personalised, disrespectful terms;

ii) Social Workers see parents as having failed to take opportunities presented perceiving them to be resistant, uncooperative and increasingly beyond change.

The nature of the ongoing conflict is likely to exacerbate and maintain the parents' defensiveness further obfuscating the core difficulties – which remain unaddressed and preventing progress. This leads to a 'positioning' problem (referred to in detail in 5.1.2; Campbell and Groenbeck 2006) with each side becoming highly polarised and increasingly unable to relate. There can be an absence of meaningful dialogue throughout this process, often from the outset. When it deteriorates in this way there may be virtually no dialogue other than that required by the necessary formalities.

I have tried to lay before the reader the significance of the Social Worker-parent relationship and how the failure to be relational from the outset very often prevents meaningful dialogue leading to intense, intransigent positions. The many factors influential in this process find extensive support from the literature including; Howe (1995), Brown & Lynch (1996); Turney et al (2011); Barlow and Scott (2010); Parton, Thorpe and Watton (1997); Woodcock (2003); Fook (1997). I can find no real counter-argument to social Workers being more relational though the literature appears dominated and implicitly in support of a forensic, case-management approach perhaps in the hope that this type and level of analysis will bring the necessary results. Unfortunately this latter approach appears to undermine rather than enhance the prospect of 'working together' as well as authentic parent/family assessments.

5.1.2. 'Positioning theory' and relational intransigence

For me, in my journey to understand this phenomenon, 'positioning theory' Harre & Langenhov (1999) has helped illuminate the intransigence and severe interactional problems I have experienced in this context between parents and professionals, whether it is the investigating Social Worker, the Children's Guardian, or the assessing Expert. Although positioning theory was concerned originally with organizational functioning, the dilemma of fixed, intransigent positioning-taking it describes is very apposite here. I am

grateful to my ‘critical friend’ Jon Chatham for bringing ‘positioning theory, and in particular the work of the late David Campbell in this area, to my attention. It has not only helped me to understand the phenomenon but has generated therapeutic ideas (referred to later Chapter 5 ‘the bigger picture’) in response to the challenges it brings. Generally, we choose to take positions within discourses, and by the same token we are positioned by others by what we say and do. Davies and Harre (1990) refer to this as ‘*interactive positioning’* in which what one person says positions another. With ‘*reflexive positioning’* one positions one self (and in a sense this is what parents initially do) in response to their own defensive motivation.

Positions are taking within a range and on a continuum. As a position is taken with its attached emotions, values and status (I am a good parent; or as a professional – the children’s welfare is my concern), the positions of others will then be placed relative to this. The problem with this kind of positioning, once entrenched is that it becomes locked into certain or absolute narratives that tend to underpin the position taken. There is a need for flexible as opposed to fixed narrative at this stage in managing these cases which only comes about in a relational context between those involved. If for example a person is continually perceived as disagreeing, other (potential) positions become unavailable and the individual (and the context) loses the opportunity to change and develop (Harre & Moghaddam 2004. In this way discourses become predictable with one side able to anticipate the response of the other in a given situation with inevitable outcomes. Campbell & Groenbeck (2006) consider that understanding the link between the position taken and the feelings and emotion that engenders is crucial. They argue that acknowledging people’s emotions that are associated with a particular position taken are essential in encouraging productive dialogue. The use and content of a discourse that has sustained a position can only be reached by acknowledging and respecting the emotions that underpin it. This, I would argue is more easily achieved in an appropriate

relational context and again is very relevant to the Social Worker-parent relationship referred to in 5.1.1.

Therefore, rather than saying things at one another the evidence suggests establishing meaningful dialogue or what Buber (1970) refers to ‘genuine conversation’ as being an acceptance of ‘otherness’ and the key to change. He suggests that in order to make a dialogical conversation work we have responsibility to be influenced by the other. Penman (1992) refers to 4 criteria that can be used to describe a dialogical conversation:

1. *The talk is responsive to the social realities of the moment;*

2. The talk must be open to constant revision;

3. The talk must recognise the rights of the other’s views to exist and be taken seriously;

4. Neither the community nor the meaning created through conversation can ever be complete, nor can they arrive at certain reality. Certitude walks hand in hand with the eradication of the other (McNamee and Gergen1999)

While the above criteria may be somewhat ambitious for this context it does identify factors that prevent meaningful dialogue and hence how professionals and parent can become polarised. Furthermore it points to a need for recognition of the emotions underpinning the positions taken within the developing discourse and seems especially relevant to the Social Worker-parent relationship.

5.1.3. Finding a way to break the parent-professional deadlock

Although another Social Worker, the Children’s Guardian has a role that is independent of Social Services, but specifically concerned with the child’s

needs throughout the proceedings. Their role allows potentially less conflict with the parents although by the time of their involvement the parents have already taking a very defensive position. However, it is the Guardian who is often better placed to recognise some change and or potential in the parent should it surface. In each of the case studies (Cases 1-5) the Guardian played a decisive role in either recognising some parental potential in the first place or being sufficiently uncertain to allow scope for my initial involvement.

Helping professionals, as well as parents, break the deadlock is extremely difficult by this stage. The 'early work and engagement' referred to in detail later in 5.2.2 (page 192) is much more about the parent than the professional when I attempt to establish some kind of connection with the parent that may later lead to a breakthrough with the professionals. In this work I am trying to see beyond the behaviour of the presenting (defensive) parent and to uncover what might be the 'core' or the 'authentic' parent and where there my exist the potential for more relational and developmental possibilities.

With this in mind Eddy Street, my critical friend said to me:

'What you are doing Mike is saying (metaphorically) to the parent – look we are in this cold, dark hole where we can barely see each other; neither of us likes it here, it is very uncomfortable. Why don't you come with me and sit outside in the sunshine for a little while, by that lovely brook, relax and we can have the same conversation..

By almost suspending time, and being in a different place for a while, it becomes possible to examine any existing story or narrative, with a view to change. From the outset and especially during the 'early work and engagement' phase the conflict with professionals is omnipresent and is always in the room. In the Smith family (Case 1) for example I had to constantly deflect the mother from trying to manoeuvre me into taken her side in the conflict in such a way that it left open the possibility for meaningful

dialogue, at a slightly later stage. In a sense I was working quite hard at ‘being there with her’ and ‘avoiding conflict’. As the relationship unfolds the dialogue then potentially becomes meaningful and reflective. Meaningful dialogue or what Buber (1970) refers to as ‘genuine conversation’ appears to be the therapeutic key that opens the door to new or revised narrative about core issues, especially culpability and responsibility. This is not only therapeutic, but potentially influential in the legal process and it can be used as leverage for change in the wider system.

In my case study examples each of the parents reached a point to differing degrees, of recognising their culpability and accepting responsibility in events that were of central concern in the proceedings. This seems to be generally accepted as a significant therapeutic milestone. While there often remained areas of dispute – they were now more of emphasis and minor detail, narratives acceptable to all were instrumental in breaking the (relationship) deadlock in the case. Sometimes anger and frustration remained on both sides whatever the outcome in court and in the Smith family (Case 1), the Knight family (Case 4), the Bevan family (Case 2) the relationship only improved with Social Services with an eventual change of Social Worker. In each of these cases the original Social Worker appeared unable to recognise significant improvements in the parents functioning and continued to be resistant to the notion of rehabilitation, even when others, including their own legal team had.

The evidence here indicates how changes that take place in professionals' roles as the legal process unfolds have a direct effect on the parent-professional relationship.

The context of a ‘risk aversive’ professional culture, referred to earlier in Chapter 3 (2.2), and earlier in this chapter (5.1.1) also restricts professionals in their roles - making it less likely they can be ‘therapeutic’ in approach. Cecchin (1987) has written of agencies with a legal mandate being in direct

contradiction of an ‘aesthetic frame’ - where ‘straddling different frames and maintaining curiosity’ is difficult. Along with Kraemer (1988) and Wheeler (2006) they recognise that the context can paralyse the ability to engage in ‘therapeutic risk-taking’ probably more necessary the greater the family’s vulnerability. This study indicates for the professional-parent relationship to function it is assisted by adaptable professionals with a high skill level capable of engaging in relationships whereby they can be informal and temporarily ‘step outside the role’. Furthermore engaging with these parents - who are in such pressing circumstances, regardless of the role, is likely to require something of ‘self’ to be put on show – not just in terms of engaging therapeutically, but also more generally.

The evidence (Brophy 2003; 2006); Hunt (1996); Brophy et al 2003) clearly points to these families largely being from the marginalised section of our society and therefore unlikely to cope well with formal contexts, such as core-group meetings, case conferences, court etc. Evidently Child Care Social Workers will find more of an opportunity to engage parents prior to legal proceedings though whether they have the requisite skills necessary to function in this way is questioned by Browne & Lynch (1996). To develop any skill - by definition, must mean you take the chance of making mistakes; in fact making mistakes is arguably a fundamental part of the learning process. The current ‘risk-aversive’ culture that is influential in professional activity has not developed by accident; as a by-product it may be perceived to potentially offer some protection to agencies as well as individual professionals. Unfortunately there is little scope for error in this unforgiving (child-protection) environment where professionals and their agencies will be held to account and therefore very concerned with their own protection.

Turney et al (2011) argue very cogently that the quality of assessment is highly influential in the outcome of these cases. Here they argue that not only is the practitioner’s individual knowledge, skill, and ability significant but also the ‘context of practice’. The findings in my study tend to support this view

but would also add that the quality of parent-Social Worker relationship is of central importance in assessment as well as the following:

- An accurate assessment of the family's needs, including child protection as well as parent's underlying psychological, difficulty (Woodcock 2003).

- Assessing and addressing the family's general support and welfare needs throughout.

- Identifying when positive change as well as deterioration take place which may be the signal for further assessment or intervention (Turnery et al 2011).

- Meeting the children's specific needs in a context of minimum parent-professional conflict.

The government has made significant attempts since the mid 1990's to reform child protection services by seeking a greater focus on the global needs of the child (Woodcock 2003). I also referred in Chapter 3, (5.2) to the social worker role as it is currently defined makes this very difficult to achieve. Many experts have already commented on the unsuitability of our current system of trying to resolve multiple-determined family problems in our present Family Law (court) system. As I write this document it is subject of parliamentary review. While we await more fundamental (legal system) changes the issue of case management and Social Worker-parent relationship remains a core problem in many of these cases.

The incongruity of the role (Parton 1997, Thorpe and Watton) and increasing parental conflict does appear to make incredible demands of the Social Worker's personal as well as professional resources. Finding a way of relating to parents and maintaining a relationship in these circumstances can

be very challenging. I would suggest it is the ambiguous nature of the role compounded by the stressful context in which that role is undertaken that is so demanding. The findings in this study indicate Social Workers often do not understand how the nature of their role can potentially lay the basis for conflict with the vulnerable parents they seek to engage, tending to see the problem as wholly located within the parent and their history. Most Experts and other professionals I have consulted agree that the prevailing 'risk aversive' culture, is very influential; therefore to avoid being placed in an invidious position Social Workers and other professionals would appear to become more, rather than less, role-defined in these circumstances.

If a greater understanding of this process could be promulgated for Social Workers and their support systems it might not only potentially influence the outcome of their relationship activity with the parent but also reveal the source of a great deal of personal/professional stress that is generated by the invidious nature of the role. It may also keep alive the professional-parent relationship as well as the idea of potential for positive change in the family. As part of collaboration with a wider group I shared this chapter with Mary Morris, who had a previous career as a Social Worker, but is now Senior lecturer in counselling and psychotherapy at the University of Glamorgan. She said '*I recognised it (conflict) immediately when I read this chapter – though never really articulated it before. For me it raises questions about Social Worker's training'*. Jon Chatham, Family Therapist and Social Worker agreed but also made reference to the '*culture and quality of the system for support and supervision'* in determining Social Worker's activity. Jay Goulding, Consultant Social Worker recognised in his own practice how '*I've made a conscious decision to engage with parents and be relational. Most Social Workers are apprehensive of this'.*

There appears to be a great deal here to inform an emerging framework.

5.2. Critical aspects of therapy

5.2.1. Creating a therapeutic context

Over the years I have undertaken this work in a variety of settings including a clinic base, family centre, Solicitors' office, family home and various other neutral settings. I avoid Social Services establishments unless the parents are happy to do so. I am concerned to undertake this work in an environment that is convenient and acceptable (less stressful) to the parents. I now rarely use a base where families come to see me and for a variety of reasons, including logistics, take my service to them. Increasingly I see the relevance of this approach for families who are marginalised and feel uncomfortable and even intimidated in more formal settings. Most psychotherapists or clinicians become used to having their own familiar territory where they carry out their work. This is understood by most clients and works well; however I have come to realise that working with marginalised groups in particular that the conventional therapeutic context – them coming to see me - is often not possible let alone comfortable for them. I have increasingly become more contented seeing parent/families in their own home or some neutral setting where they are comfortable. I have found I can create a suitable context with the parents I am working with wherever I see them providing we can agree to the fundamental basis for the work. I find this is distinctly possible providing we both have respect for what we are engaging in together. I also recognise this way of working may be an easier adjustment for me having had an earlier career as a Social Worker. Being sensitive to parent's needs, in this context and with this particular (marginalised) client group, is helped by an awareness of the potential environmental factors likely to alleviate parental anxiety. Therefore bringing this awareness of their need to the early relationship encounters is one of the factors I have found that is likely to encourage a more positive response as well as alleviate anxiety. As I reflect on the extent to which I try to create a therapeutic context for the parents it brings to mind Paul Barber's comments from the heuristic interview about the

influence of ‘empathic roots’ in the what and why, we do what we do in our work.

In each of the three heuristic interviews (described in chapter 4) the nature of expertise in this work was surfaced, especially as it relates to motivation, innate personal qualities as well as integrated skill and understanding. In this we considered work with marginalised groups seems to demand, more than usual, therapists who can be adaptable and comfortable not necessarily having a familiar (secure base) setting to undertake their work. The heuristic interviews alongside collaborating with others in the field, has enabled me to understand how some, but not all therapists will be comfortable working in this way. As some therapists are more reliant on a secure base to see clients so some will be more comfortable remaining formal and perhaps be more strictly role-defined in their approach than others. Here there are influences from particular therapist modalities as well as therapist’s personal preferences and the needs of a typical client group to take into account. I am not recommending therapists leave their base as a way to approach therapy but that it is something I have found helps me working with marginalised groups where I expect either a significant cultural divide (in the case of refugees) or severe defensiveness as an obstacle to engagement. This is surely not heresy – after all therapy does not only occur in the therapy room. It perhaps relates to the extent the therapist understands context to be influential in his/her work and therefore be prepared to be influenced by a variety of factors (including ‘empathic roots’) and take a ‘step down’ in the power dynamic to increase the relational possibilities with clients. Recently and influenced by my study, my academic consultant, Dr Roger Kennedy, has been seeing families he is assessing in their home. This he would have done before - but usually where there was no alternative; where as now he considers this option (according to need) as part of his practice and feels it has enhanced the process of engagement and therefore assessment in some cases.

Understanding and respecting the significant sociological differences in the lives of marginalised families, and the consequences for therapy, was recognised by Minuchin (1969). He has referred to working with marginalised families in his 'Families of the Slums' and earlier in work at a correctional facility for boys from poor, minority ethnic families: He says 'traditional psychotherapeutic approaches, fit for middle-class patients besieged by intra-psychic suffering, did not appear to help Wiltwyck's poor and discriminated clients'. He goes on to say that 'therapy is not an answer to poverty'. I agree with this view and therapists will need to be clear about their domain and where they can make a difference. However, poor marginalised individuals/families also have intra-psychic (and other psychological) problems which may be compounded by the context of poverty, discrimination and/or being marginalized. I would argue that therapy for the marginalised, while having its origins and conventions located in the (Western) middle classes, needs to be adapted or even re-created in some instances, so that the intervention fits the need of the individual/family rather than the client and the problems have to fit what is offered or available. People who are prepared to subject themselves to therapy have some degree of adaptability by definition and although perhaps apprehensive and anxious they will have made a conscious step toward a goal of some kind. The type of (marginalised) families I am referring to often live in a world where choices of this nature are not normally available and to a large extent appear meaningless to them.

Papadopoulos (2002) in his work with Bosnian refugees refers to informally joining their social groups to listen to their stories so he could learn – but also, where possible, (therapeutically) witness their experience. Here he recognises the sensitivity of his client's context, which includes contextual, cultural and psychological needs. He finds himself adapting to be relevant to his clients - looking for a means of bringing his therapeutic self, and what expertise he may have to offer, closer to the client and their critical experience, rather than conventionally expecting them to meet him on strict

professional terms they may not relate to. Refugee families often have significant cultural problems understanding and relating to our concept of mental health and service provision and often fail to attend outpatient appointments - having no concept of what that means in this context (Davies & Webb 2000). What Minuchin (1966) said all those years ago about the conventions that underpin mental health and therapeutic services as being 'not conducive to marginalised groups' in our society is relevant today; services are often less accessible and relevant to these people as a result. It seems to easy to assume that clients who do not turn up for appointments are resistant and or unable to engage with the therapeutic process, and that their motivation is therefore questionable. However, the findings in this study indicate by understanding the nature of contextual influence on parents' problems and being innovative and creative at the point of client contact, may increase the potential access and relevance of what can be offered for some. I would argue by taking a more creative perspective as to how we can help marginalised groups also asks questions of us as therapists, and the extent we can (and want to) be adaptable to meet perceived need. This was referred to in Heward Wilkinson's heuristic interview in terms of 'sailing close to the transferential rocks – where most of the change work occurs'. It is a very difficult challenging area of work.

Recently as a direct result of sharing my research with other therapists working in a similar field I became involved in consulting to a domestic violence project. This service was provided by a male and female Family Therapist working together for Social Services with parents whose children were on the Child Protection Register. In the families referred to them there had been clear evidence of serious domestic violence with concerns for the children. Many cases were on the brink of removing the children and their intervention was provided in part to prevent the need for legal proceedings. They had recently changed their practice of expecting parents coming to see them at their (Social Services) base to meeting parents in their own home or some neutral setting agreeable to the parents. Their project has been

recently independently evaluated with very good results in terms of preventative outcomes and engaging parents previously found to be difficult to engage. Many of the parents commented to the researcher that they found the therapists ‘easy to talk with’, ‘understanding’ and ‘not judging us’. Many of the comments were remarkably similar to those made by the parents in my case study examples in Chapter 4. Another similarity was the conflict in the relationships with Social Workers and the parents' negative perceptions of them.

The work of this service involved seeing similar families to those I may see further into the child protection process either because a project of this kind was not available to the family or it failed to make a significant impact . There is no doubt these two therapists have made a therapeutic impression in their casework with these parents as well as inadvertently highlighting the conflict that is evident in the parent-Social Worker relationship. I am delighted that they have been influenced by aspects my ‘emerging framework’ and been able to make their service accessible and relevant to parents who might otherwise not benefit. This is a project that brings a therapeutic approach to bare on parents relationship problems as an addition to other Social Services interventions and is available regardless of the Social Worker-parent relationship. This model has much to commend it and offers parents something markedly different to the role provided by the Child Care Social Worker. As a result of this projects good work, there is a symposium in the autumn (2011) profiling the project and its model of working with domestic violence, at which I am to the keynote speaker.

5.2.2. Early work and ‘engagement’ with parents

Apart from a descriptive account in Roger Kennedy’s book – Psychotherapists as Expert Witnesses (2005) – I can find no references to the problems of ‘engagement’ specific to this context. I have therefore drawn from literature referring to problems of engagement more generally and

across a variety of contexts. This has been helpful as I reflect on my case work experience and attempt to make sense of the challenges engagement often represents in this context. In some respects it feels like learning again something you thought you already knew – or revisiting something we take for granted. After all, when engagement fails to occur satisfactorily, we clinicians can always attribute its failure to client motivation, resistance or some other rationale. The nature of the parents defensiveness and the challenges imposed on all, especially the parents, by the context of this work (legal proceedings), 'poses very significant questions for the Expert undertaking the assessment' (Reder and Lucey 2003).

Psychotherapy research in the past three decades has suggested that 'engagement' or establishing a 'working alliance', is a common factor responsible for clients' change in all forms of psychotherapy (Bachelor & Horvath 1999; Luborsky 1976). It places emphasis on collaboration and is applicable to other helping processes besides psychotherapy e.g. counselling, probation or social work. Bordin (1979) considered the working alliance between one who seeks change and one who offers to be a change agent as the key to the change process. Three themes emerge here: the collaborative nature of the relationship; the affective bond between client and therapist; the client-therapists ability to agree on treatment goals and tasks. Research in this area suggested the earlier the working alliance, especially the affective bond, is achieved the stronger the association with a sustained period of treatment and a positive outcome (Redko et al 2007. (Martin, et al 2000; Gaston, 1990; Bordin 1979).

Parissis &Whitley (2006) in a study trying to predict engagement in psychotherapy outcomes, by using questionnaires prior to therapy, found it difficult to establish predictive factors. However, further qualitative analysis of the questionnaire data revealed 'patients who demonstrated a willingness to observe them selves reflectively as well as the awareness that psychotherapy may be a difficult but necessary and beneficial process', had a better outcome.

Bugental (1999) considers how and what we are actually engaging with to be of fundamental importance. He refers to psychotherapy that centres on the actual experience of the client in the living moment has great significance for life-changing psychotherapy. He is concerned that the therapist engage with the client's affect and 'experience process' - in the present moment - rather than being chiefly concerned with obtaining information and developing what he calls a 'biography' of the client. This implies, and I very much agree, that the therapist cannot simply be a detached observer forensically seeking information that may eventually enlighten; rather the therapist needs 'lived experience' of how the client 'grapples with the central most significant issues in their life'. Heward Wilkinson was referring to similar phenomenon in the heuristic interview. As I read what Bugental had to say I felt he was talking specifically about engaging the parents in my study. I know he is referring to a conventional therapist-client encounter in the therapy room but it seemed so apposite and relevant to the initial encounters I experience with highly defensive parents in legal proceedings.

Stern (2004) concludes that the 'present moment is a special kind of story – a lived story that is non-verbal and need not be put into words'. He also describes the 'present moment' as an example of 'implicit knowing, automatic and often out of awareness'. The case study experience held a lot that was intuitive and sometimes more sensory that cerebral, and not always verbal. It seemed that attaching meaning to the experience, as much as you are able, happens later. The meaning of what is 'implicit' is also important here. Stern refers to implicit knowledge as 'not restricted to only the rich world of non-verbal communication, but applies to affects and words as well as what lies between the lines. As an example if someone repeatedly says, 'yes, but….. 'You quickly grasp' the 'yes' is the Trojan horse to get inside the walls, the words that follow, releases the soldiers. He suggests the same implicit message could have been released by a simple toss of the head. Similarly in the heuristic interview Heward Wilkinson referred to 'crises moments where the usual rigidities are loosened where engagement becomes possible'.

Stern's view is that the power of the present moment is influential not just in engagement but in its centrality to the process of therapeutic change.

Stern's ideas originated from his study and earlier work with mother and baby interactions. He is therefore able to apply much of this understanding to the context of attachment. For example he refers to how an infant knew implicitly what to do with his body, face, feelings, expectations, excitations, inhibitions, redirection of activities and so on in relation to interacting with its mother. How, when and at what pace to approach its mother to obtain a favourable response is already stored as a rich, implicit basis for knowledge that determines behaviour.

Flaskas (1997) when discussing engagement in family therapy refers to the 'mutuality of the process of engagement with therapeutic work'. This implies that the therapist can connect with the clients experience in that moment in such a way that the feeling it engenders is conveyed to them. This same issue emerged in the heuristic interview with Eddy Street when we uncovered the difficulties of achieving 'mutuality' or being relationally available in a 'risk-aversive context. I applaud the idea of 'mutuality' here, as opposed to linear process of clients engaging with us. Mutuality places an emphasis and responsibility for the process, not simply with the client but as something shared. I consider the relationship problems between the parent and Social Worker – although not conceived as a therapeutic relationship – is nevertheless heavily biased In favour of the Social Worker who can ultimately decide whether the parent is motivated and or 'working with the department'. No such judgement is made of the Social Worker's efforts whose involvement in the relationship development seems to be regarded as something neutral. This appears to me to be a biased view of the process leaving the relationship outcome and whether or not they engage with the professional the total responsibility of the parent. Flaskas also refers to engagement as a 'continuous process' being similar to any other relationship in that it occupies 'the space between the therapist and the family.' Therefore it is not only an

issue when undertaking planned therapy but it is also crucial during the assessment phase.

The evidence in this study suggests that an influential aspect of engagement in these cases is the role played by ‘hope’ that the families may have for a successful outcome. In the heuristic interview with Heward Wilkinson he referred to ‘therapist openness in relation to hope’. Families will naturally vary in the extent to which they still have ‘hope’; some having virtually given up by this stage with others hanging on to the last vestiges of hope. Some families will have been given the idea (by their solicitor) that therapy is an opportunity or a last chance and will appear revitalised when given that opportunity. In my case study experience I have observed there is a new energy about them at this time creating a therapeutic possibility previously unforeseen. As a result of the heuristic interviews (1-3) I now understand this ‘new energy’ may be to do with my energy and the sense of hope I may engender in the way I relate to them. Flaskas (1997) refers to a ‘constellation of hope and hopelessness in which we as therapists engage with, often subconsciously, whether we wish to or not.' She also considers that we sometimes engage with the issue of hope and hopelessness by use of the therapist’s self. Heward Wilkinson referred to this in the heuristic interview suggesting something in the early interaction with parents unconsciously offers hope in a way that they believe the ‘cheque will be cashed’. This is where the therapist and client, via some implicit, mutual understanding, are able to more freely relate to one another. However, managing to hold ‘hope’ in the face of being confronted with the family’s hopelessness can be a difficult task. Working with families in this context the issue of parental ‘hope’ and the therapist's relationship with this issue will inevitably arise in one form or another during the assessment. To what extent it is possible to offer ‘hope’ given the seriousness and sometimes limitations of the family's circumstances, provides a therapeutic challenge. It is unavoidable even when attempting to make no comment that something is potentially conveyed which the parents are likely to try and interpret.

Although all stages of therapeutic work can be considered important working with families in this context and with other marginalised groups it is the ‘early work and engagement’ that appears pivotal. Without success at this stage there is no further opportunity with the inevitable outcome for the family. The evidence from the heuristic inquiry and the case study indicates that in order to engage with this particular client group it is necessary to have the ‘therapeutic’ aspect of self naturally and immediately available in what might be difficult and challenging circumstances. What is also evident from the study is therapist adaptability which includes being able to temporarily step outside the role, offering something of the (therapist) self. It would also seem being comfortable with the notion of bringing your therapeutic self closer to the parent’s experience - so it is more available and potentially relevant, may be necessary in the more difficult cases. This may well be more challenging for some therapists than others. Expecting and being able to deal with parents' sense of shame and defensiveness would in many respects be typical therapeutic material - but here the context is clouded by the prevailing ‘risk-aversive culture and its effect on professional activity. Because of this it is a challenge to be with parents in such a way that the ‘usual rigidities are loosened’ (taken from Heward’s comments in heuristic interview 2). In this context you seek to find something of the ‘core’ or ‘authentic’ (as opposed to the defensive) parent revealed as it will determine whether or not they have further potential. In all of the case study examples the parents' commented on how I was perceived to be – ‘on their side’ - which seemed to relate to their sense of hope at that time, perhaps briefly revealing for them a more positive outcome.

The role played by what is described as ‘epiphany’ in some cases is worthy of consideration here. Epiphany refers to a point in the case where the parent, who is the cause of concern, suddenly appears to accept culpability and responsibility. The parent can become contrite and acquiescent in a way that transforms their presentation to professionals as well as sometimes their family. ‘Epiphany’ in the (Collins) dictionary is described as ‘any moment of

great or sudden revelation'. It was a feeling described to me by a father who having lost his children to care because of his drug use and domestic violence came to a realisation of his part in all of this. While this awareness appears to professionals as sudden (epiphany) it does seem to be preceded by a period of reflection before actual realisation. In Norman's case (Case 3) there was a reflective 'slow burn' that preceded his epiphany in which he first reached 'rock bottom'. That reflection took place while living rough on the streets when he was separated from his wife with the children in care.

In my casework experience thus far the 'epiphany' effect seems to be sustained and most telling following the ultimate realisation and humiliation of losing the children to care. Naturally, the local authority may respond to this revelatory experience on the part of the parent with some suspicion – wanting to see if it is authentic and sustained. However, from my experience it is not usually perceived by professionals as an opportunity. In Norman's case (case study 3) and other examples in my experience this became a therapeutic opportunity. It may also provide fresh consideration of the key issues of culpability and responsibility, as well as parent's underlying (often ignored) psychological problems (Woodcock 2003). Because, the local authority is often in conflict with the parent, they may not be best placed for a meaningful discussion with the family about future possibilities resulting from the 'epiphany'. Perhaps there needs to be a balance between scepticism on the one hand and realising an opportunity for potentially transformative change on the other. It is reasonable to expect the parent to demonstrate the positive consequences of their 'epiphany' will be maintained as there often still a great deal still to achieve. I see the 'epiphany' when it occurs, as an opportunity to be explored by the Children's Guardian or even deferred for Expert (therapeutic) opinion. 'Epiphany' has provided the basis for meaningful dialogue to take place and opened the path for transformative change in some cases - though I acknowledge my bias here in wanting to help these families grasp opportunities when they arise.

Trust is generally considered to be an essential ingredient in therapeutic encounters, as well as a cornerstone of meaningful relationships. The development of trust in this context, where parents feel oppressed and desperately insecure, seems to require them to feel you are ‘on their side’ or at least relate to their perspective. The therapist dilemma is to see their perspective and to some extent engage with their experience (Minuchin 1974) but also retain a multi-perspective position in these circumstances. Because the parents often appear to find trust difficult in these circumstances they are likely to want to relate to the person in the role rather than trust to the role itself.

5.2.3. Therapy and being therapeutic

Becoming more aware of ‘inner workings’ (Moustakas 1990) and the role played by intuition and the tacit dimension in my work led to a deeper understanding of my therapeutic role in this work. Following the very challenging (Hegelian) heuristic interview with Heward Wilkinson, where at times I felt on the limit, I spent long periods reflecting to reach deeper into my understanding to reveal aspects of the what and why I do some things. Likewise the unanswered questions in the heuristic interview with Eddy Street provoked more self-searching and reflection. This level of awareness seems to occur following what Moustakas (1990) refers to as a period of ‘Incubation’. The reflective post-heuristic process enabled me to feel more connected and at one with what I now understood and therefore more confident in sharing not only the substance of my therapeutic approach with others in the field but the method by which I had reached this stage.

Although my early contact with families in this context is about undertaking an assessment I have become increasingly aware, via this research process, of being therapeutic from the outset. This growing realisation is due to the benefit of both the case study and heuristic inquiry, and further enhanced by the wider participatory involvement of others in the field. Being therapeutic in

this way stands in opposition to the professional (legal) context expectations where they will only pay you if you assess and do not provide ‘therapy’. In fact I am sometimes asked to confirm that I am not providing ‘therapy’ – but only undertaking an assessment. Not that the legal professionals themselves are against therapy but more it is the rule of the Legal Services Commission, (who fund Family Law in this country), to only fund assessments. Everything else, including therapy is exclusively funded by local authorities. All experts who undertake assessments do so on the understanding that assessment and therapy are two separate activities. Although it is accepted professional wisdom of psychotherapists, psychiatrists and psychologists that these are not exclusively separate activities for many it does not appear to constitute an ongoing practical problem. Indeed the issue of therapy and assessment as being separate activities, and driven by financial motives, is openly acknowledged and dealt with pragmatically by the majority of professionals involved in legal proceedings. I have to some extent overcome this dilemma with the use of semantics – I say openly that I am therapeutic in my approach. In marked contrast to most other experts, I am assessing whether it is possible to engage with a parent concerning issues of central importance to the court. I do this often knowing that others may already have tried before me. In order to genuinely undertake this kind of assessment I have to create potential (relational) opportunities for the parent and be relational myself – what Flaskas (1997) referred to earlier as ‘mutuality’. I chose not to take the role of detached observer as most other experts appear to do (confirmed in Eddy Street heuristic interview and meetings with Roger Kennedy), but I engage with the family as someone concerned for their plight, and where possible relate to their underlying distress.

This is the early stage of assessment and not yet therapy where there is usually an agreement or contract between client and therapist. This may happen later depending on the outcome of the assessment. The assessment phase is very much about whether a dialogue can take place on the issues of central concern, including potential areas that may form the basis of

therapeutic work. One of the fundamental differences to therapy in this context is that any arrangement is not just subject to the parents' agreement but often sanctioned by the legal process. If it is legally sanctioned then someone, usually the local authority, has to pay the costs unless they can be provided via local services. What is also different is that parents often do not always completely understand what 'therapy' means, and have to take more of a leap of faith, compared to clients in many other contexts, where they can largely volunteer themselves. These families are also advised by their lawyers to cooperate with me as it may help their case, which, to a greater or lesser extent, raises questions about their own motivation, as well as their understanding of exactly what is happening in the early stages. It does appear that parents who have a positive assessment still seem to be able to 'trust', without the benefit of certainty, or even a clear understanding of what is happening. As Eddy Street pointed to in the heuristic interview the fact that there is still the availability to (intuitively) 'trust' may be a factor that separates those parents who still have some potential compared to those who are already beyond this kind of intervention.

I referred earlier to the significance of 'shame' (Flaskas 1997) (also referred to in the heuristic interviews) as a factor in generating parental defensiveness. Shame-generated defensiveness appears to occur often quite early in the child protection investigation and emerges as a dynamic each time serious concerns about the parents are raised (formally and informally) by professionals. These are usually formal occasions in which parents have indicated to me they feel vulnerable and exposed. In professional meetings such as core groups, case conferences as well as court itself - hearing others talk about you, often repeatedly, is very powerful. Sheila (Case 4) refers to having to 'sit there in court and listen to others refer to me' – 'as if I wasn't there'. Equally as powerful in triggering shame is reading the written word about themselves in professional's reports and statements for the court. Here in voluminous detail are accounts of parent's psychological make-up, ability to parent, mental state, as well as minute

details of the most personal and intimate aspects of their life. Included in this will be the professional's perceptions, opinions, as well as their accounts of what parents have said and done. It is all psychologically very powerful.

Kavner & McNab (2005) suggest 'shame can create a disconnection in the therapeutic relationship that prevents meaningful and authentic engagement, if not understood, brought forth and dealt with. Bertrando (2000) in discussing the importance of engaging with clients in highly sensitive contexts, where shame and other issues are paramount, suggests 'we observe, (as opposed to being a detached observer), as well as listen to gain entry to people's emotional lives - in a way that words cannot convey. This is what Bugental (1999) refers to in his 'bringing the psychotherapeutic engagement into the living moment'. In this context I would suggest it means recognising the parent's are in completely unfamiliar, even foreign territory, being highly stressed with consequent limitations in their ability to be conventionally or formally relational. For the professional to be suitably relational in this context it may be assisted by an ability to comfortably 'step outside the role' temporarily and to be less formal. In this way the client and the professional are able to experience something of the person in each other. This way of interacting and the qualities I refer to here are potentially available to most professionals. In Sheila's example (Case 4) she found this quality in the new Social Worker as well as the foster carer. In Jean's example (Case 5) she found these qualities in the relationship with her lawyer and again in the foster carer; these relationships sustained her and kept alive relational possibilities that might otherwise have withered. Later it was still available at a crucial time when her son was removed and when she could have lost all hope; but it was available to open a door for my potential involvement that eventually led to family rehabilitation.

In other cases it was a Children's Guardian who demonstrated these qualities or in the Morris family (Case 3) it was the Family Support Worker. I would argue that being 'therapeutic' in this context is something that is not exclusive

to those with dedicated training in therapy and counselling but is potentially available to most professionals in this work. However, it would appear the pressure to be formal and adhere to a strictly defined role, which is a consequence of the prevailing risk-aversive culture, inhibits more relational professional activity and hence the development of meaningful dialogue taken place.

5.2.4. Framing an approach

Given the multi-layered complexity inherent in most of these cases my approach uses a mixture of therapeutic modalities. I am aware that mixing therapeutic approaches in casework and crossing (therapeutic) modalities is fraught with theoretical difficulties. I do not consider myself (therapeutically) eclectic and recognise limits to what I, even along with an associate involved in the same case, can provide. This approach, while paying attention to theoretical and technical detail, emphasises the need for interventions that are timely, appropriate, fit for purpose, and most important of all - relational. Although this explains my position it does not necessarily get me of the theoretical hook. I also believe the way the therapist has integrated various therapeutic ideas is critical to the outcome and ultimately more significant than being purist with technical or theoretical considerations. I have reviewed my understanding of this following the heuristic interviews with Eddy Street and Heward Wilkinson who each provided food for thought. I also like what Paul Barber referred to in the heuristic interview as ‘some skills are beyond technique’. According to Wallin (1997) ‘it is not only what we do that matters – but how we feel about what we do’. This seems to accord with my experience in this work. The ‘how we feel’ dynamic enables us to convey something very important to the client without actually saying anything. In the way we relate to how they feel, they potentially relate to our feelings - providing they are available to be conveyed.

Norcross (2005) outlines four general routes to integration: *Common Factors* (determining core ingredients that different therapies share), *Technical Eclecticism* (selecting the best approach for the person and the problem guided primarily by data on what has worked best for others in the past), *Theoretical Integration* (two or more therapies integrated in the hope that the result will be better than the constituent therapies alone) and *Assimilative Integration* (grounding in any one system, with a willingness to incorporate, in a considered fashion, perspectives or practices from other schools).

Though I have a problem with each of the above *Assimilative Integration* appears to be the closest description to my actual approach. I therefore see myself as a therapist whose primary modality is that of systems/attachment but who is prepared to incorporate ideas and interventions gained via meaningful therapeutic experience from a variety of contexts. I also recognise the somewhat idiosyncratic nature of my (whole) experience but consider it can bring relevance to the families I work with in this context.

Eddy Street observed in the heuristic interview that moving fluidly between an aspect of parenting or skill acquisition and dealing with therapeutic issues as they arise seems to be very relevant in this context. As a result of sharing my experiences of therapeutic work in the heuristic inquiry, and post interview reflections, I have became aware of the need for adaptability in therapists as well as flexibility in the way they approach this work. These seem to be important aspects in addressing the multiplicity of unaddressed need in these families as well as the contextual problems. In my case study I found that secondary problems such as anxiety and depressed mood are also common - invariably exacerbated by the combination of legal proceedings and losing their children to care. Once the parent is suitably engaged you are likely to become aware of the extent and severity of the problems; it can appear overwhelming for the therapist. Eddy Street, in the first heuristic interview pointed to the way I tend to filter the problems so that (subconsciously) a kind of package is constructed. It is not possible in these

cases to address every area of difficulty and move toward therapeutic resolution. It is more that a focus is retained that is reflected in the 'package', which addresses those areas of central importance to the court and the (potential) rehabilitation plan. This is done with the acceptance that the family will still have problems at the end of the process, but hopefully the parents will be ‘good enough’.

Becoming more aware of the essence of therapeutic work in this context has been enhanced by the heuristic interviews that while illuminating of themselves also triggered the need for further periods of reflection in search of a deeper understanding. Eventually, in this way a clarity or what Moustakas (1990) calls ‘illumination’ emerges; here the researcher-practitioner is more receptive to the intuition and tacit knowledge that has been so influential; you are now able to articulate more coherently and confidently the ideas that have emerged and been shaped in this process. I found that mentally preparing for and then sharing ideas and experiences that were emerging from the research experience with a wider participatory group to be very enabling in this way. Maintaining a reflective position with periods of self-searching developed a deeper awareness and appreciation of the tacit dimension’s role in this making it more accessible; a benefit available and influential in casework as well as research.

5.2.5 Four dimensions of therapy

From the synergy of mixed qualitative study including participation with interested others, 4 dimensions of therapeutic involvement have emerged that remain work in progress. The levels are conceptualised separately here but are not isolated hierarchical entities as they overlap and vary in significance at any given point according to the vagaries of the case it self. The boundaries are diffuse and permeable so that each level is available to be used and is relevant in another. The 4 dimensions represent a multi-

dimensional approach to this work that would be relevant in an emerging framework:

i. ‘Me and you’ – Therapeutic relationship

Hubble, et al (1999) suggest the quality of the perceived therapeutic relationship (by clients) is far more important to outcome than technique. Along with Mason (2005) they consider it requires taking a position of ‘authoritative doubt’ with clients. Mason also goes on to suggest that the importance of exploring the possibilities for therapeutic ‘risk-taking’ at key times can be fundamental to achieving ‘trust’ prior to effecting meaningful change. Helmeke & Sprenkle (2000) researched the importance of ‘significant moments’ in therapy that both clients and therapists felt were significant and change-related. They concluded that ‘focusing and re-focusing on subject material that is emotionally important’ to a client was seen to be a ‘key factor in pivotal moments’. They also indicated the significance for clients of expressing a high level of emotion toward the therapist. Sheila (Case 4) and Norman, the father in the Morris family (Case 3) both recalled this kind of experience where focusing and re-focusing seemed to lead to pivotal change moments for them. In Norman’s (case 3) case he would become highly emotionally aroused over some issues which in a therapeutically containing relationship was beneficial and allowed the opportunity to reflect and understand his feelings and behaviour. This is what Dallos and Vetere (2008) refer to as ‘felt security’ in a relationship – where issues of affect regulation, support seeking, communication and importantly ‘sense of self’ are relevant. It is also described by Sonkin (2005) as the therapist becoming the ‘secure base’ for clients in order to explore and reflect. This kind of emotional arousal and presentation (Norman case 3) generated anxiety for some professionals who mistakenly (in my view) attributed to him at times aggressive intentions.

The ‘Me and you’ level refers to the therapeutic relationship in this work. It functions at the core of this work and underpins everything else that happens

in the other dimensions. It requires the therapist and the parent(s) to have an understanding of the direction they are jointly trying to move in as well as the obstacles to progress. The plan, including its limitations, would benefit from being transparent and constantly under review as the therapy is moved forward. This is contained in the idea of 'therapy as scaffolding' (Vetere & Dallos 2008) in which by being non-judgemental and engaged the therapist provides an emotional secure base, helps to 'notice the feelings of others', and 'finds words or phrases to describe their feelings'. Despite the often limited timescale and pressure imposed by the context itself, this may be a potentially transformative change-opportunity for some parents. The parents relational limitations added to their stout defensiveness, often means that the 'trust' may be implicit, and largely unspoken. As the relationship matures and where issues of central importance can be openly considered the therapist's burden is somewhat relieved. For a time, while you sail close to the transferential rocks - not only early on in the process but also at other crucial times – it can feel as if the therapist alone is carrying the burden of their 'hope'. As you would expect this engenders an enormous sense of responsibility (transferential rocks again) for the family and the outcome of the case. When a considerable investment by parent and therapist does not lead to a successful outcome, it can be potentially destructive for the parents and undermining of the therapist's confidence (a feeling shared by Dr Roger Kennedy and Eddy Street) in my experience. Though the therapist will have a professional safety net in these circumstance the families are not helped and supported following a negative outcome; remaining marginalised, often very isolated, and left to their own (extremely limited) devices.

Achieving a therapeutic relationship in this context invariably means you will have gone some way to overcoming the parent's defensive pattern of relating, so that trust can be built. This study, in 'early work and engagement' indicates it is the most difficult part of the work and on which any future progress hinges. The findings also indicate it can also be the basis for addressing issues of self-identity often at the core of these parents' difficulties (referred to in Chapter 4 pages 163, 164, and 166). If the

obstacles to engagement can be overcome then achieving significant change necessary for rehabilitation, by comparison, is often a more straightforward process. The relationship (‘me and you’) is ubiquitous in this context; it is the Sun at the centre of the therapeutic solar system, providing energy and potential movement (internal and external) for everything else that happens during the other processes and inputs of therapy .

ii. ‘Doing stuff’ – Psycho-Educational input

‘Doing stuff’ refers to a potential range of activity I have tried to encapsulate here as psycho-educational i.e. active programmes in which information is imparted so that direct learning can occur. Although this implies the approach is didactic it is very conversational and uses the clients own experiences as well as case examples the therapist considers relevant. For example where anger management is being discussed the client learns about psychological and physiological aspects of anger-arousal as they are helped to identify their own anger-arousal pattern. In building a psycho-educational approach to this work with families with complex requirements the intention is to try and shape the intervention(s) according to need. This is undertaken in a negotiated way with the parents but very much therapist led. During the heuristic interview with Eddy Street in particular we referred to being ‘developmental’ in terms of understanding parent’s problems, especially young, vulnerable single mothers (Sheila Case 4; Jean Case 5) who had yet to develop a coherent self-identity as a parent, or in ‘picking a good one’ (partner) – where a functional ‘sense of relationship’ had yet to be developed. In the Morris family case study (Case 3) Norman, the father and Jean (Case 5), the mother recalled the significance of anger management that related to problems with professionals as well as in their general functioning. Aspects of parenting and attachment issues that required attention were very relevant and referred to by parents in all five of the case study examples (see table 3 in Chapter 4). Providing inputs that contain a considerable psycho-educational element is an important part of the therapeutic package and very relevant for parents who have multiply-determined problems. As Eddy Street suggested – ‘doing

stuff' - can become an indirect way of addressing therapeutic issues that might not otherwise easily emerge. This is activity that by its very nature generates therapeutic moments that might otherwise be very difficult to reach in formal counselling or therapy. This work depends on a highly relational approach and is underpinned by the 'you and me' – the therapeutic relationship.

iii. 'Making Sense' - Reflection and narrative

I found I reached a point in the case study relationships where the parent is less defensive and can tentatively review their position. As some work appears to be yielding results the court has agreed to at least a delay in the proceedings so that the immediate pressure on the family is reduced. The need to fight a rearguard defensive action is on hold for the time being so other psychological strategies can now be brought into play especially that of review, reflection and narrative construction . For some parents the ability to be reflective is limited or under developed and is likely to be a new experience. Initially there is a need to review how they have utilised maladaptive patterns for dealing with the immediate threat in their lives. However some parents free from the immediate pressure became extremely adept at considering their own behaviour very quickly e.g. the mother in the Smith family (Case 1) and the father in the Morris family (Case 3) were both exceptionally intelligent parents with an I.Q. of 140. Reflecting, attaching meaning and generally exploring possibilities was well within their intellectual capability. With the father in the Morris family (Case 3) it meant he had to address the intense emotional arousal caused by an overwhelming sense of guilt to free his otherwise exceptional cognitive ability. The mother in the Smith family (Case 1) was trapped in a pattern of conflict – but once freed from that, and engaged with the therapist her ability to reflect and reason was exceptional. As the sessions unfolded she confessed to (intellectually) thoroughly enjoying the dialogical and reflective process.

For other parents relieving the pressure and then progressing beyond the defensive shield opened up reflective possibilities for them. Sheila (Case 4) discovered a natural ability to be reflective such that the sessions enabled her to integrate this into her way of being. Each had obstacles to overcome, often in the form of intense emotional arousal generated by shame and guilt. For some like Jean (Case 5) the mothers in the Smith family (Case 1) and the Bevan family (Case 2) there was an element of fear associated with their past that they perceived being reflective may expose. The pattern and pace were unique in each case; once the initial defensiveness had been overcome it enabled the reflective process to play its part in influencing initially their understanding and later their behaviour.

The process of reflecting, particularly the key events in their lives, naturally generated intense feelings including anger toward the professionals involved. The challenge for the therapist is to somehow balance a sense of the parent's perspective within the wider reality, especially as a narrative begins to emerge. The narrative around who did what, when and why and who is to blame – can become a central feature for a time. Having established the foundation of a therapeutic relationship, with a degree of trust, I find myself guiding parents through a process, where their old narrative (if there is one) is reviewed and set against the other narratives available. With the pressure off, it becomes increasingly possible to co-construct a revised or in some cases a brand new narrative. The narrative is their story that deals with the issues of culpability and responsibility, which are important in the therapeutic process, and also later in placating' professionals. The narrative is also therapeutic in the sense that it tells their story in a way that enables them to begin to make progress after a period of extended stalemate. The narrative is not always strictly 'accurate' in the sense of imparting the truth but has more of an emphasis on being meaningful for them and those in the professional system. Underpinning their narrative will be the rationale for their circumstances – the how and why they got to this position, but also what is

different now and how or what they changed. This was evident in all the case study interviews.

The father in the Morris family (Case 3) said –

'*We were treated harshly* (by Social Services Department) *but it was not a good environment for the children'.*

'*We were good parents but I was still acting like a teenager*'.

'*I felt I could argue better than them* (Social Workers) – *I was antagonistic'*.

'I realise now I was minimising'

In this therapy the 'empty chair' common in gestalt and family therapy can be used. 'What would the Social Worker or the Guardian say is the problem if they were sitting there now? The therapist is able to use the multi-perspective position to bring her/his knowledge of the various professionals narrative into the room and hence generate ideas about their (parents) own narrative. In this way it also encourages (parent) self-examination and conversations about issues and perceptions, without the professionals actually being there and anyone feeling accountable. Enhancing parent's reflective skill in this way provides them with a valuable tool (Cann 2004) that can encourage resilience. The narrative can also reveal core therapeutic issues about self-identity that may have been obfuscated for so long but now potentially available to be addressed.

iv. The 'bigger picture' - The professional system

I referred earlier in this document to the conflict between the parents and professionals as being omnipresent in this work. There can also be a great deal of conflict between various professionals where equally polarised positions develop that prevent progress. Although a different context this is similar to the 'interactional polarisation' referred to earlier in Chapter 3 by

Campbell and Groenbeck (2006). Given everything at stake in legal proceedings and their adversarial nature it is not surprising that the inherent conflict is mirrored within inter-professional relationships at times which of itself can prevent progress and as a by-product contributes to the obfuscation of parental difficulties.

I am currently involved in a case as I write this document where the Children's Guardian and the Child Care Social Worker complain to others, including me, about their views of the case being diametrically opposed to each other. Both have contacted me separately to explain their concerns and the substance of their case; I am surprised when I listen to them not only how similar are their concerns, but their potential solutions. This seems to be a context, where both professionals who are most definitely concerned for the children, find it difficult to discuss matters without generating intense conflict that has become personalised. To me there appeared fundamental agreement on most issues though there is a dispute over minor detail with both of them responding disproportionately to relatively minor concerns. There is also a sense of each of them feeling they can 'save the children' by their activity and concern.

We arranged a professionals meeting to see if they can reach agreement together as they did separately when they each contacted me. These are meetings, despite a lawyer's presence, I often consider to be therapeutic consultations. Here the function of the psychotherapist according to Street and Downey (1996) is at two levels. Firstly, too jointly problem-solve and co-construct a solution by finding a way through the obstacles. The secondary function is to provide information, expertise and where necessary advocacy concerning a central issue - that is to act as an 'expert'. Though it is not very post modern to be 'expert' or 'consultative' Mason (2005), Byng-Hall (2004) are among those family therapists who argue that 'we should not marginalise aspects of our own expertise, for it offers the potential of doing a disservice to clients'.

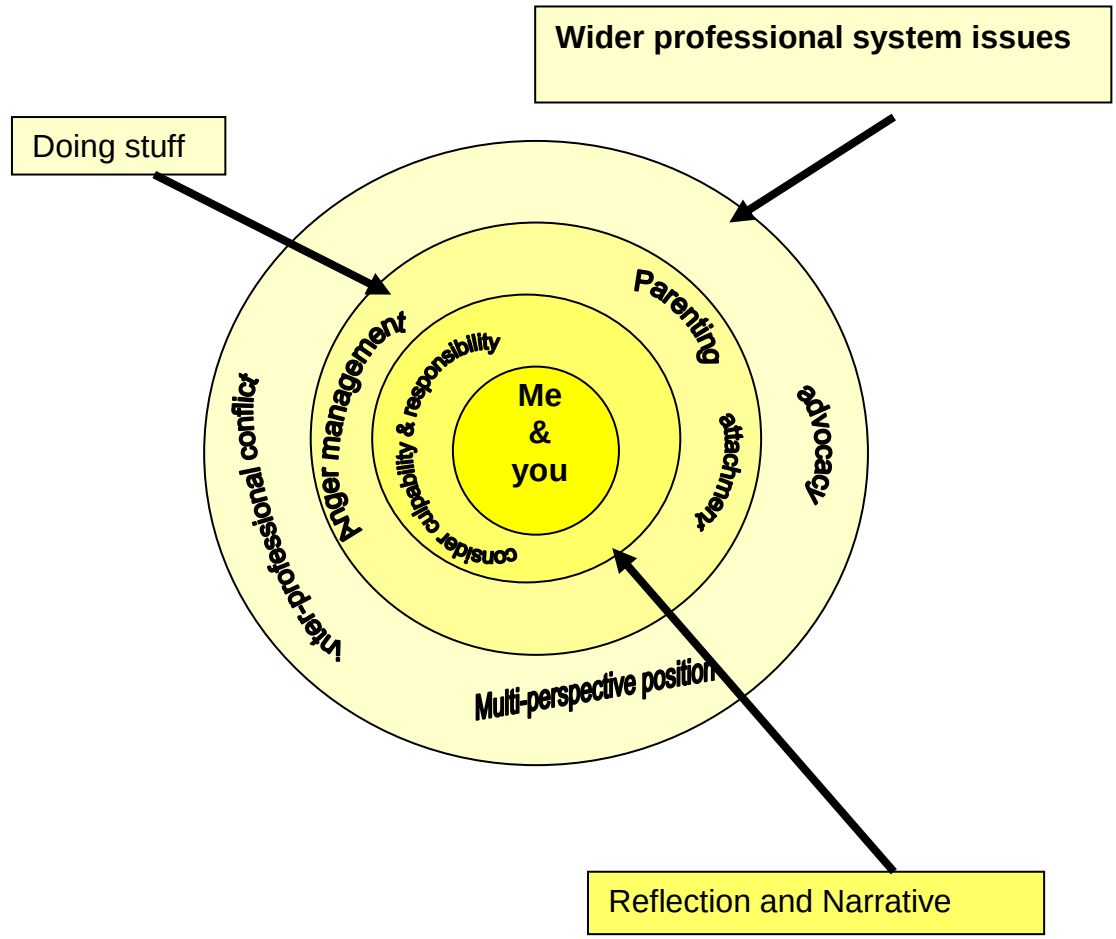
In a separate case recently I brokered a meeting between the new Social Worker and the parent who had virtually no contact with professionals for nearly a year. This bitter stalemate was impeding progress in the case and compounding the conflict and stress - especially for the family. Both the new Social Worker and the father were very apprehensive - but after some preparatory work I could see there was motivation on their part to try and move on. I was able to successfully broker this meeting because of my established relationship with the parent, my knowledge of the history of the case, and the (expert) status I hold in relation to the Social Worker. Overcoming the stalemate opened the possibility for meaningful dialogue after a long time and led to the family being recently rehabilitated.

It seems that in each of the case studies I became an advocate at some stage for the parent's perception; a window on their world and hopefully providing others with an insight into their experience. This I conveyed not just formally in an expert report or when giving evidence but informally in the course of meeting other professionals and or when they contact me. I have also become aware of how strategic this activity is and the need to be reflexive in this role. I now consider this role an extension of being 'therapeutic'. Similarly to engaging with parents when involved with the wider professional system it is important to get close to the conflict, experience it, understand it, and then not become embroiled so that you may enable progress to be made.

Through the overall research activity, including the participatory dimension, and more recently sharing this work with other experts, I have come to accept this wider systemic function as an important dimension to the work. I did not originally conceive of it as such but like many other aspects of the role, it has evolved so that almost without me realising it has become embedded and hopefully refined with practice. I recognise here the influence of a tacit frame throughout this work. I view this now as highly skilled, strategic activity that can not only make a difference to parents, but

sometimes the professionals and the legal process itself; this view is confirmed informally by others in the professional system. Professionals sometimes recognise they are stuck with polarised positions as in the earlier example and the request for help may be indirect or subtle. I am now more consciously aware of the value of this wider systems aspect, the difference it can make, and the way it complements the other 3 dimensions.

Figure 2


4 Dimensions of Therapy
Wider professional system issues
Doing stuff
Parenting
attachment
advocacy
Multi-perspective position
Inter-professional conflict
Anger management
consider culpability & responsibility
Me
&
you
Reflection and Narrative

Conclusion

When I began this research journey I was uncertain and somewhat anxious about two things: Firstly was I able enough to complete the D Psych. Secondly whether my chosen research subject would warrant the interest and attention of a psychotherapy-based research programme. As I near the end of this journey I am convinced of the value of research in this area and also of its (modest) potential value to psychotherapy. I feel that those on the margins of society, despite many self-evident disadvantages, can benefit from psychotherapy providing it is firstly, available and secondly, understood by them to be meaningful in their lives. In this the enthusiasm, motivation and expertise of the therapist is pivotal to the success of - 'early work and engagement' – the route I would suggest to (potentially transformative) change in these families. Recognising therapist qualities and motivation in particular the words of American Psychologist David Wallin (1997) come to mind.

'*It is not only what you do is important – but how you feel about what you do'*.

I very much appreciate that working with this and other marginalised client groups is not for everyone in psychotherapy – but I also believe the sometimes considerable needs of families in this context should not be ignored either. Psychotherapy is essentially a conservative and relatively inflexible institution with its roots firmly planted in middle-class western conventions. One of the conventions underpinning much of our work is the expectation that the client must be motivated and demonstrate this by coming to see us. The therapeutic encounter when it happens is implicitly on our terms and although unspoken we are usually 'in charge' - from the outset. Working therapeutically with families on the margins of society, means that to some extent you will be compromising this tradition, and stepping outside your comfort zone and or secure base. It doesn't mean you necessarily lose the structure that is necessary in our work but more that we have to recreate

it elsewhere. It sometimes means recreating ourselves as well in such a way that we bring what we have closer to the real experience of the client in order to make a difference.

The challenging nature of this work is about being on the edge – it can be uncomfortable and occasionally risky and the stakes are very high for the family. It means sailing close to the transferential rocks while seeking meaningful change - which though relatively infrequent - when it happens, can be potentially life-changing. This work makes significant personal demands of therapists and can ask serious questions concerning the nature and extent of their motivation; it also asks questions of services, as it does therapists in terms of adaptability and flexibility. If you accept the premise that this and similar client groups may be relationally disadvantaged and struggle to engage in formal settings then in order to provide a service therapist and service alike may need to adapt to the clients contextual needs - which may mean bringing you (and what you provide) closer to them - a significant reversal of the usual (psychotherapy) trend.

The truth of marginalised groups is that they are conveniently either ignored or occasionally pilloried by society and most institutions. It is ironic that those who are arguably most vulnerable in our society find it most difficult to access services that may help them. Psychotherapy, perhaps because of its inherent conservatism and roots in middle class conventions, is often a long way from those who (arguably) most need it. In this I am not making an argument for psychotherapy as a solution for poverty or factors that marginalise some families compared to others – but poverty or being marginalised should not exclude them from therapeutic help. I hope this study has demonstrated it is more a question of understanding the client's context, the obstacles that presents to (therapeutic) engagement, shaking loose the usual conventions, and meeting the challenges in a creative fashion.

This study also says something about wider professional activity with families in legal proceedings and the nature of professional-client relationships. In

this I see a central position for ‘meaningful dialogue’ or ‘genuine conversation’ (Buber) between professional and parent - so important in preventing the frustration and conflict that obfuscates the parent’s core problems that often remain unaddressed. Relationships that lead to trust and ‘working together’ naturally provide the context for this to work effectively. The emphasis on ‘working together’ currently places the responsibility for success almost solely on the parents. Surely it is time for a much more balanced approach in which the parent and professional both have a responsibility to make this work - remembering of course, that the professional should be in more of a position to understand the context of the parent - than the other way round. Being ‘therapeutic’ and establishing a positive relational frame from the outset with the parents has I feel been demonstrated in this study to be important - regardless of the professionals particular role.

From a personal point of view I feel affirmed by the (Metanoia) research journey experience despite the enormity of the challenge at times. Reflexivity now has a more significant place in my being, both as practitioner as well as researcher and helps me counter the tendency for certainty and absolutism, inherently pervasive in this professional culture. Understanding the tacit dimension’s role in storing the intense field experience as well as extrapolating meaning via mixed qualitative methodology, has been a revelation to me. The participatory nature of the study increased as it unfolded and was rich and influential for me; very gratifyingly for me it seems the experience has benefitted those who collaborated and enthusiastically gave so much time and energy. Collaborating widely with other therapists generated new impetus at times just as my energy and self-belief was beginning to wane. In many respects I feel the study brought me back to basics providing a focus again in areas such as ‘engagement’ and ‘relationship’ - but always taking account of the clients particular context and in that their underlying emotional and psychological distress. The ‘expert’ role itself is full of contradictions and challenges and the system in which the work

is undertaken is often experienced by most professionals to be unsuitable and at times oppressive for families. This study has caused me to review my relationship with this work and in particular the ideological dilemmas faced by the Expert Psychotherapist – referred to earlier as ‘squaring the circle’ (Chapter 1.4). The cost of feeling ‘contaminated’ at times by the system is weighed against the potential for transformative change for some families. These issues have benefitted from the focus brought about by a quantitative research approach as has my capacity for research-mindedness which has also been enhanced in the process.

A major benefit of the participatory nature of this study and maybe its most significant contribution of all thus far has been to discover its apparent relevance to small projects run by Family Therapists and Social Workers. These are projects located within Social Services and concerned with similar families to those in my study but where domestic violence and or serious substance misuse is identified as a dominant factor. It is in these projects where aspects of the emerging framework, still very much - ‘work-in-progress’ – has already been enthusiastically taken up and become directly influential in practice. Though this research journey has some way to go and I suspect the ‘emerging framework’ may keep me busy for some time yet, it may have found its first, if not its eventual home. If so I will be content – for now.

Word Count: 68245

Appendix i: Elements of an emerging framework – work in progress

Comment: *''Psychotherapy isn't what you think'* (Bugental 1999)

Introduction

This framework has emerged directly from my experience in the field. It is largely based on my experience of providing assessments and therapy in several hundred cases in the context of child-care legal proceedings during the last 10 years but also has influences from experience of other contexts - especially asylum seeker/refugee families and work in specialist CAMHS. The emerging framework has to some extent been tacitly nurtured and then shaped in the context of intense field experience. Therefore, firstly uncovering and then understanding what I do and why in this work, has largely occurred in this research process and been both illuminating and challenging. The significant tacit dimension of this activity has gradually revealed aspects of itself having been stimulated by heuristic interviews and then later via reflexive process and collaboration with others in the field. It has required further indwelling and self-searching at times in order to uncover the various layers as well as essence of meaning in this work so that I could more clearly articulate my thoughts and ideas. This appears to be a stage of 'explication' (Moustakas 1990) in which refinements and adjustments continue to be made as the benefits of collaboration with others is experienced - though they are not now fundamental. Although elements of the framework date back to earlier experience it has largely emerged and been developed in the context of this doctoral research but very much remains work in progress.

This framework is still rudimentary and early in its development. It will benefit from further testing in the field and ongoing collaboration with interested practitioners. Although it began with my early intense experience in this work and then developed at Metanoia it has been enhanced via contact with a wider collaborative group in more recent times. I have already referred in my dissertation to aspects of the framework being relevant for therapists in the same field working, in small projects such as domestic violence and substance misuse. I have used elements of it myself in my Expert work and included the 'assessment criteria' referred to later in my

reports. My critical friends, Eddy Street and Jon Chatham, along with my academic consultant, Roger Kennedy, all of whom undertake Expert work, have also commented on its relevance and where it has been influential in their work. As part of its 'creative synthesis' (Moustakas (1990) I feel it may eventually have application to other areas including specialist CAMHS, working with asylum seeker/refugees and parents from other marginalised communities where a degree of adaptability and creativity is required in order to make psychotherapy relevant and available. Its usefulness may well extend to the same families but applied much earlier in the process and prior to legal proceedings. This would enable some families to be helped without the necessity of losing their children to care and embarking on legal proceedings and all that involves. The potential saving in human as well as financial cost would be considerable. Along with my critical friends we are currently testing the application of the framework in this context.

The framework acknowledges the complex, multi-dimensional aspect to the work. It seeks to create a context whereby professionals and parents can be appropriately relational. In particular it promotes 'being therapeutic' in approach to engaging parents as something relevant for all professionals in this work, as well as a multi-dimensional 'therapeutic approach' to assessment and intervention where possible.

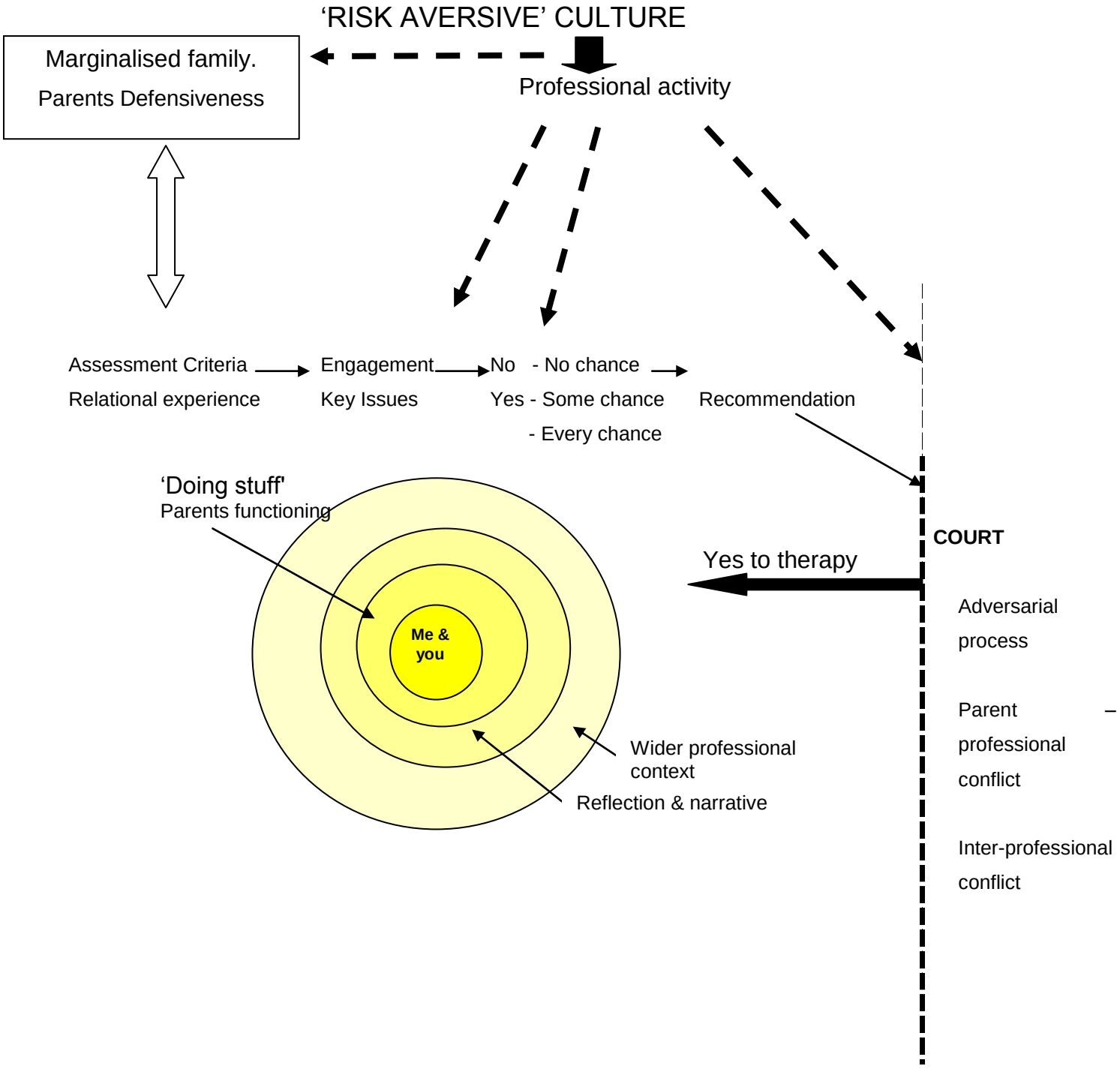
The intention of this framework is to take account of the family circumstances (including to what extent they may be marginalised) as well as the influence of the 'risk-aversive' professional context on the roles and activity of everyone involved. The elements involved in this complex process and its potential impact on professionals and parents is described in figure 4 below. The framework is intended to support the 'Expert' making an assessment and or considering therapeutic intervention but also potentially influence the activity of the wider professional network in some key areas. There is a great deal here which is already referred to in detail in the dissertation itself so to avoid unnecessary repetition I have tried wherever possible to present the framework it self in a summary format.
It is presented here in 5 parts:

1. Early work and engagement with parents.
2. Guidelines for therapeutic assessment.
3. Variation in parent's response to professional intervention.

4. Parameters and formulating assessment.
5. Therapeutic work (post-assessment).

Figure 3

Elements and process in an emerging framework



1. Early work and ‘engagement’ with parents

This is referred to in detail in the dissertation in chapters 4 and 5 in particular and is therefore presented here in bullet point format.

- Recognition of parent’s marginalised context, extensive need at many levels, and inability to deal with formal professional activity

- Pervasive influence of ‘risk aversive’ culture leading to established context of parent-professional conflict

- Conflict prevents early relationship building and meaningful dialogue. Pattern is established even before Guardian and other Expert involvement.

- Parent’s deep sense of shame and guilt exacerbated by formal Social work activity triggers defensive reaction in parents

- Expert role not one of ‘detached observer’ but adapting (stepping outside role) to engage and meet the needs of the parent/context

- Taking a wider perspective and understanding of professional activity; as it affects the family; inter-professional conflict; the process of legal proceedings itself

- Engage to see beyond the defensive presentation to what might be the ‘core’ or ‘authentic’ parent and previously unforeseen potential

- Being ‘therapeutic’ from the outset and alert to the parent’s ‘hope’ as it emerges as well as relevant narrative

2. Guidelines for therapeutic assessment

Via intense field experience and this research journey I have found the following aspects of psychological functioning and qualities of social relatedness to be important elements in assessment work with parents in this context: 1.Willingness to engage; 2. Insight and ability to attach meaning to experience; 3.Willingness and ability to consider other perspectives; 4. Awareness of the need for change. 5. Capacity for reflective functioning and the generation of secure attachment experience. 6. Contextual factors and individual functioning.

Its aim is to establish the relevance and viability of therapeutic work in a particular case as well as identifying specific areas of intervention. It is established over several sessions during which time it is also possible to test parent's potential commitment to a therapeutic process. I have used these guidelines as the basis for a therapeutic assessment several times in legal proceedings resulting in some fine tuning. It has also been similarly used by my critical friends and reviewed by Dr Roger Kennedy.

A. Willingness to engage

Two factors may be important here: a). Motivation; b). Ability to trust and make relationships.

An individual or couple's motivation to commit to therapy/counselling can be tested over several sessions during which core issues are closely examined. b) The level at which they are able to trust and form relationships is also relevant. It is reasonable to take account of an individual's anxiety and reticence during the initial session while becoming familiar with the concept of therapy in this context. If engagement appears motivated because it is the last or only resort then it will not be enough of itself as it should be related to previously identified problems – agreed by the assessing psychotherapist and parent - as well as a discernable method of addressing them. It is important from the parent's perspective that the nature of the problems and the method of addressing them is presented in an understandable and meaningful way.

1.3 Insight and ability to attach meaning

Here a parent can be assessed on a range from being: Generally not reflective and insightful – to some capacity and or potential to understand own behaviour and problems - to having a good capacity to understand own and others mental processes. Insight in this context can help someone understand and attach meaning to past behaviours or experiences. Utilising that understanding, alongside an 'awareness of the need for change', has the potential to positively affect future behaviour.

1.4 Willingness and ability to consider other perspectives

Includes mental flexibility; potential for taking balanced view; ability to listen and take account of other perspectives. The nature of complex, adversarial child-care legal proceedings is that fixed positions can be taken and defended by parents as well as professionals. In these circumstances parents can fail to develop and or maintain relationships with professionals as they become occupied completely with defending their case. An ability to understand and to some extent take account of other perspectives, even when passionately disagreeing with them, can help the parents preserve a more balanced view of proceedings. The ability to consider other perspectives indicates a certain mental flexibility that may also be helpful in therapeutic work.

D. Awareness of the need for change

This may include personal and or familial or systemic change. Here the range can extend from: No awareness perhaps including significant resistance – to some awareness – to developed and or developing awareness. It may be helpful to consider the parent's/couple's potential for growth in this area.

E. Capacity for ‘reflective functioning’ and ability to generate secure attachment experience

Reflective functioning refers to the essential human capacity to understand behaviour in light of underlying mental states and intentions. The construct, introduced by Fonagy, Steele, Steele, Moran, and Higgitt in 1991, in this context refers to the parent's capacity to hold the child's mental state in mind and in a routine way determines the quality of interaction in any parental response to the child. In a similar way assessing a parents potential to generate secure attachments can be observed by the way parents respond to their infants needs in terms of: availability; sensitivity; reliability; responsiveness; and predictability. The qualities engendered in reflective functioning and generating secure attachment experiences are closely linked. Together they combine the basis for developing positive, resilient relationships between child and caregiver enhancing the child’s developmental prospects.

F. Contextual factors and individual functioning

For example: mental health; substance misuse; personality disorder; domestic violence or co-dependent relationships.

You may not be directly assessing whether someone has personality disorder or the extent to which substances remain influential for them. However, you may be expected to assess an individual’s capacity to be sufficiently relational to engage in counselling/therapy; what criteria you may set for that e.g. drug free; and to what extent they might benefit from any particular intervention including your own. Having one or more of the above does not necessarily exclude them from assessment and or further work.

3. Variations in parent's response to professional intervention

Parent's reaction to serious professional concerns about their children's care will often determine whether children are removed, legal proceedings are initiated and or help is provided. Being able to consider professionals concerns and work with them in a positive fashion is often critical to the outcome, and is frequently a pivotal point in the whole process. It frequently does not work smoothly with many parents reacting defensively triggered by a deep sense of shame that can inhibit or undermine relationships (Kavner and McNab 2005) (Flaskas 1997). Parent's defensive behaviour in this context can also be understood as an enduring, organised strategy to deal with a current threat (to self) that may also be related to a much earlier unresolved (attachment) experience (Kennedy 2005).

It is therefore important to understand the parent's defensiveness in terms of their underlying mental state, level of distress and motivation, if engagement is to have any chance of success. In the course of this study, ideas about the nature and type of parent's defensiveness have been uncovered and then refined by testing in the field, by myself and my critical friends, and assisted by further reflection. The various defensive positions identified here have emerged via my experience of hundreds of cases over the years rather than limited to the case study itself. Other Experts, notably Dr Roger Kennedy, were able to recognise from their practice the following defensive positions taken by parents in response to their perception of professional activity, child protection concerns and legal proceedings.

A Angry-defensive;

In order to protect the 'self' shame turns quickly to anger and is externalised in a defensive response that pushes away the professionals they need to engage with. Often there is no shared understanding or narrative between the parents and professionals as issues become personalised and positions become entrenched. Parents here see professionals at least partially (sometimes wholly) to blame for the circumstances – 'they did nothing to help' – or 'they wanted the children away from us whatever we did' – their energy is committed to a defensive position and maintaining some credibility in their own eyes as well as with others. The professionals experience these parents

as unnecessarily resistant, disrespectful and ‘not working with them’. Often parents in this category seem unable to reflect and have little to no narrative that offers a rationale for their circumstances beyond blaming professionals.

B. Ambivalent

These are parents who commonly oscillate between angry/defensive and dependent positions and unable to relate in a consistent fashion and form a stable relationship with professionals. Their affective response will be dependent on the nature of the stress, to what extent they feel held or supported, and what kind of behaviour they perceive will bring the desired professional response at any given point in time. The parents’ ambivalence deflects pressure from them toward professionals who may then feel uncomfortable and uncertain generating feelings of frustration and sometimes anger with the parent in this context. Jean (case study 5) was an example of this early in the casework relationship.

C. Contrite – acquiescent

Essentially these parents reach a point where they appear to be very sorry for their actions that led to their children’s removal and want to do all they can to make it right. The salutary experience of having their children removed and the reality of legal proceedings had a profound effect on some parents. One parent described this as an ‘epiphany’ or life-changing experience. Naturally being contrite should not prevent a careful examination of the parent’s functioning in these circumstances. Often these parents, as they become increasingly aware of their responsibility for their circumstances, experience guilt – with many feeling anxious and or depressed. These are feelings that potentially undermine, even incapacitate some parent’s efforts to regain a position of authority and even credibility with their children, as well as the professionals. Sometimes parents in this position want others to determine what they should do - fearful their own action or initiative will lead to failure. The father in the Morris family (case study 3) is an example of this once he had experienced his ‘epiphany’.

D. Unassertive (overwhelmed) – dependent.

This response often applies to young single mothers or others who have had very unsatisfactory relationships involving domestic violence and or substance misuse with dominant partners. Some will have experienced a series of such relationships with negative consequences for themselves as well as their children. They may be superficially socially skilled but have little to no internal frame of reference to guide their parenting, or any relationship activity – so trust, intimacy and friendship-building has become a very risky, superficial process. Often young parents may not realise the significance of changing roles as acquaintances become friends, become partners; then become step-parents - sometimes in a remarkably short space of time. These are parents who have a pattern of becoming dependent with anyone who appears helpful to them. They may also be anxious and lacking self confidence in many areas but some will have insight and be showing a more general commitment to change. Where this is evident recognising and changing patterns of dependency, especially with unsuitable partners, as well as more appropriate relationship- building is the challenge. There is a good example of this category in case study 4 (Sheila).

4. Parameters and formulating assessment

The parameters referred to here have emerged and been more coherently shaped in the course of this research study. Their origins however pre-date that time and relate to significant experience rooted in other contexts, notably work with refugee families and specialist (post-abuse) CAMHS. Looking back in my research journal I can see evidence of attempts on my part to define and shape these parameters before I was eventually able to articulate them and later test in the field. This was an arduous reflexive process in which I gradually became aware of the relational significance of this kind of assessment as opposed to more conventional skills-based assessments of parents. The focus here on a parent's 'sense of self' and 'ability to relate' in particular, reflects the central importance in this assessment of being parent's ability to be relational in a variety of contexts: With her/his partner, children, professionals, and then potentially in a therapeutic relationship.

The assessment framework here uses a close examination and subsequent analysis of the parameters described in this section. Although the parameters are described separately it is essential to understand the interrelationship between each of them. For example being able to carry out a child-care task successfully often requires not just the skills aspect; but includes appropriate child development knowledge; cognitive ability to organise or problem-solve; an ability to engage and relate with a child to obtain compliance etc. The more demanding the task the more it draws on the personal resources such as resilience, motivation and other qualities embedded in an individual's 'sense of self'. The 'self' in this regard is considered to not only help manage the interrelationship between each of the parameters but enables social responses to be appropriate, consistent and coherent (See figure 5). Assessment of the parameters and subsequent analysis can indicate the parent's capacity for therapeutic intervention and potential rehabilitation. As a result you will be able to describe to other professionals where on the continuum you estimate the potential of the parent to be. Therefore, in this context do they have - 'every chance, some chance or no chance' - of benefitting from therapeutic work leading to rehabilitation.

A. Skills/technique.

Many parents are perceived to have significant deficits with their ability to do certain tasks or skills such as parenting, general child-care, assertiveness or anger management. Assessing a parent's deficit with for example, a particular parenting skill, or a need to become more assertive in a context of domestic violence, should also include a parent's aptitude for learning and integrating new skills ('Doing stuff' in Chapter 5). Being able to multi-task is an essential parenting capability which draws heavily on other parameters. There may already be a history to indicate parents will have failed to benefit from skills-based interventions thus far.

B. Knowledge.

While there may be specific issues relating to particular cases (e.g. child's health; parental mental health) at least a rudimentary knowledge and understanding of children and development is very important in order to have appropriate understanding and expectations of their behaviours and general functioning as they mature. You will want to understand to what extent parent's knowledge appears innate and almost natural as well as someone's capacity and motivation to acquire knowledge when it is clearly deficient. As you might expect often the parent's own experience of being parented may be influential here in terms of an integrated knowledge base, and the meaning it represents in the present.

C. Social Relatedness.

This refers to being ready-willing-able to understand/relate to the mental perspectives and emotional experience of others especially within their family. This capacity emerges in infancy through toddlerhood and is functionally complete by 5 years. Serious problems with social relatedness may be integral to personality disorders or exacerbated by substance misuse or mental health issues. Relatedness with the child, as well as adult to adult is a fundamental aspect of this parameter. And may also be a measure of how relational they can potentially be in therapy.

D. Cognition.

This refers to mental activity and behaviour through which knowledge of the world is attained and processed, including learning, memory, and thinking. Learning difficulties and in some cases superior intelligence (Case study 1 and 3) may be relevant here as will mental flexibility and problem solving.

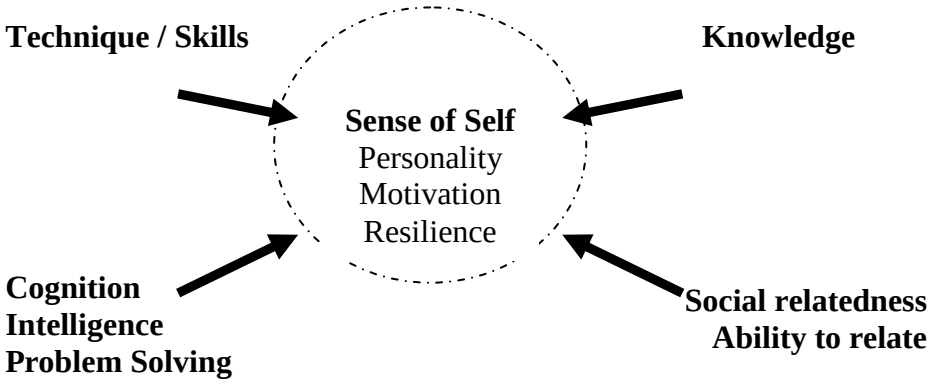
E. Sense of self

At the centre and the glue holding all these elements together is an individual's 'sense of self'. Here in lies an individual's particular personality characteristics as well as potential for resilience to deal with stress and motivation to remain committed to meet the challenges as they arise. The relationship between 'sense of self' and other parameters, as well as the relationship between each of the parameters with each other, is of fundamental importance. In this kind of psychotherapy assessment I suggest there is a critical relationship between sense of self and social relatedness and to what extent any fundamental problems that may be identified can be resolved and in what sort of timescale. It will also highlight potential areas for therapeutic intervention as well as determining how effectively relational someone can be and therefore the prospect of therapy.

The relationship between 'sense of self' and other parameters in terms of their internal locus for change is also crucial; this is important whether referring to change in the parent's internal and or external world. For example, it is often not sufficient in many of these cases for professionals who want parents to change an aspect of their parenting by simply telling them what to do – or giving advice and information in parenting classes. For information to become knowledge it must be assimilated, become meaningful and usable. This is a far more sophisticated process requiring more than just parameters 2 (knowledge), and 4 (Cognition). It potentially crosses all parameters reaching deep into the resources contained in the self – where there may be historical (therapeutic) obstacles. In this way any new learning becomes part of them; they feel motivated to use it and potentially put their own creative stamp on it, increasing the chances of the learning 'generalising to other contexts. Where it is possible to generate this

level of change it can potentially sustain families previously in great difficulty and is the core of the therapeutic work.

Figure 4. Assessment parameters and their interrelationships



The references to 'no chance; some chance; and every chance' should be understood in terms of the reasonable timescale for the child.

No chance

Here there are two sub-categories:

i) Fundamentally damaged 'sense of self' referred to as 'innate developmental damage' affecting ability to be generally and specifically relational. Defensiveness here is seen as an innate fixed way of relating rather than something more fluid related to contextual and other factors that arte potentially subject to some change. Problems to this extent can usually be traced back through stages of his/her development often including experiences of childhood maltreatment and trauma of such severity the extent and nature of the parent's problems cannot be addressed in the 'timescale' for the children. Their inability to be relational may also be compounded by lifestyle issues (drugs/alcohol) or severe contextual factors like personality disorder and or mental health issues.

ii) In this sub-category you will assess the 'self' is not as damaged. The parent, although often having problems across the spectrum, has some relational qualities

but is unable to maintain them consistently, and or under pressure without the support of a partner, or significant changes in lifestyle e.g. substance misuse. Often this parent will need the commitment of a higher quality partner in order to provide 'good enough care'. Personal change or growth on her/his part would not usually be possible in the timescale for the children except sometimes where 'lifestyle ' changes are made and a parent previously seen as 'not good enough' appears more competent and highly committed. Even here where there is a little potential the task may be considerable

Some chance.

While having some problems or issues with 'self' and social relatedness the extent and severity is not as in category A.

Here there is a range of difficulties on the continuum depending on their ability to be relational and having some 'workable narrative'. Significant changes in lifestyle are now established with some commitment to achieving identified standards. There may also now be potential for improving and or re-building relationships with his/her children. Very significant problems remain but there has emerged some evidence of potential for personal growth. The assessment period is crucial to establish their awareness of and potential to engage with the process of change, and maintain their motivation throughout therapy. Parents should have potential to generate secure attachment experience especially with younger children. Problems at the warmer end of the continuum are more to do with detail of rehabilitation and building an appropriate support network. There may still be some residual problem relating to conflict with professionals.

Every chance

Problems are not now significant and can be addressed as they arise. You are able to identify a good basis for relationships to be re-built in the family with evidence of secure attachment behaviour and reflective functioning. In many respects the family would now be indistinguishable from most other families in the community.

Establishing where on the continuum they are and why, is the substance of your assessment as is the relationship between the parameters referred to earlier and parent's ability (or potential) to be relational across a number of critical areas. The

extent to which they have engaged and perhaps developed 'workable narrative' in your sessions may also be an indicator. Conceptualising parent's problems and potential for change on a continuum that allows for progress or deterioration, is useful for other professionals as well as the court, as they attempt to gauge the severity, extent as well as the nature of a parent's difficulties. What are identified as the fundamental deficits or concerns and how they relate to 'significant harm' as well as the therapeutic issues you have identified, is likely to be the core of your assessment.

5. Therapeutic work (post assessment)

Parental/familial problems in this context are conceptualised as multi-dimensional. The approach to therapeutic work has 4 dimensions referred to in detail in Chapter 5. The levels are conceptualised separately here but are not isolated hierarchical entities as they overlap and vary in significance at any given point according to the vagaries of the case it self. The boundaries are diffuse and permeable so that one level is available to be used and relevant in another. The 4 dimensions are:

A 'Me and you' – the therapeutic relationship

The 'Me and you' level refers to the therapeutic relationship in this work. It functions at the core of this work and underpins everything else that happens in the other levels. It requires the therapist and the parent(s) to have an understanding of the direction they are jointly trying to move in as well as the obstacles to progress. The plan, including its limitations, would benefit from being transparent and constantly under review as the therapy is moved forward. This is contained in the idea of 'therapy as scaffolding' (Dallos and Vetere 2008) in which by being non-judgemental and engaged the therapist provides an emotional secure base, helps to notice the feelings of others, finds words or phrases to identify feelings etc. Despite the often limited timescale and pressure imposed by the context itself, it is also a potentially transformative opportunity for some parents. The parents relational limitations added to their stout defensiveness, often means that the 'trust' may have to be implicit, and largely unspoken. As the relationship matures and where issues of central importance are openly considered the therapist's burden of parental dependence is somewhat relieved.

B. ‘Doing stuff’ – a psycho-educational approach

‘Doing stuff’ refers to a potential range of activity I have encapsulated here as psycho-educational i.e. active programmes in which information is imparted so that direct learning can occur. For example where anger management is being discussed the client learns about psychological and physiological aspects of anger arousal as they are helped to identify their own anger arousal pattern. In building a psycho-educational approach to this work with families with complex requirements the intention is to try and shape the intervention(s) according to family need. This is undertaken in a negotiated way with the parents but very much therapist led as per the examples in the examples from the case study. During the heuristic interview with Eddy Street we referred to being ‘developmental’ in terms of understanding parent’s problems, especially young, vulnerable single mothers (Sheila Case 4; Jean Case 5) who had yet to develop a coherent self-identity as a parent, or in ‘picking a good one’ (partner) – where a functional ‘sense of relationship’ had yet to be developed. In the Morris family case study (Case 3) Norman, the father and Jean (Case 5), the mother recalled the significance of anger management that related to problems with professionals as well as in their general functioning. Aspects of parenting and attachment issues that required attention were very relevant and referred to by parents in all five of the case study examples (see table 3 in Chapter 4). Providing inputs that contain a considerable psycho-educational element is an important part of the therapeutic package and very relevant for parents in this context who often have multiply-determined problems. ‘Doing stuff’ - can also become an indirect method of addressing therapeutic issues that might not otherwise easily emerge. By its very nature it generates therapeutic moments that might otherwise be very difficult to reach in formal counselling or therapy. This work is more than an educational approach and is underpinned by the ‘you and me’ – the therapeutic relationship.

C. ‘Making sense’ – reflection and narrative

I found I reached a point in the case study relationships where the parent is less defensive and can tentatively review their position. As some work appears to be

yielding results the court has agreed to at least a delay in the proceedings so that the immediate pressure on the family is reduced. The need to fight a rearguard defensive action is on hold for the time being so other psychological strategies can now be brought into play especially that of review, reflection and narrative construction . For some parents the ability to be reflective is limited or under developed and is likely to be a new experience. Initially there is a need to review how they have utilised maladaptive patterns for dealing with the immediate threat in their lives.

For some parents relieving the pressure and then progressing beyond the defensive shield opened up reflective possibilities for them. Each had obstacles to overcome, often in the form of intense emotional arousal generated by shame and guilt. The pattern and pace is unique in each case - but once the initial defensiveness had been overcome it is the reflective process that is so influential to their understanding and then later their behaviour.

Having established the foundation of a therapeutic relationship, with a degree of trust, I find myself guiding parents through a process, where their old narrative (if there is one) is reviewed and set against the other narratives available. With the pressure off, it becomes increasingly possible to co-construct a revised or in some cases a brand new narrative. The narrative is their story that deals with the issues of culpability and responsibility, which are important in the therapeutic process, and also later in placating' professionals. In this the narrative is not always strictly 'accurate' in the sense of imparting the truth but it has more of an emphasis on being meaningful for them and others in the professional system. Underpinning their narrative will be a rationale for their circumstances – including the how and why they got to this position.

D. ‘The bigger picture’ – the wider professional system

I referred earlier in this document to the conflict between the parents and professionals as being omnipresent in this work. There is also often a great deal of conflict between various professionals where equally polarised positions develop that prevent progress. Given everything at stake in legal proceedings and their adversarial nature it is not surprising that the inherent conflict is

mirrored within inter-professional relationships at times. The conflict is endemic in much of the formal professional activity throughout the life history of a case. It also emerges in the relationship activity between professionals which of itself can prevent progress and as a by-product leads to the obfuscation of unaddressed parental difficulties.

In each of the case studies I became an advocate at some stage for the parent's perception; a window on their world and hopefully providing others with an insight into their experience. This I conveyed not just formally in an expert report or when giving evidence but informally in the course of meeting other professionals and or when they contact me. I have also become aware of how strategic this activity is and the need to be reflexive in this role. I consider this role an extension of being 'therapeutic'. Similarly to engaging with parents when involved with the wider professional system it is important to get close to the conflict, experience it, understand it and then not become embroiled so that you may enable progress to be made.

APPENDIX 11

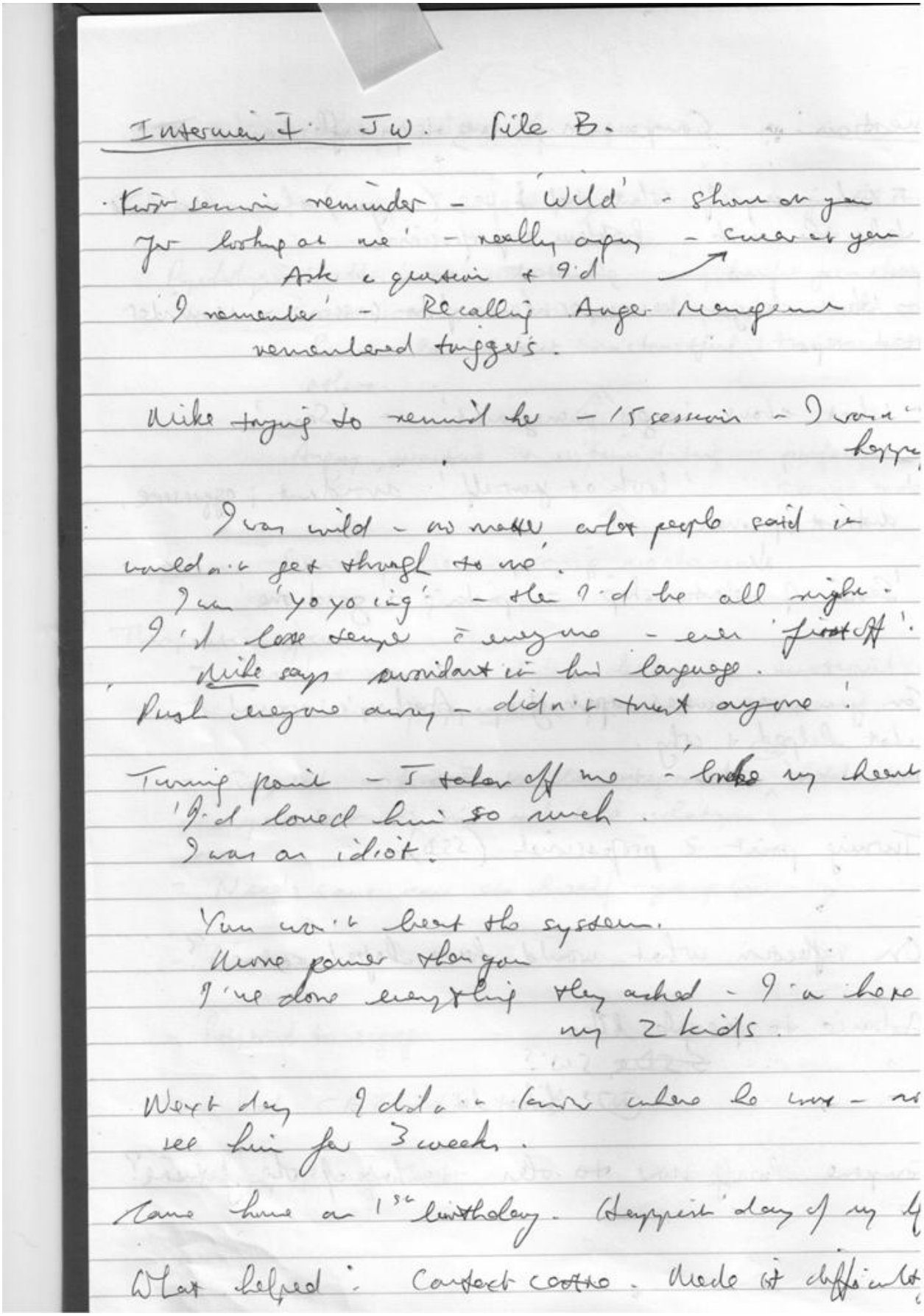
Case study and heuristic inquiry analysis of data notes.

The notes is this appendix are meant to give the reader an idea of the process involved in analysing case study and heuristic interview material. These are original notes, (scribbles and alterations etc.) that have been scanned into this document and are therefore not perfect but I hope clear enough to provide a suitable impression. The notes represent 3 parts to this appendix.

PART 1 The first part provides the reader with examples of the case study (including narrative) analysis as it unfolds. This includes refining the data from the original transcribed material looking to identify key narratives and then emerging themes. The two case studies referred to here are case study 5 (Jean) and 4 (Sheila).

PART 2 The notes here refer to the three heuristic interviews (H/I) and utilise the notes to take the reader through the stages of analysis from the original transcribed material identifying important aspects to each interview before discovering common characteristics and then emerging themes. There are also supportive notes from my research journal that were part of the process.

PART 3 this part gives examples of common characteristics that were uncovered across the methods



Interview 1 JW. File B.

- First session reminder - 'Wild' - shown on your face looking at me' - really angry - swear at you
Asks a question & I'd
'I remember' - Recalling Anger Management
remembered triggers.

Like trying to remind her - 1st session - I was happy.

I was wild - as mother other people said it would've got through to me.
I was 'yo yo ing' - the I'd be all right.
I'd lose temper & everyone - even 'first AP'.
Like says avoidant in his language.
Push everyone away - didn't trust anyone.

Turning point - I taken off me - broke my heart
'I'd loved him so much.
I was an idiot.

You won't beat the system.
More power than you
I've done everything they asked - I've been to my 2 kids.

Next day I didn't have where to live - not see him for 3 weeks.

Same time as 1st birthday. Happiest day of my life

What helped: Contact centre. Made it difficult,

Showed resentment despite difficulties.
Confused stuff about you - 'they were lovely'.
'Patronising' - 'all fine'. Treated you like an idiot.

Something changed - I learned how to trust them.

Good relationship ± you.
Trust me ?? early on ?? - Not at first - takes a while.

lawyer

Always trusted Wayne ++ - gave fair balanced view.

After couple, 2-3 sessions I realised there is nothing ± you.

'I get better each time'. People respond by being horrible in response.

Reminded her of 'Sam' - 'attached in stars'.
Not like he anymore.
Another time then when she had J. Remonstrated ± he - 'walked away'.
Anger management 'clichéd' - like a dynamic.

Walking away from 'Sam' - turning point.

'things changed in my head' - you realise you are better off not losing your temper.

Feeling fear & anxiety like everybody else.
Because I knew I could control it but he.

Becoming aware, responsible was not a quick feeling

feeling nervous - previously would have absorbed before these feelings.

Changed ± personality. I realised she was not bad I thought.

I suggested you + mum changed to each other.

'She could see how hard I was trying' - (in contact ce

Still see foster carer to this day. (Made a differ

Getting everyone on your side from no-one on your fighting them before.

'Grew up a bit'.

I never thought I'd settle down ± someone

'Picking a good one' - Every bloke I knew was a 'not worker'. All men same in my eyes.
even sit in a room ± a bloke - at one point.

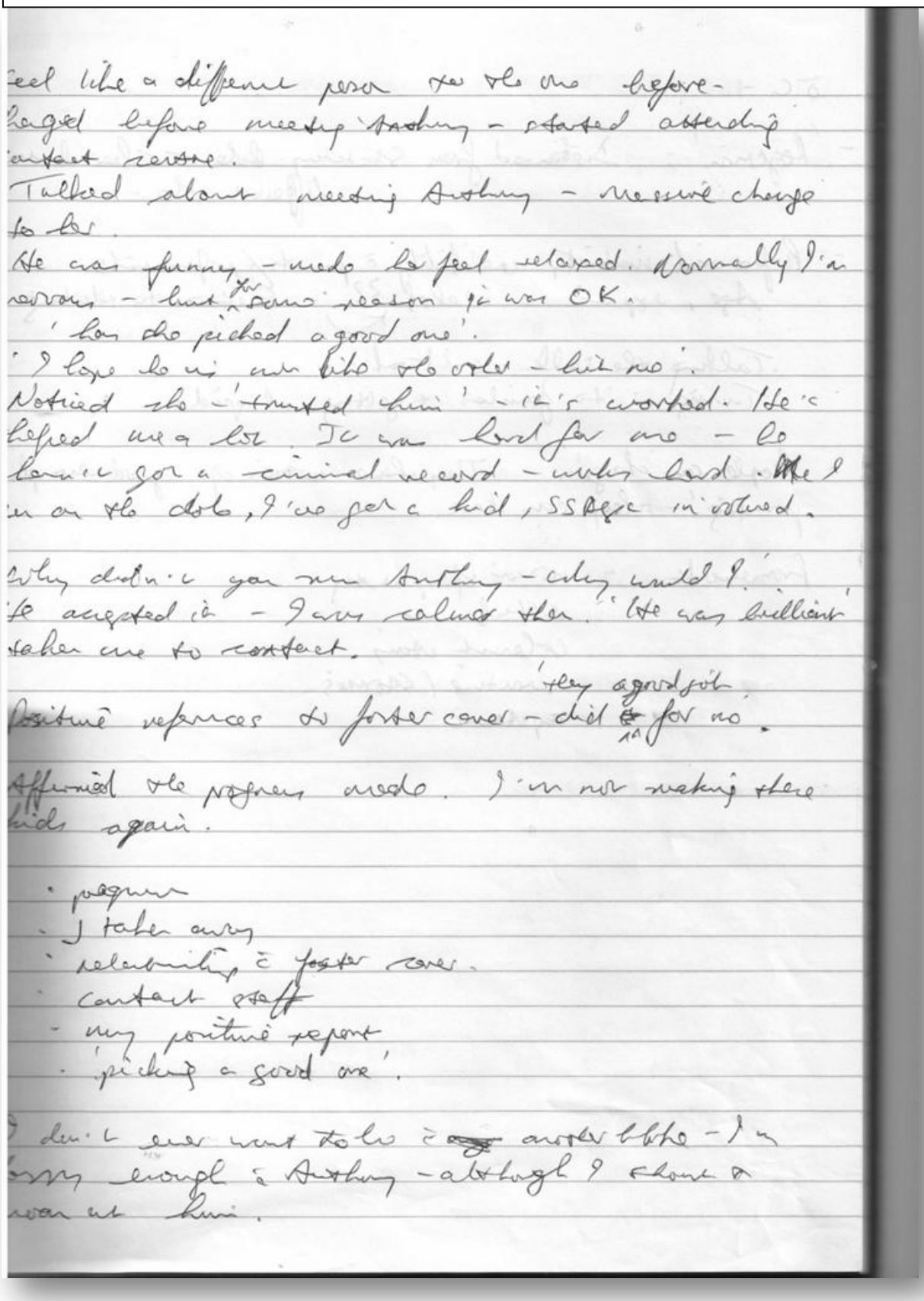
Didn't want to be in a room ± me at first.

It's hard work ± support.

Q. What can mum do to make it better.
'Understand better'

Welcare - didn't understand. Some staff were 'lovely
'Got on ± all the girls'. Some of the staff -
the way they speak to you - lay down everything you say.
Feels it infantalised her.

CASE STUDY 5 – (Jean) NOTES continued



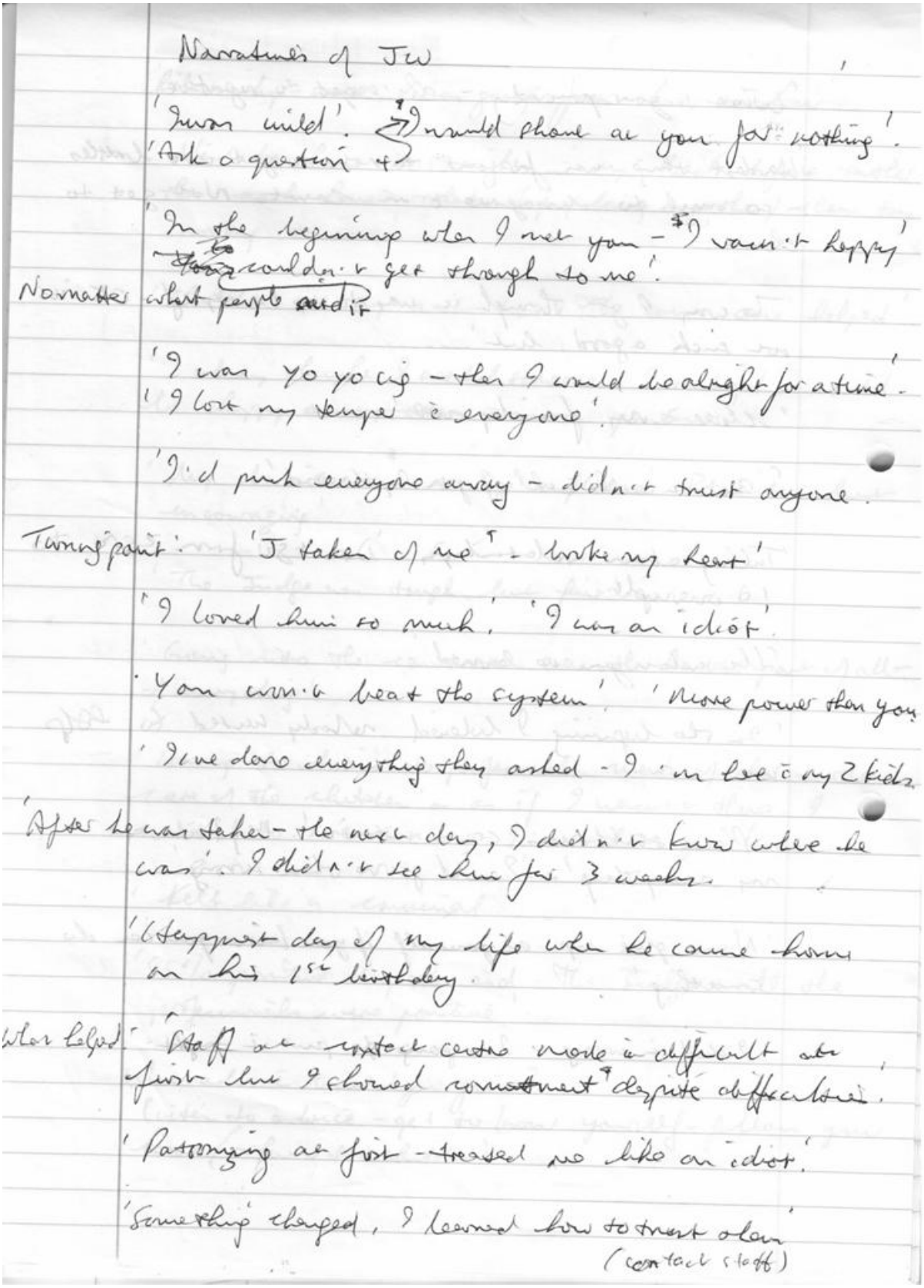
Feel like a different person to the one before - changed before meeting Anthony - started attending contact centre.
Talked about meeting Anthony - massive change to her.
He was funny - made to feel relaxed. Normally I'm nervous - but for some reason it was OK.
'Has she picked a good one'.
'I hope so as we like the other - but no'.
Noticed she - 'trusted him' - it's worked. He's helped me a lot. It was hard for me - to have got a criminal record - was hard. Like I'm on the dole, I've got a kid, SS Rep instead.

Why didn't you see Anthony - why would?
He accepted it - I was calmer then. He was brilliant taken me to contact.
very good job
Positive references to foster carer - did for no.

Affirmed the negatives made. I'm not making them kids again.

- negative
- I taken away
- relationship & foster carer.
- contact staff
- my positive report
- 'picking a good one'.

I don't ever want to be a another bloke - I'm sorry enough & Anthony - although I have a mean at him.



Narratives of JW

'Iwas exiled'. 'I would phone at your for nothing'.
'Ask a question'

'In the beginning when I met you – I wasn't happy'
'could'n't get through to me'.
No matter what people said it

'I was yo yo eg – then I would be alright for a time'.
'I lost my temper & everyone'.

'I'd push everyone away – didn't trust anyone'.

Turning point: 'I taken of me' – broke my heart'

'I loved him so much'. 'I was an idiot'.

'You won't beat the system'. 'More power than you'

'I've done everything they asked – I'm here & my 2 kids'

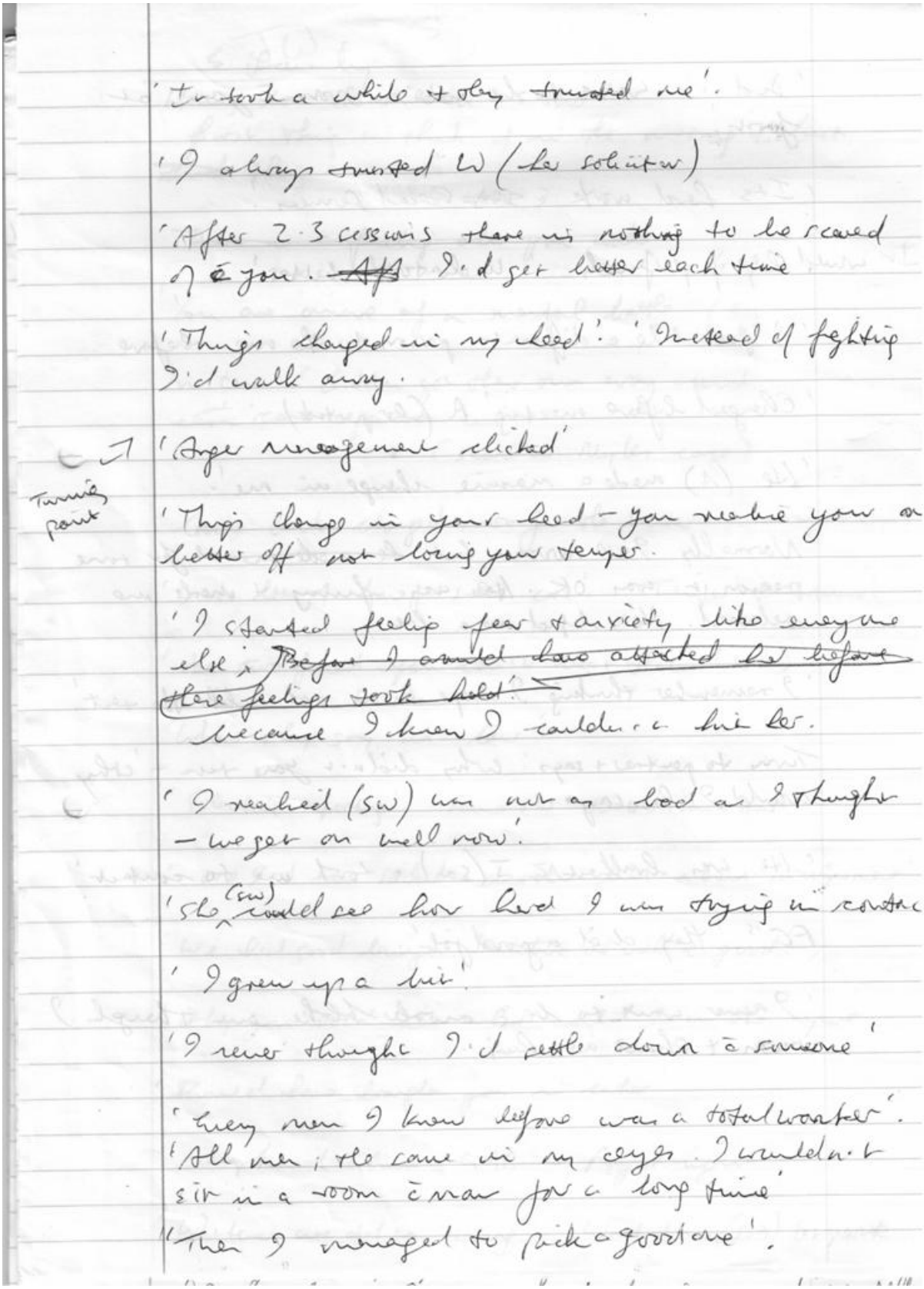
'After he was taken – the next day, I didn't know where he was'. I didn't see him for 3 weeks.

'Happiest day of my life when he came home on his 1st birthday'

What helped: 'Staff at contact centre made it difficult at first but I showed commitment despite difficulties'.

'Patronising at first – treated me like an idiot'.

'Something changed, I learned how to trust again'
(contact staff)



'It took a while + they trusted me'.

'I always trusted W (the solicitor)

'After 2-3 sessions there is nothing to be scared of ~~A~~ you. I'd get better each time

'Things changed in my head' 'Instead of fighting I'd walk away.

'Anger management clicked'

Turning point

'Things change in your head – you realise you are better off not losing your temper.

'I started feeling fear + anxiety like everyone else, ~~Before I would have attacked but before these feelings took hold~~ because I knew I couldn't hit her.

'I realised (SW) was not as bad as I thought – we get on well now'.

'She (SW) could see how hard I was trying in contact

'I grew up a bit'.

'I never thought I'd settle down & someone'

'Every man I knew before was a total wanker'.
'All men; the came in my eyes. I couldn't sit in a room & man for a long time'
'Then I managed to pick a good one'.

CASE STUDY 5 – (Jean) NOTES continued

'Didn't want to be in a room c̄ you at first.'

'It's hard work c̄ ~~Soc~~ Social Services'.

It would help if professionals 'understood better'.

'I feel like a different person to the one before.

'Changed before meeting' A (her partner)

'He (A) made a massive change in me'.

'Normally I've nervous but ~~he made me~~ for some reason it was OK. He was funny + made me relaxed. He's helped me a lot.

'I remember thinking I hope he is not like the rest'.

Turns to partner + says: why didn't you run – 'why would I' he says.

'He was brilliant c̄ J (son) – took me to contact'.

FC's 'they did a good job'.

'I never want to be c̄ another bloke even though I moan + shout at him.

SRF - Transcribe :-

Everything + everyone seemed against prospect of rehabilitation.
'Martin' - SW - was 'breath of fresh air' - 'work for it'.
Dialogue →

Ended 'Martin' - 3 months w SW - several changes since.
Back to instability in SW arrangements.
World it have been wonderful if our stable SW relationship

Positive feedback from several ~~sources~~ sources - still friends
& foster carers - 'Elaine & Rob did so much'.
Fremain carers 'kind'.
'They look after my children'.

MD → Away from (W) 'being helped - rather than being damaged.

SRF - Whether were happy (kids) allowed me to 'concentrate on the court case'.

MD - Boyfriend FC - changed contact for contact - allowed (W) to do more.

SRF - Progressed to contact at home - no supervision - then was a big change.
could see chance of birthday on 2 hrs -

MD - Did you change/grow through process.
SRF - YES reflected in care of kids

MD - When changed in you
'Getting to know myself' . believing in myself .
'I can do it' repeated .

Why I'm doing this –

Relationship-wise. 'I am going from loser to lover to loser'

What helped you move from way you were before.
Had to have it straight in my head before
rather than have a relationship – then try to untie it out. (Elaws).

SRF · Children's (F) relationship 3½ weeks engaged 6 weeks pregnant.

MD Acknowledge in your head but make it work in your life.

SRF · Children are my motivation.
Court case helped. I always thought I needed to be ō someone – realised I can be happy on my own ē out partner.

My barrister was a big influence
Encouraged by ↑ – realistic but encouraging.
Tough but fair (Judge)
'Going into the courtroom was the hardest part of all' – of everything.

Had to listen to professional views in court – almost as if they were oblivious to SRF' presence – wanted to scream out – I'm here you know.

85% positive by the end – Judge + all professionals all

way up personal areas gained growth in court proceedings.

more positive

What advice would you give - I would do it.
'Follow advice' - 'get him yourself' - 'follow your heart'.
What's the priority - 'don't get too repetitive' - harder things for me not to get into battles - so much to disagree in court. Not get to down. The way I got them it - OK it's not such a good day' but ??

MD - Going thru court process you grew - the process of dealing & yourself - you grew.
SRF - closer & family as a result of all this.

Andy's family big support also.

Developed support network during & incl proceedings.

MD - Personality & learning
SRF - big difference to her - felt supported.
combining reality & support. Relationship (open) very important.
Remember need previous examples.

SRF - Not worried about comp psych.
~~Anxious~~. Gained confidence in her ability to relate.
warned about me by GAL
'Got on well & all of you - worked under a wall'
Talking about relationships - Good recollection.
MB - Cause & stages of relationship
Don't go from zero - 10 overnight

MD - Impressed & the way she reflects.
SRF - the work you'd learned.

MD - Work over relationship + looking after the kids at the same time.

SRF - Small changes lead to other things.
9.m the adult - if I want to be ☺ this person I will be.

Involved the kids w/e Andy + she become friends.
Before engaged asked kids. — 9.U be dep - ~~dad~~ father - not father.

MD - Bringing them along.

SRF - Talking about family. Andy to stay home looking after children.
9.m going to do law - solicitor for C+ families.
Experience - really made an impression on you.

MD - Was it helpful going up to Bonymaen FC.
Learning to be ☺ again. Examples.
Contact before Bonymaen - over the course moved it on a stage.

SRF Bonymaen was a confidence boost.

MD - Had doubts sometimes - SRF - YES, especially w/e kids demanding.
Encouraged by relationship ☺ kids.

SRF - Deep down I knew everything you said.
Hearing it from someone else helps.

MD - everything coming together.

SRF - Encouraging bodily ☺ positive thoughts.

SRF - 'In the beginning nobody wanted to help me' (assessment ++ ↑).
Changed to having help.

MD - Is there something about you that made it work.

SRF - 'Plain stubbornness came into it', 'My kids are everything to me' – I will prove them wrong.

Never give up on yourself if you know you can do something.

SRF 'After Baycrest – went from strength to strength'
Martin - good SW. SRF speaks highly of him.
Much kinder & more positive attitude.
grew up SW - stayed here & son.
Shared parental experience. Diff. can't to relate to workers who were not ever parents.

SRF - More professionally respectful.
If it will help other people.
Fortune - believe in yourself - If I did it wrong I'm not going to put it right.
MD - 'Times when you stand up for yourself.
+ times to eat humble pie'

SRF (KKK). Key Narratives

In the beginning everything + everyone seemed against rehabilitation'.

'Martin (new SW) was a breath of fresh air' – 'he worked for it (rehabilitation).

' they looked after my children' (Second foster carer)

' they were helped there rather than damaged' (on in first placement).

'Carers did so much' (for the children)

' previous carer lied'

'when I knew they were happy I could concentrate on the court case.

' your improved contact – allowed me to do more & the children.

' no supervision was a big change' (turning point)
' the contact on Xmas was a big change'.

Did you change? 'Yes'. 'Reflected in care of the children'.

' Got to know myself' ~~better~~. Believing in myself.

'I can do it, I repeated to myself'.

'I kept reminding myself why I was doing this'.

Relationship-wise, I was going from loser to loser'.

'Had to have it straight in my head before rather than ~~work~~ have a relationship (living together) then try working it out'.

'Children are my motivation. The court case helped'.

'I always thought I needed someone - I was afraid I could be happy ~~on my own~~ and a partner.

'My barrister was a big influence. Realistic but encouraging'.

'The Judge was tough, but fair'.

'Going into the courtroom was the hardest part of all - of everything'.

'Having to listen to professionals views of me & the case of the children' as if I wasn't there. I wanted to scream out - I'm here you know.

'Felt like a criminal'.

'85% positive by the end. The Judge + all the professionals were positive'.

What advice would you give?
(Listen to advice - get to know yourself - follow your heart (reference to children)

'What's your priority – don't get to negative'.

'Hardest thing was for me to not to get into battles – so much to disagree & in court. Not get to down'.

'The way I got through it was to say to myself – OK, it's not such a good, but'....

'Closer is my family now'.

'Got on well & all of you by the end'.

'Talking about relationships. Don't go from zero to 10 overnight'.

'Use when you've learned'.

'In the beginning I learned nobody wanted to help me'.

'Been stubborn come into it'. 'My kids are my everything' – 'I will prove them wrong'.

'Never give up on yourself if you know you can do something'.

'I did it wrong – I'm going to put it right'.

SRF
- Martin was a breath of fresh air
change of placement to Elaine was good.
different feedback for carers.
When kids were away - getting better not worse
also happy.

Stages
Bowman FC - food etc.
extending contact
up to the hours

S changed.
Knowing myself.
Self respect + self belief.

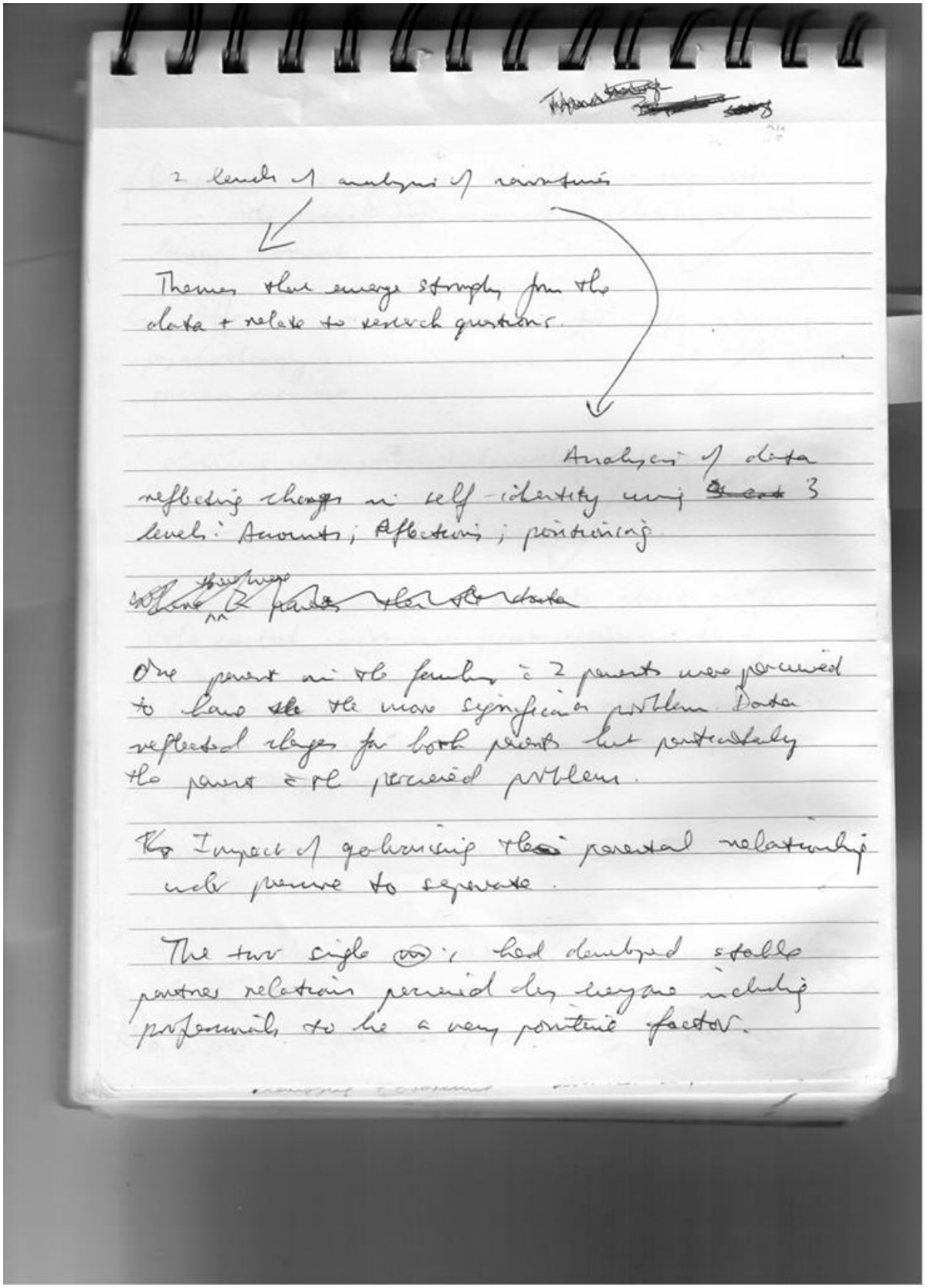
Your care helped in a certain way.
Rebecca Mann - encouraged by her.
Judge as fair
Going into courtroom hardest of all.

What advice would you give? Further advice? Set to
know yourself. Follow your heart. Don't g
to negative.

E grew through court process.

All these people

knew before ~~did~~ STEP-(F).



2 levels of analysis of narratives

Themes that emerge strongly from the data + relate to research questions.

Analysis of data reflecting changes in self-identity using 3 levels: Accounts; Affections; positioning.

One parent in the family i.e 2 parents were perceived to have the more significant problem. Data reflected changes for both parents but particularly the parent of the perceived problem.

The Impact of go through their parental relationship each person to separate.

The two girls (YP); had developed stable partner relations perceived by everyone including professionals to be a very positive factor.

CS PART 1+2

(1) ~~Their review of case study material prior to I/V:~~

Improvements that arised were they sustained:
- working & professionals
- family functioning + did they remain intact
- Do they appreciate how great their achievement.
- Reflections of losing children; turning point; therapy + other interventions.

Key aim main at this stage was how much they had achieved; significant, measurable change had taken place - especially & family functioning; relationships & professionals

(2) Post intervention:

Profound experience: 'Still go to sleep - wake up to that feeling' Almost PTSD experience of losing children; fighting in legal proceedings + attending court.

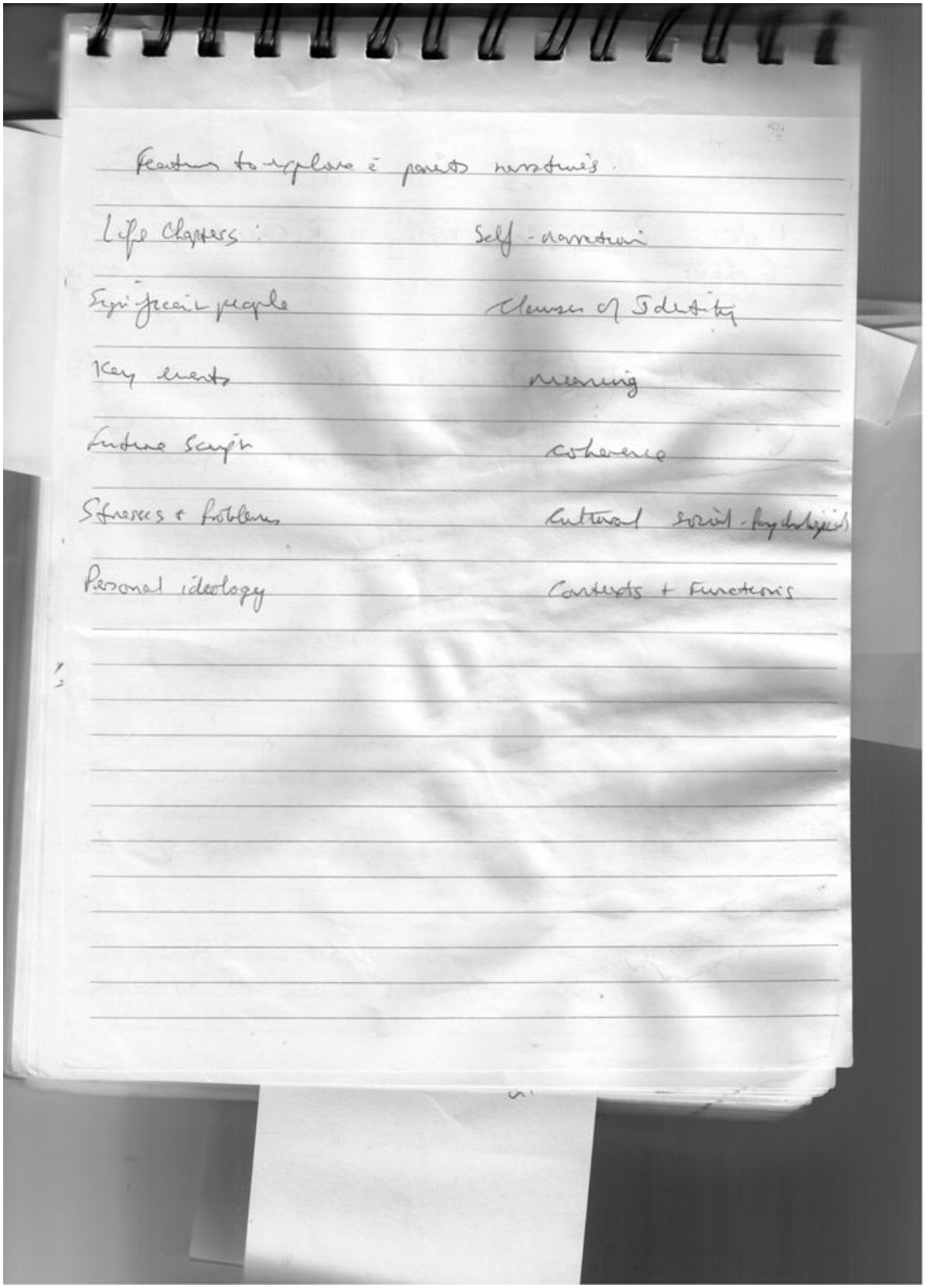
Unable to trust many professionals
Therapy as lifeline; remembered aspects; realised important influence of proceedings; power (therapeutic) largely past them only; should have supported parties (S, M; JW)

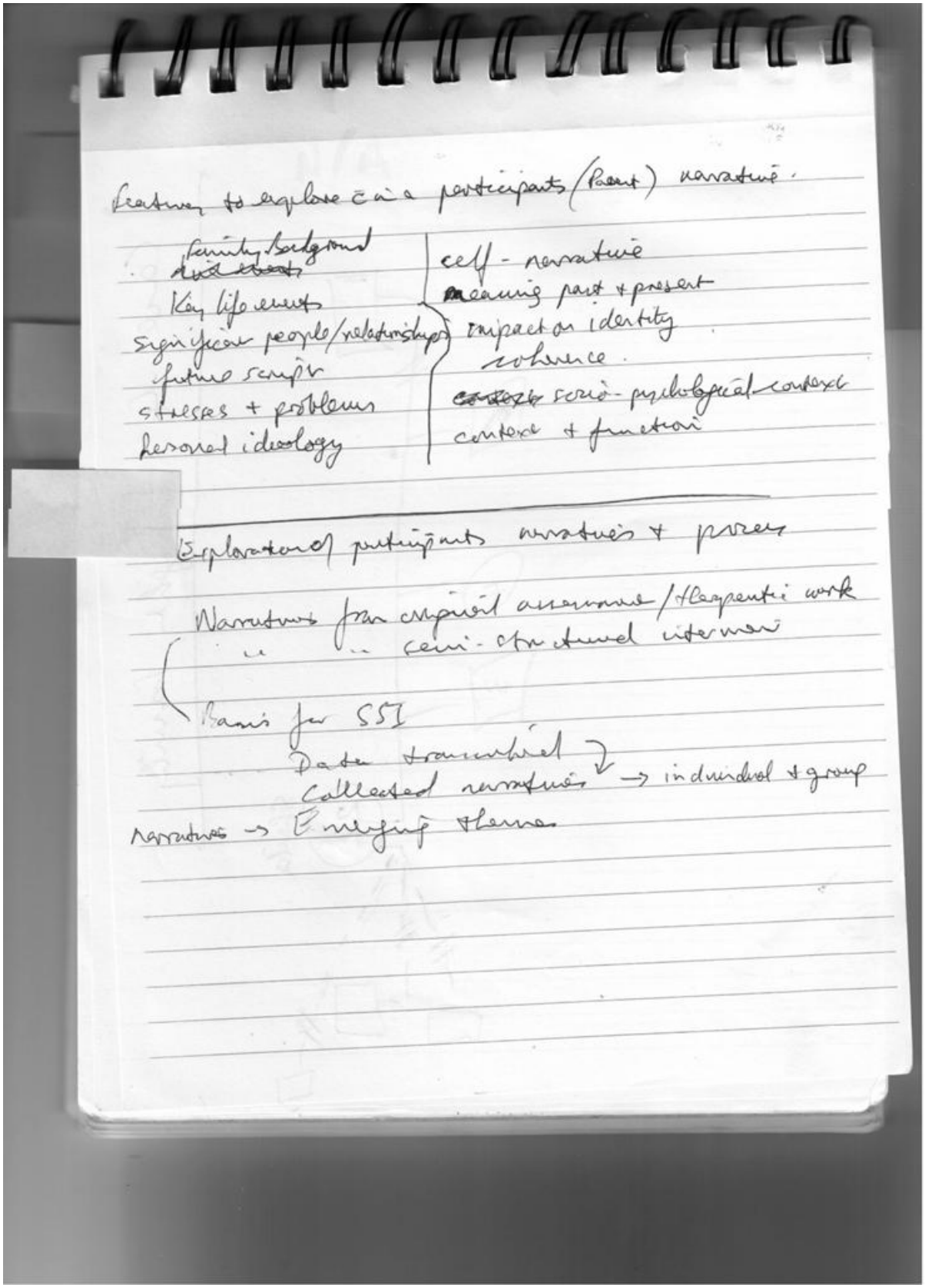
Remembered turning points: No quote from ~~KKK~~ N(F) + KKK + JW

KKK - you knew what was wrong + needed to change. Having someone to talk about that - going over it + trying & it is what made the difference

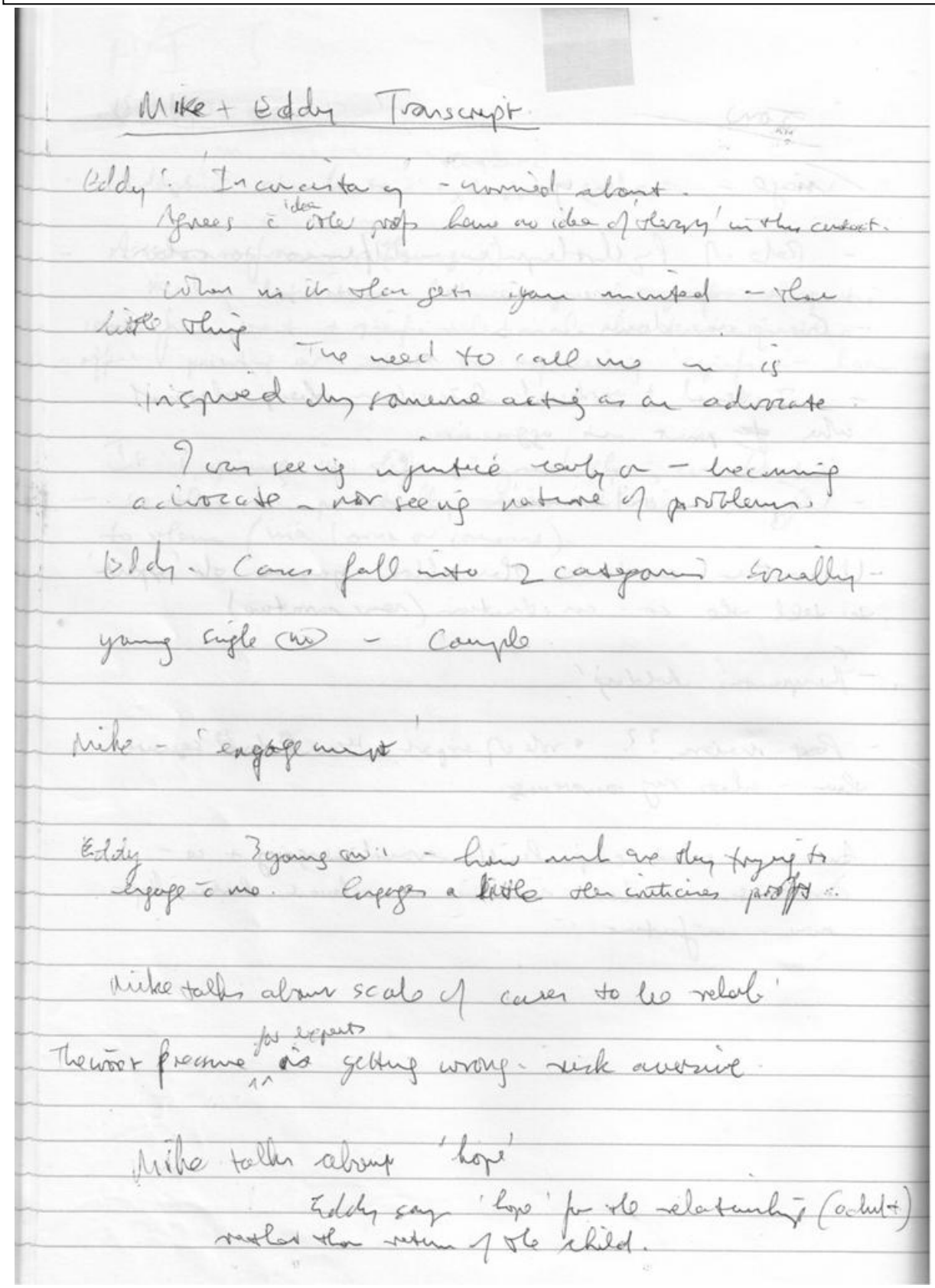
For JW: KKK a new relationship was influential. 'Being a good one'. 'Sense of relationship'.
This relationship was used as follows - up.

They realized change was something that could lack the tide — gave them some recovery & reflection time. Then realized them to take a considered, strategic step in the right direction


Features to explore in parents narratives.
Life Chapters:
Self - narrative
Significant people
Themes of Identity
Key events
meaning
Future script
coherence
Stressors + problems
Cultural social - hypothesis
Personal ideology
Contexts + Functions


features to explore in a participants (Parent) narrative:
family background
Key life events
significant people/relationships
future script
stresses + problems
personal ideology
self - narrative
meaning past + present
impact on identity
coherence
socio-psychological context
context + function
Exploration of participants narratives + process
Narratives from empirical assessment/therapeutic work
" " semi-structured interview
Basis for SSI
Data transcribed
collected narratives
→ individual + group
narratives → Emerging themes

APPENDIX 11 – PART 2



Mike + Eddy Transcript

Eddy: Incarceration - worried about.
Agrees idea role reps have an idea of 'theory' in the context.

when is it that gets your mental - that little thing

The need to call me - is inspired by someone acting as an advocate

I am seeing injustice early on - becoming advocate - not seeing nature of problems.

Eddy - Cases fall into 2 categories - usually young single (m) - Couple

Mike - 'engagement'

Eddy - Young m: - how much are they trying to engage w me. Engages a little then criticises prison.

Mike talks about scale of cases to be relab'

The worst process for experts is getting wrong - risk aversive

Mike talks about 'hope'

Eddy says 'hope' for the relationship (adult) rather than return of the child.

Reflection: like a 'slow burn' sometimes.

Mike says: 'are you any good at picking them' – an issue c single parents.

Eddy says! – being able to look at intervention c another person objectively.

New thought – (MD)'s serendipitous approach to relationships common in these young (MD)'s.

What effect has your history had on your kids?

Dependent on being watched – 'Structure'.

'It it gets a momentum of its own'

'beginning to relate to his own experience'

Mike talks about 'reflective functioning' territory.

'When it difficult for you what's it like for them'.

Eddy – 'growing of the self' – 3rd person perspective

this is me, that you

, then you this is my

This is me when that person looks at me.

Development of 'sense of self'.

How + why some other couples stay together?

Will the relationship remain?

Your ability to relate them about issues that are difficult for them.

We stop becoming 'individuals' + become 'us'

For the therapist it is a place of enjoyment + exploration.

For the client it may be something to be frightened of or to engage in.

Individuals become more secure by holding a medical or forensic model of diagnosis + certainty. Most personality feeling secure - risk averse culture supports this.

maladaptive complementarity
in your relationship - until it had
in your social work for the kids.
does it now

The system is like a dysfunctional family - 'you need to be close enough to be accepted aware enough of the dynamics including your part in that system to be effective'.

+ therefore influential

To be [illegible] in Lynda

For Heuristic IV : Eddy.

Knowing me ; knowing me - knowing you etc is the structural/developmental (container) aspect of 'sense of self'.

A typical developmental may not follow the same structural pattern + have confused, conflicting narratives.

The narratives are key influences ~~through~~ for each developmental phase informing, supporting + helping to embed each phase.

Some structural aspects are therefore incomplete, fragile with individuals ~~or~~ unable to deal ? new developmental tasks i.e.; new partners; relationships ? children; becoming an autonomous adult.

Use sense the structural element is fundamentally flawed + unaccountable to therapeutic intervention in the ~~near~~ short to medium term.

Others, while having some structural anomalies are also ~~to~~ a greater or lesser extent trapped ~~by~~ by unhelpful narratives.

Issue is to what extent is the structural damage beyond intervention in the short - to medium term + how significant is the problem ? narratives + or the interrelationship between the two.

Knowing me - knowing you ; knowing me - K. you - K. us ;
Knowing me - K. you - K. us - K. others

CONTEXT. (2) Parents. (3) (Assess + Inter.) Therapeutic. (4) Professional system.

ECS:- Eddy

(1) Referred to carers.

(1) Experts ~~recommending~~ detailed therapeutic recommendations - should be therapists.

(2) Broadly 2 kinds of cases - a) young single (IV)'s & sexual or unstable partners. b) couples & history of problems often dating back to their childhood.

(1) More therapeutic possibilities - carers difficult to a) take the risk b) create therapeutic opportunity in inherently inflexible system. 'Risk aversive' - pressure on experts.

(3) Boiled down into 'what constituted a therapeutic opportunity' - or how would I know or what would I be seeing when differentiated ~~from~~ a parent & 'some chance from no chance'. Difficult to answer. 'Something relational' Something special in engagement. early work + I & me; & or about the child.

(3) Therapeutic in the moment

Pressure to come up w narrative beyond the conflict

(1)
Context of 'bundle' - pre-information - brief assessment - forensic approach to knowing, rather than understanding.

(3)
Trying to be explicit regarding factors that could positively identify parents & 'good enough'. Not just what is said - see & child.

(3)
Assessment is developmental to some extent - especially young, triple (PW) ?.

(3)
Developmental approach to relationship - acquiring rather than knowing them. 'Sense of relationship' as a means of intervention (Psycho-Educational)

(3)
Conventional parenting skills approach is community not meeting need. Primarily more between child's acquisition & dealing & therapeutic events that arise, when they arise - often to do & 'self'.

(3)
- Developing 'identity as a parent'. Developmental, sense of self'.

Technical parenting, therapeutic side of me. Unsure about I then infinitely.

Tuckman's theory of groups

Transcribe H/1 & HW.

HW – dedicated an experience – 'open moments' when people are 'loosened' from rigidities

'centre' sophisticated manual' — provocative

'can't enjoy the experience'.

'come up & heading'

Pretension pull you in direction of positivity.

How will you be able to say anything that goes beyond platitude.

People recognise what they've done after they done it.

Define core element of context.

'descriptive map'.

Betty Joseph the 'total situation'.

The 'context' is the background of the 'total situation'.

Make allowances for

Typing 'positive negative characteristics.

Counter transference – you have to be a 'risk-taker'.

Counter-transference is a block that enables us to stand back & recognise something.

Reframe negatives as positives.

Importance of context
regard to interpreted

Type

MD – i) context itself as implicit also specific
context in) therapeutic engagement

HW go on naming them: About me.

Something in naivety that offers possibilities.
Yallom says core of group psychotherapy is
'Hope'.

HW Naivety – I don't believe corner of
intervention 'ever dry up' – reflective articulation
trusting the internal responses

MD – Naivety ⟷ Hope = motivation (joint)
Turn negative ^ into positive.

HW
Corners moments in court
profoundly attuned to
May be useful to describe those forces that create
or lead to these intersections.

Then the gut reaction
pre-cognitive (what is this)

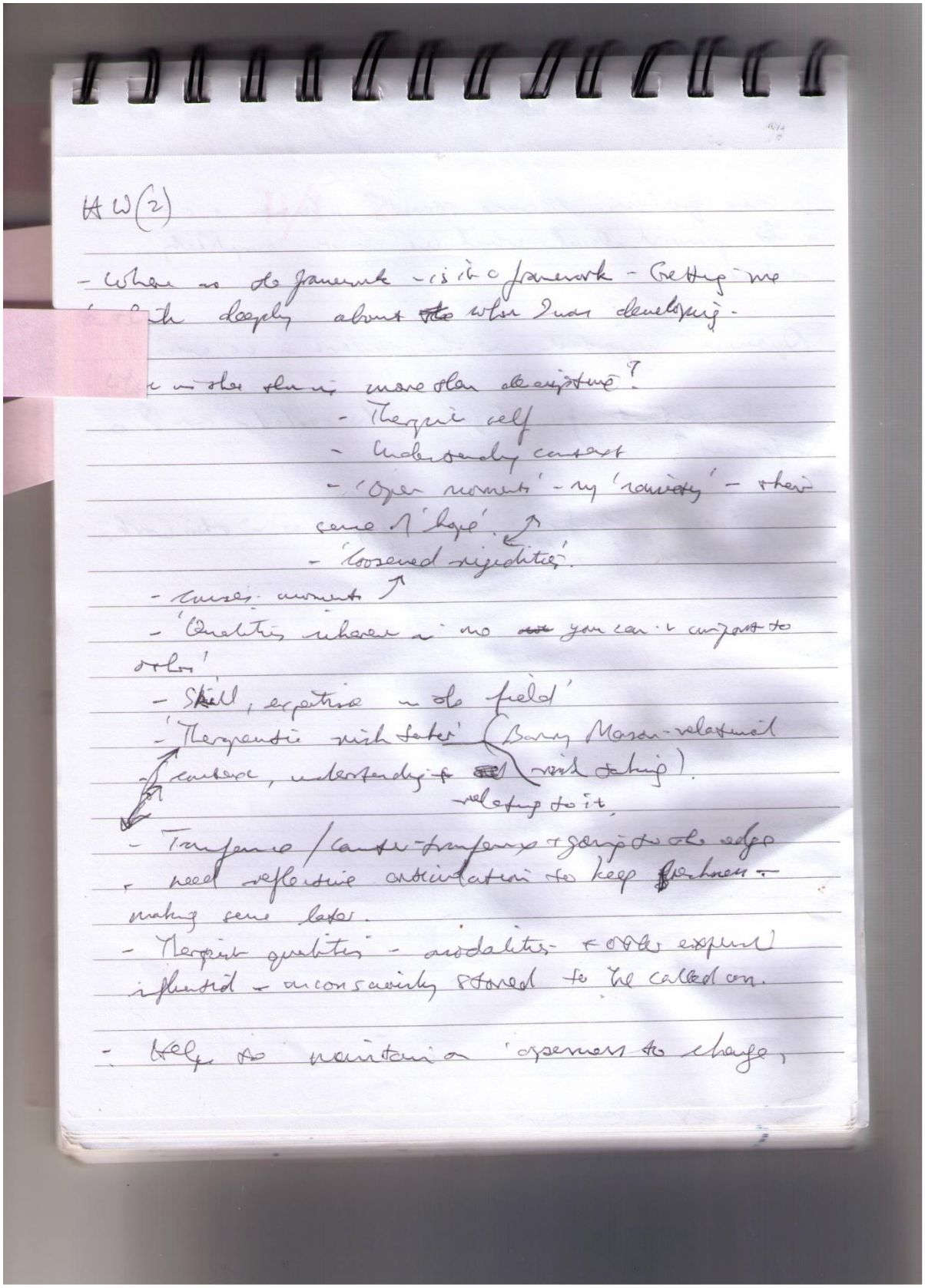
Opening to it is the naivety.
Primal connection person to person –
helps you dry-pass other obstacles.
Alliance building – the dogma can be discarded.
Non intentionally naive – primal

Type

Mangham and Macchiavelli. Book.
~~[illegible]~~ make them fear you first,

Trying to leave out the obstacles
~~[illegible]~~ + describe the paradoxes.
Placebo effect. I instill confidence & etc
induces placebo effect – believe what you say
changes things.

Afterthought. Context is a series of intersections
where competing realities, narratives etc lead to conflict.
Competing professional frameworks + narrowing of professional roles
create tension (professional), uncertainty, natural risk aversion
– thereby limiting possibilities (therapeutic & otherwise).
This context is ~~[illegible]~~ more easily survived by
taking fixed (safe) positions & clear lines of demarcation
(risk aversion) – tailor made for conflict.



HW(2)

- Where is the framework - is it a framework - Getting me [illegible] deeply about the what I was developing.

[illegible] is there more than the existing?
- Therapist self
- Understanding context
- 'Open moments' - my 'curiosity' - there came 'hope'.
- 'Loosened rigidities'.
- Curious moments
- 'Qualities where is no you can't compare to other'
- Skill, expertise in the field'
- 'Therapeutic risk taker' (Barry Mason - relational context, understanding & (risk taking) relating to it,
- Transference / counter-transference & going to the edge
- need reflective articulation to keep [illegible] making sense later.
- Therapist qualities - modalities - & the experience influenced - unconsciously stored to be called on.

- help to maintain 'openness to change,

- some qualities become shared, inherent + at a personal level, which we cannot completely articulate.

Openness important in this context + at times.

- Important for change to be created - am I a safe host?

- Sense of confidence + competence in this work. 'sense of self'.

formal system.

4.10.10.

Paul Barber H/I transcription

- Introduction comes later - needs to contextualise more fully & user friendly. Crux of doctorate writing in a way that others can understand.
More you are in 'immersion' the more difficult it is to communicate to other.

Dealing in their population who society set of / have given up on.

Mike says about P.S. + prisons as roles, relationship etc.

PB Understanding where your empathy comes from - poverty I knew about. Comes somewhere in doctorate.

Some skills are beyond technique

'learning from mistakes' - catalyst for change.

I never had the answer - I had an approximation - talking about use of intuition feelings & professional idealisation

Something about keep 'disputes' about that brings something to this context.

All the pennies & insights needs to have space in doctorate.

Emerging framework 'bubbling away' - PB this is Denzin's ongoing. Pushing the boundaries; experimenting; dialogue between field & you'. Unbalanced is a good learning place.

journey as a research process - describe the journey. New evidence, insight

PB says 'you don't want to be an advocate?'.

Contesting my 'advocacy'.

PB - 'context' or 'field conditions'.

Mike says - 'Space among [+ relate to them as human beings] the context' + its pressures.

Mike's model is tested via its 'co-creation'.

The emerging framework is your learning inquiry. Share yourself inside your dialogue - not locked inside a role. The role way to have empathy. The relational way.

'heartfelt connection'. Symbolises integrity. Your opinion generates trust. More than engagement. How much of this is in you - 'sense of self'.

Mike describes the context personally. Opportunity. Think about how others portray this differently.

Research - insight - research literature later. Learn for expert role.

PB Need 'beginners mind' - common man - [MB.] our saying it conveying it.

Emerging framework - information from others + recognisable. Goes in final document.

PB Research journal + Role book are both journal.
Fertile ground — conceptual process.

Acknowledge these two things going on — both valid research processes.

PB (3)
'Empathic resonance' – roots of. My childhood + early professional experience from an underclass, being 'very poor', a family experiencing DV.

-- Qualities in me help me relate to the specific context + the people therein – seeing qualities as well as deficits.

– Out of this discussion realised my emphasis is not 'forensic' – establishing what the deficits are but a more rounded assessment including understanding the context + its influence on parenting as well as parents. ~~Therapeutically~~ Use therapeutic skills to engage – not being constrained by agency or prof. culture.

– relating on a level only communicable between people who have experienced this or able to relate to it for other reasons.

– My experience c̄ refugees + other underclass then prepared me for this work.

– Parents have a antenna that tunes to those who can help + relate.

- Also the more meaningful you feel you are the more attuned you become.

- My deeply embedded experience also motivation.

- [illegible] like an advocate? ↑ — want to change.

- Like Howard talks of pre-verbal levels of communication then parents within context parents are sensitive to - attuned. Tell by a look or glance.

- All about being prepared, mentally & otherwise for engagement. (Intentive signals).

- Motivation needs to be captured, understood & channelled effectively to be a positive force. End up being advocate + losing therapeutic role, Expert.

of view [illegible] clarifying + addressing located in parents.

Focus on engaging therapeutic self

HW - Significance of 'peer moment' in engagement throughout. Also 'open moments' (clients) — 'loosened from rigidities'.

'All may be predicated on experience you can not import'

Importance of 'context' or what 'Betty Joseph calls the 'total situation'.

Counter-transference + being a (therapeutic) risk-taker

- Naivety or openness Importance of 'hope'.
- Turn negatives into positive.
- Sources of interpretation never dry up.
- Openness — hope = motivation.
- Profoundly attuned to crisis moments
- Something essentially pre communicable; primeval, person to person help bypass usual obstacles

⇒ There are therapeutic interactions - use of to describe the forces that create or lead to these opportunities.

- Placebo effect instilled by therapist confidence (believing you can change things)

Fears on empathic self – in write, therapeutic qualities

PB

– Dealing ē part of society (underclass) their jokes have given up on

– Understanding where your empathy comes from – poverty.

– Some skills are beyond technique

– learning from mistakes – catalyst for change.

– I never had the answer – I had an appreciation, intuitive feelings v professional idealism.

– Being therapeutic brings something to this context.

– Passion + space to find place in doctorate.

– 'Emerging framework' – in 'bubbling away' heuristic inquiry; dialogue between field + you; experimenting, idealising, pushing boundaries. 'Unbalanced' in a good learning place.

– Describe the journey – it is a research process.

– Mike's model is rooted in its co-creation.

– Not locked in a role – this is how to have empathy – this is heuristic way.

– Heartfelt connection symbolises integrity. Your openness generates trust – more than engagement.

– Portray context passionately as if opportunity – different to others.

- Without saying it – ~~conveying~~ emerging it.

- Both journals valid record ~~texts~~ processes, fertile ground - conceptual process.

- Emerging framework confirmed by others give in framework.

Note:

If there is something relatant to connect it then the same quality may be (potentially) available, albeit in a more meaningful form, to the child.

3 of them recognise context or 'total situation' as influential. Relevance of some quantity (theory) that enable engagement or trust to take place.

Context does refer to people who may in society will have given up on – an underclass. There is something specific here about relating ~~to~~ – a 'heartfelt' connection symbolic integrity & generates trust'

With.

Check details of all 3 are included.
common threads (summary form)

- Key points + theme

(2) "Therapist qualities" - Adaptability; step-outside-role; empathic resonance; deeper felt levels of communication; ~~[illegible]~~; openness; therapeutic risk-taking.

(1) 'Hope' - Parental 'hope' + relationship & therapist 'openness'.

(2) - Therapist person + heartfelt connection communicates integrity - generating ~~trust~~ - offering opportunity.

(3) - Appreciation of context or 'total situation' + how this is communicated to parents. Also impact on roles (ref) + relationship

(4) - Psychodevelopmental perspective + levels of therapeutic work Requirements
- Early work + engagement

(4) - reaching for a point beyond parental defensiveness.

(2) - appreciating intuitive feelings.

(3) - value of 'being therapeutic' in this context

(3) - Relating & those from an 'interclass'.

(4) - significance of 'present moment' or 'open moments' + brought about by [illegible] interactions such as ~~crises~~.

(11) - Factors in parents: Able to reflect; recognise impasse

child of ~~parent~~ parenting; ability to relate despite context + history.

① Roots.

② Neglect

③ Context

④ Therapy

Note as - forms an clinical self.

Summary of H/I themes:

Diffuse between young couple (w) + couple context:

Also 'picking a good one' + 'sense of relationship' in young (w)'s. (developmental psychotherapy) For couples - 'how do they stay together'?

- Look around context - presence of independent experts to be conservative.

- Context prevents 'relational risk taking' - inhibits therapeutic endeavour.

- Experts not necessarily 'therapeutic' or able to access that aspect of themselves. Professionals no idea of therapy in this context. (consultation)

- 'What am I seeing' - relational qualities in parents.

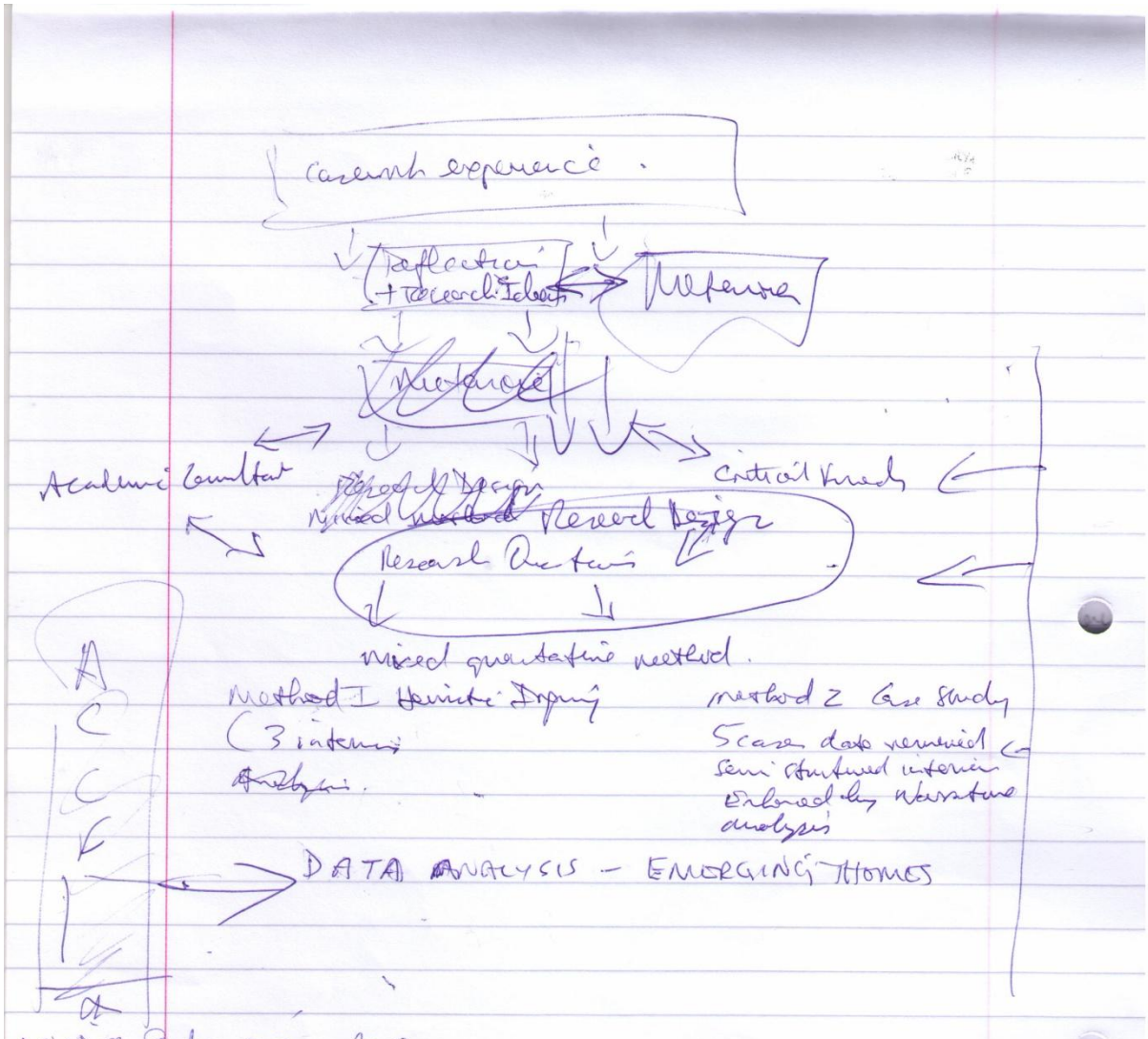
- Significance of early work + engagement

- Process begins to someone recognising therapeutic possibilities + becomes an advocate for assessment.

- relevance of 'hope' in relationship to recognising opportunity + grasping it.

- Eddy says being able to look at interactions + ourselves personally as a positive indicator; what effect to your history had on your kids. Function of self

- Therapy in this context - for therapist something to be explored even engaged. For parent something to be feared. A + N avoided



family +

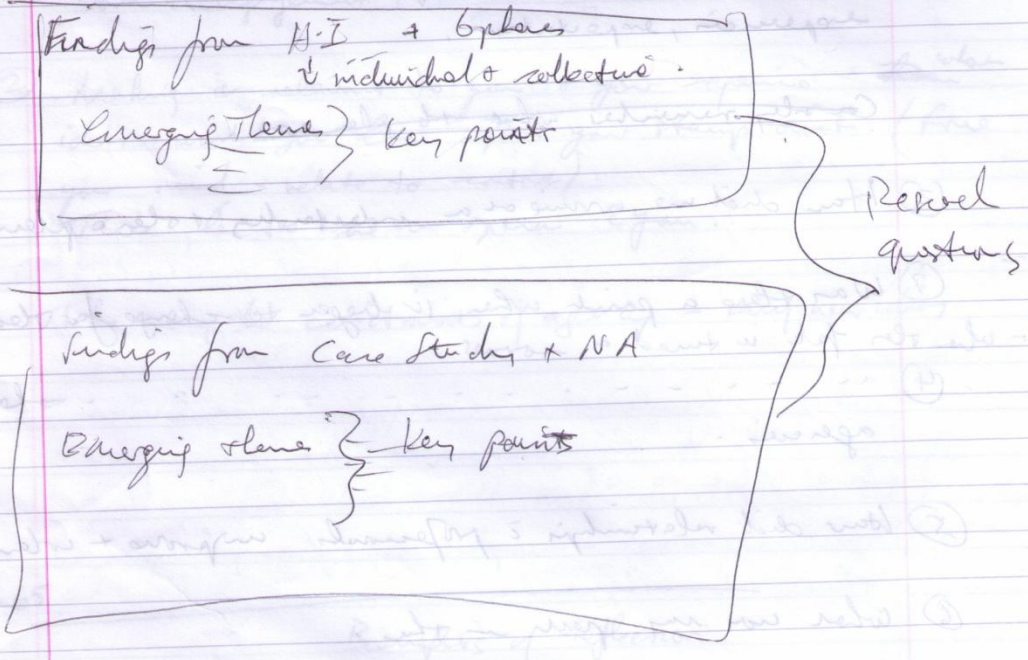
Respect for personal context. Recognising sociological factors influential for family + ability to relate to formal nature of L P.

factor relevant to early work experiences.

- Answers should aim to reveal the authentic present + any potential for growth.
- Recognise + ~~about~~ understand influence of different systems (Parental)
- Determine manifested in values from 1 – 4.
- Points ~~of~~ vulnerabilities prior to LP and supported

Findings Analysis

Overview

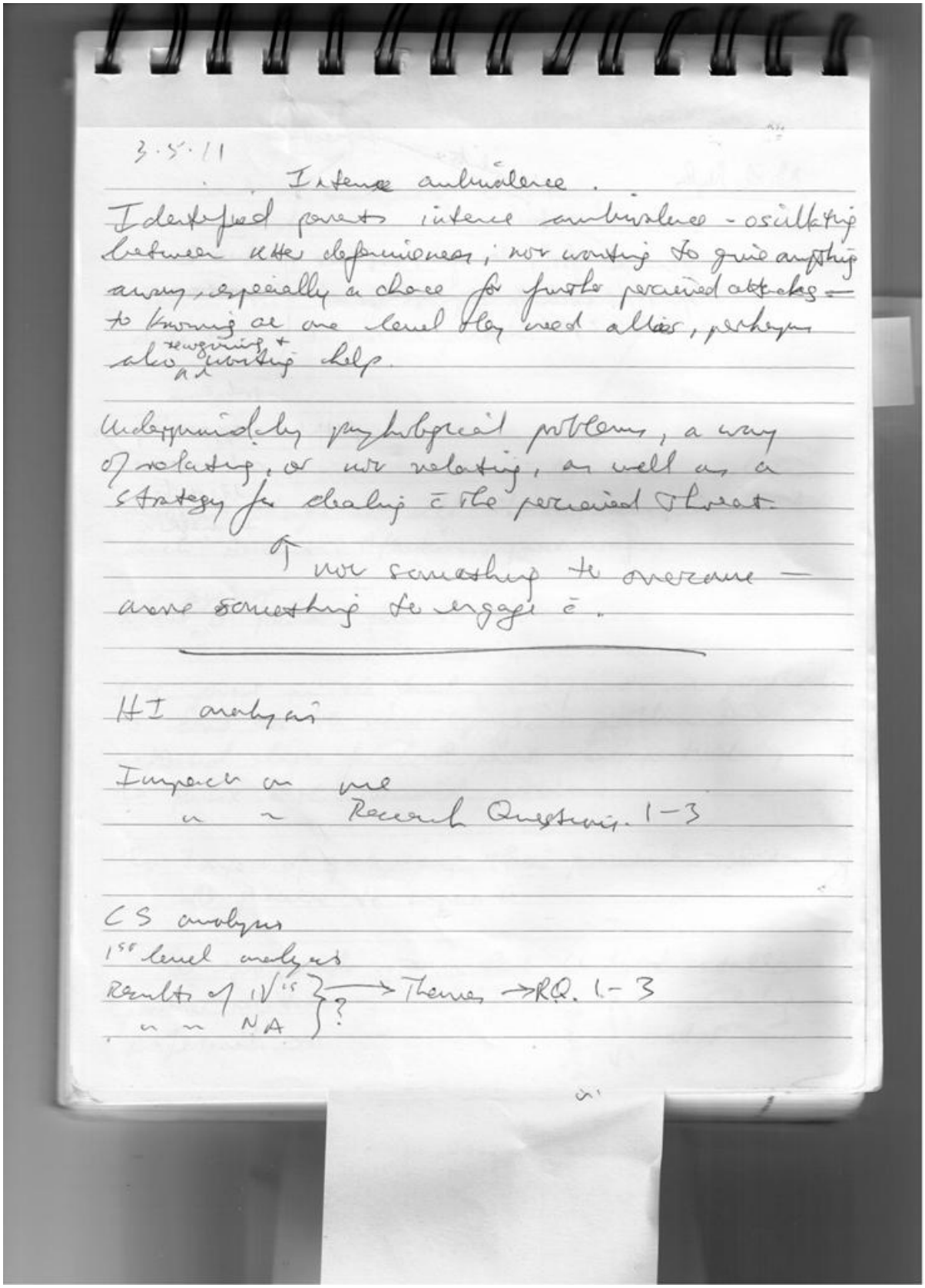


findings overview:

Summary of results from H-I

- - - - - - - - - Case Studies + NA

Cross-method correlation:
Results + Research questions
Summary of results



3.5.11

Intense ambivalence.

Identified parents intense ambivalence - oscillating between either defensiveness; not wanting to give anything away, especially a chance for further perceived attacks — to knowing at one level they need allies, perhaps also rewarding + wanting help.

Underpinned by psychological problems, a way of relating, or not relating, as well as a strategy for dealing w the perceived threat.

↑ not something to overcome — more something to engage w.

HI analysis

Impact on me

" " Research Questions 1-3

CS analysis

1st level analysis

Results of IVs } → Themes → RQ. 1-3

" " NA } ?

findings from HI

- Case study ~~DATA~~
- ~~NA~~ N.A - of key themes, RQuestions + SOS.

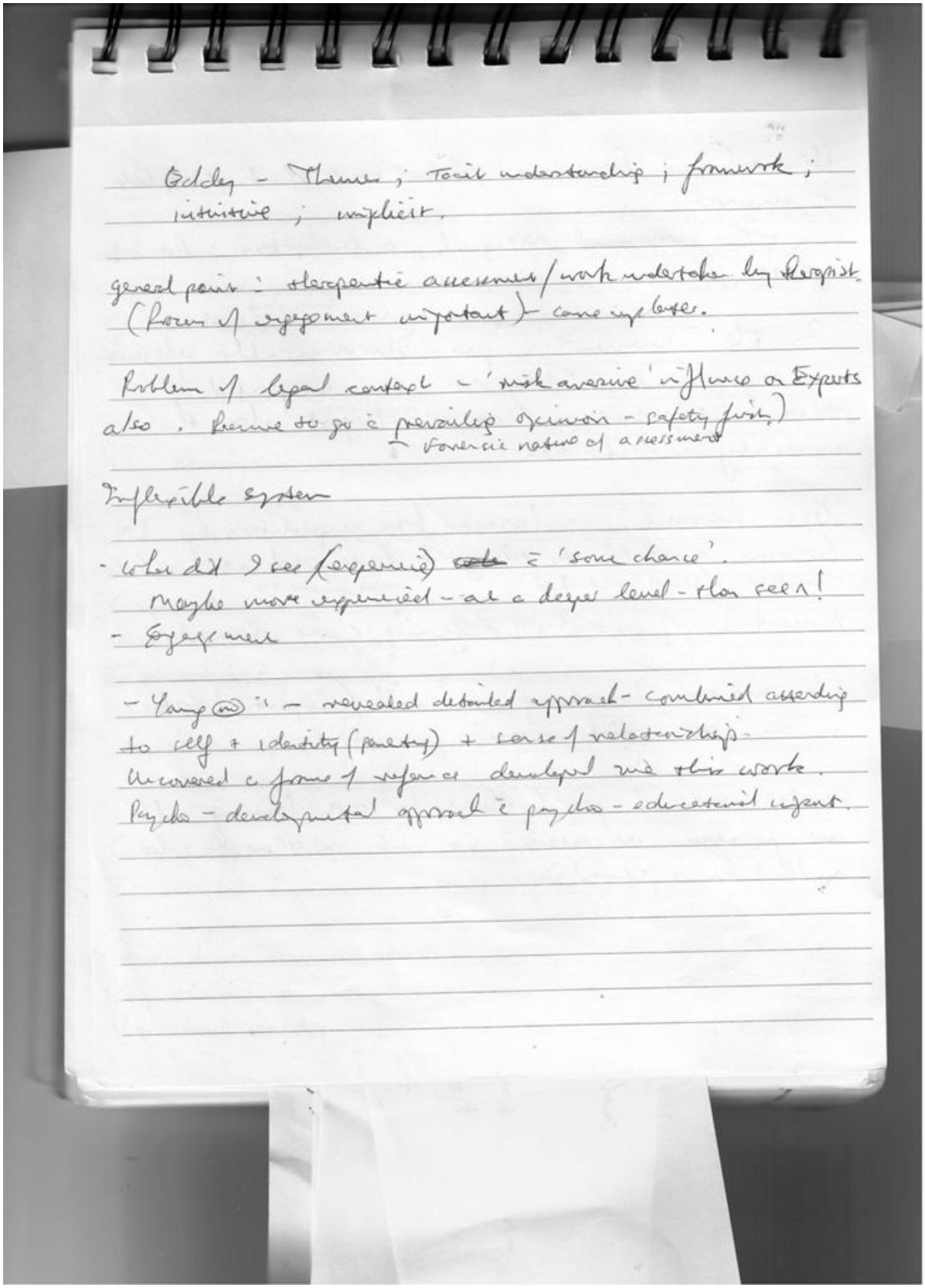
Commonality across ~~the~~ method (triangulation)
Key themes, findings in relation to research questions.

Review + discuss of research findings.

Underlying themes: (1) Relationship - otherness - sense of self -

(2) Context - clinic - professional relationship - polarised positions.

(3) Assessment of therapeutic potential + therapy engagement (levels)



Oxley - Thames ; Tacit understandings ; framework ; intuitive ; implicit.

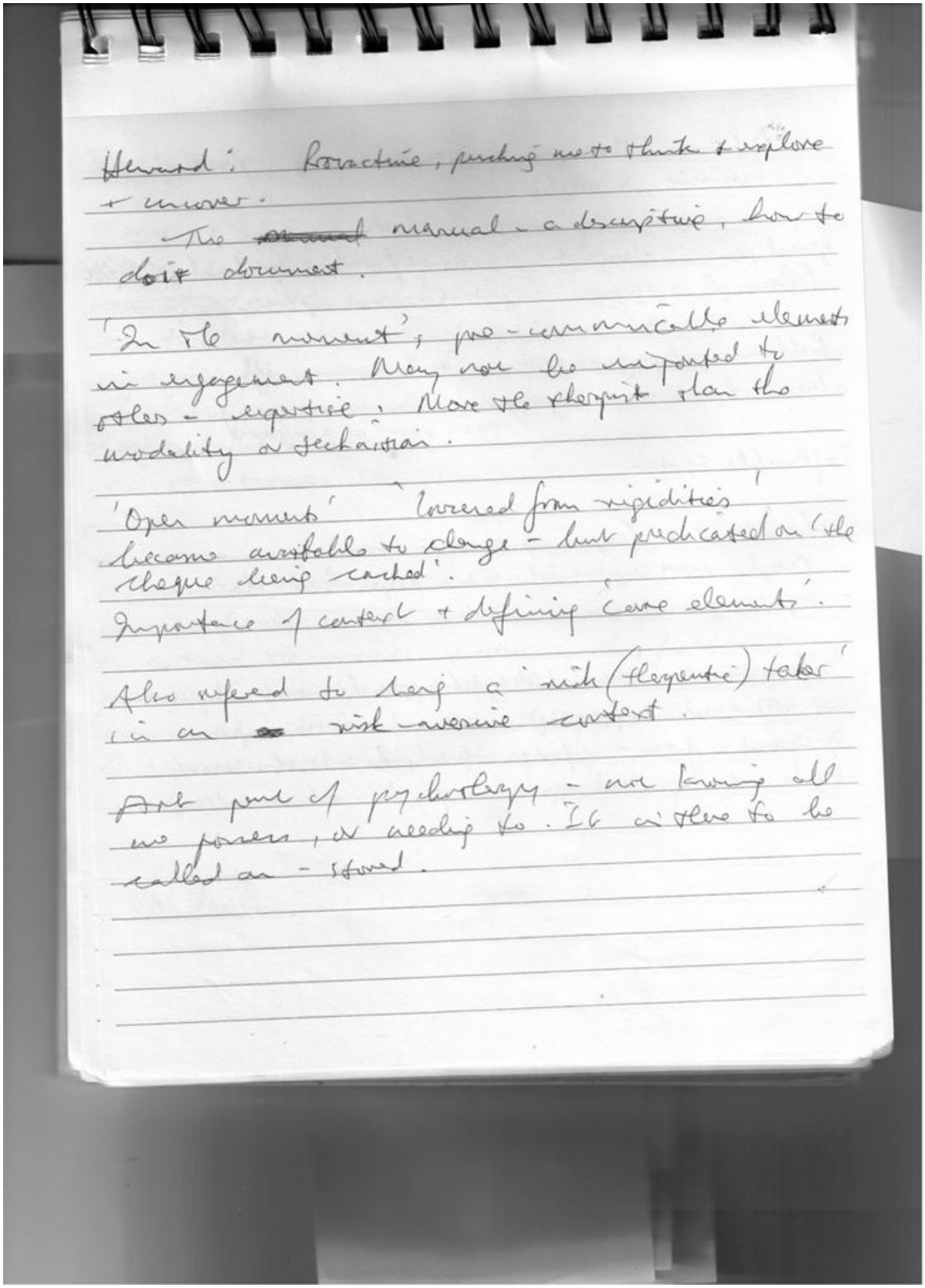
general point : therapeutic assessment / work undertaken by therapist. (Focus of engagement important) - core ingredient.

Problem of legal context - 'risk averse' influence on Experts also . Reverse to go to previously opinion - safety first)
- forensic nature of assessment

Inflexible system

- what do I see (experience) ~~data~~ = 'some chance'.
  Maybe more experienced - at a deeper level - than seen!
- Engagement

- Young (m) : - revealed detailed approach - combined according to self + identity (poetry) + sense of relationships -
  Uncovered a form of reference developed via this work.
  Psycho - developmental approach = psycho - educational agent.



Heuristic: Reactive, pushing me to think + explore + uncover.

The ~~Manual~~ manual - a descriptive, how to doit document.

'In the moment', pre-communicable elements in engagement. May not be imported to other - expertise; More the blueprint than the modality or technician.

'Open moments' 'covered from rigidities' become available to change - but predicated on 'the shaper being cached'.

Importance of context + defining 'core elements'.

Also refered to being a 'risk (theoretic) taker' in an ~~as~~ risk-averse context.

Art part of psychotherapy - use having all the powers, or needing to. It is there to be called on - stored.

A manual will an help people here understanding the essence of experience in this context can prepare the psychologist instead a the work.

* For professionals - understanding parent's defensiveness &
  - seeing potentially beyond it.
  - Give engagement a chance - early work important.
  - think therapeutically & consider possibilities
  - The

For therapists & professionals:

therapy should be fit for purpose an provided because it is available

- Addressing issues of 'self' is fundamental. i.e. self as parent; self as (valued) individual; etc.

By the end of this I understood a lot more about ~~[illegible]~~ my self, my qualities - some acquired early in my life, other through a variety of professional experience + training.

I appreciate my hybrid qualities + veteran status. This means expertise specifically relating to 'underlying' + extraordinary circumstances.

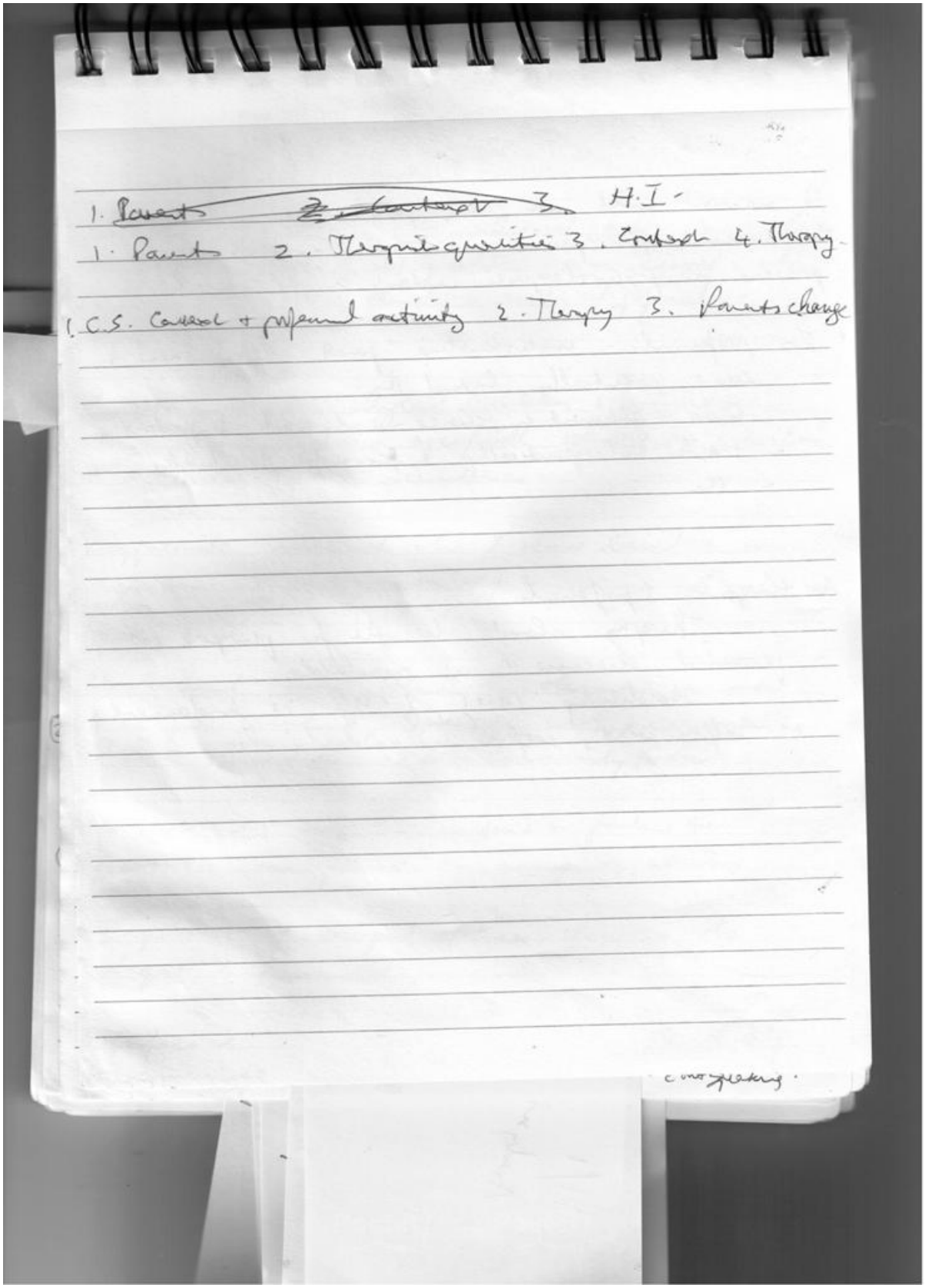
I appreciate much of what I have learned + my expertise is intuitive + ...

(2) Understand more about the therapeutic encounter than is included in early work + engagement. I have learned this without consciously knowing.

(3) Context is very important + failure to appreciate can prevent ~~[illegible]~~ empowering opportunities.

Importance of ~~[illegible]~~ openness, hope + the dialogue being tested.

Significance of 'in the moment' + the ability to communicate - relating to their experience - without speaking.


1. Parents 2. Therapist 3. H.I.
1. Parents 2. Therapist/ questions 3. Speech 4. Therapy
1. C.S. Control + planned activity 2. Therapy 3. Parents change
communicating.

7.11.10 – Reflections ~~of~~ on H/I interview + consultative role.

Why my discomfort at staying with the questions – but benefit from later listening to tape + longer term reflection. Parallel with therapeutic client relationship in this context. Initially either not having or able to tolerate being there long enough but persistently avoiding issues in therapy + or therapist having role of audio-transcription – in my experience of H/I. Similarities.

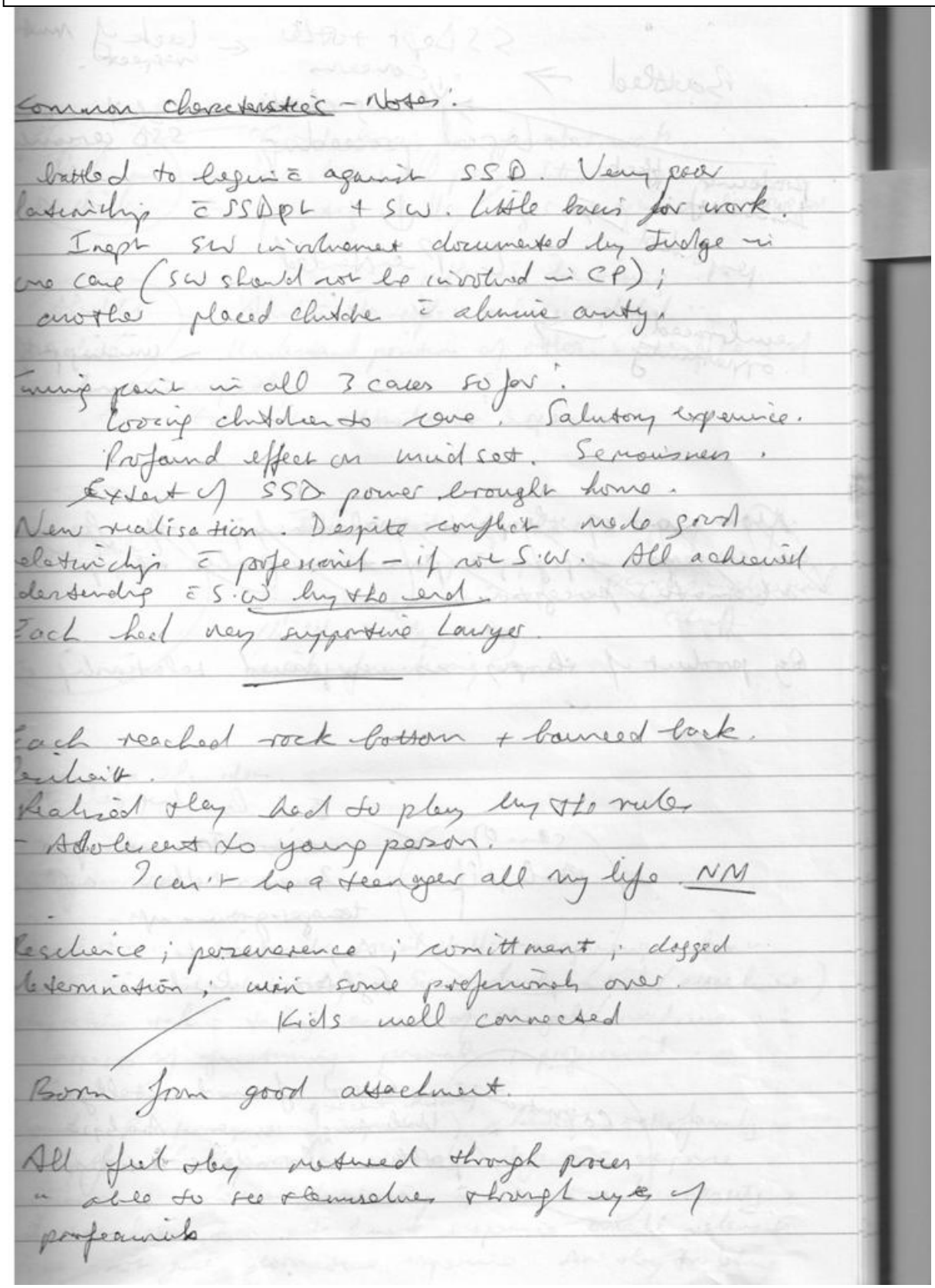
Also fluidity moving between counselling + consultative roles – but always therapeutic in the nature of the relationship. Holding it with all its inherent unhelpful. Use example of ~~Case I~~ where having left home – if the children had no problem then – they would have absolutely no problem or at least with their return to

The consultative element + psycho-educational input only as dependent on the 'therapeutic relationship' as the counselling or therapy itself.

Understanding has all this time the answer to the question I posed - lay largely in myself. Not that the seeking of meaning outside is an irrelevance but a necessary tool that illuminates internally produced data.

Being immersed for a long time has its value - but like swimming you have to come up for air - you cannot remain immersed & move forward for long. ~~The~~ Balancing the relationship ~~between the~~ internal ~~making~~ ~~sense~~ illumination of experience & ~~external meaning~~ attaching external meaning to the events of the experience is somehow key to my ~~the~~ journey.

APPENDIX 2 - PART 3



Common characteristics – Notes:

Battled to begin ā against SSD. Very poor
latenichy ā SSDpt + SW. Little basis for work.
Inapt SW involvement documented by Judge in
one case (SW should not be involved in CP);
another placed children ā alumin aunty;

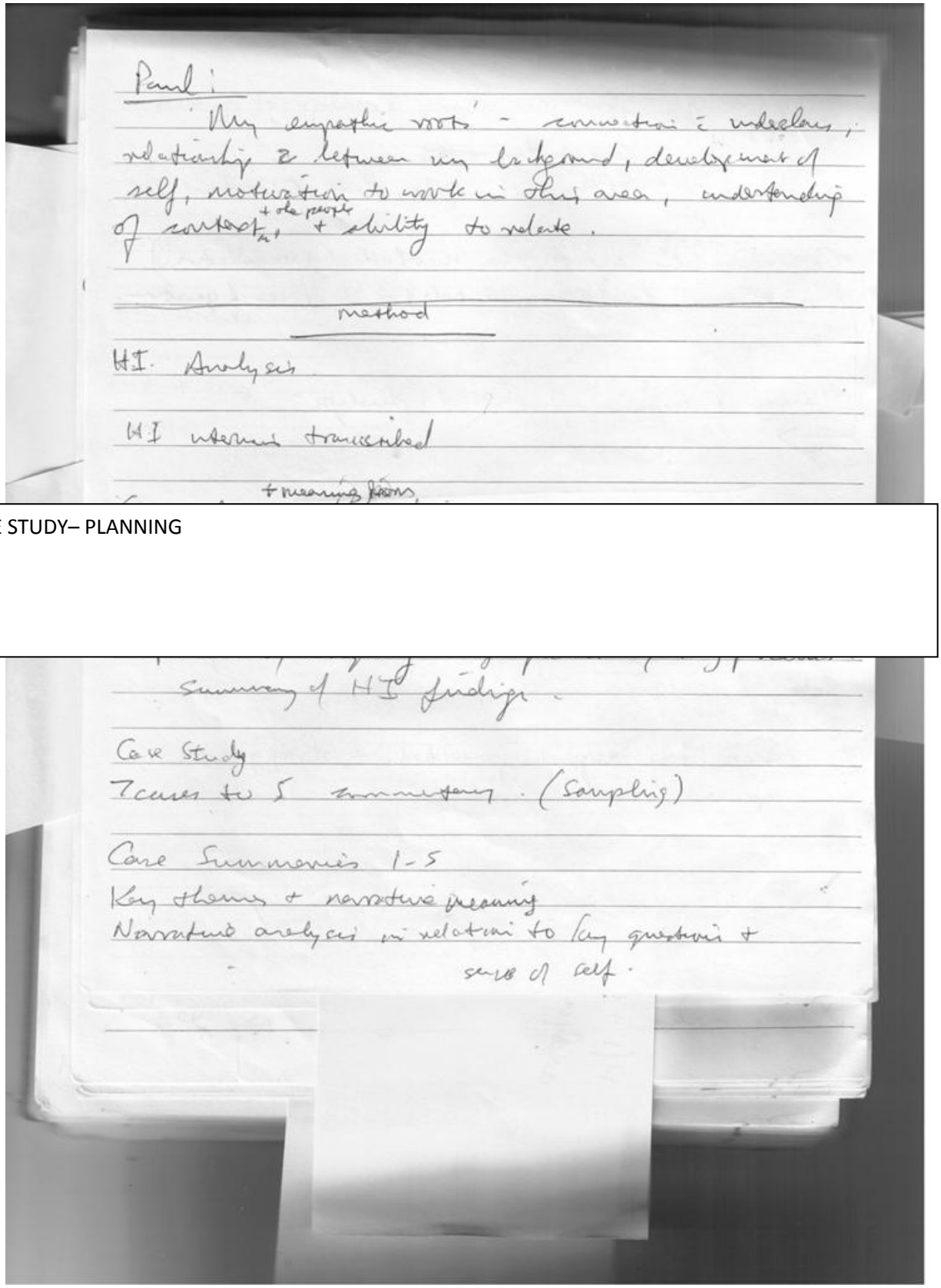
Turning point in all 3 cases so for:
Loving children to come. Salutary experience.
Profound effect on mindset. Seriousness.
Extent of SSD power brought home.
New realisation. Despite conflict made good
relationship ā professional – if not S.W. All achieved
understanding ā S.W by the end.
Each had very supportive Lawyer.

Each reached rock bottom + bounced back.
Resilient.
Realised they had to play by the rules.
- Adolescent to young person:
I can't be a teenager all my life. NM

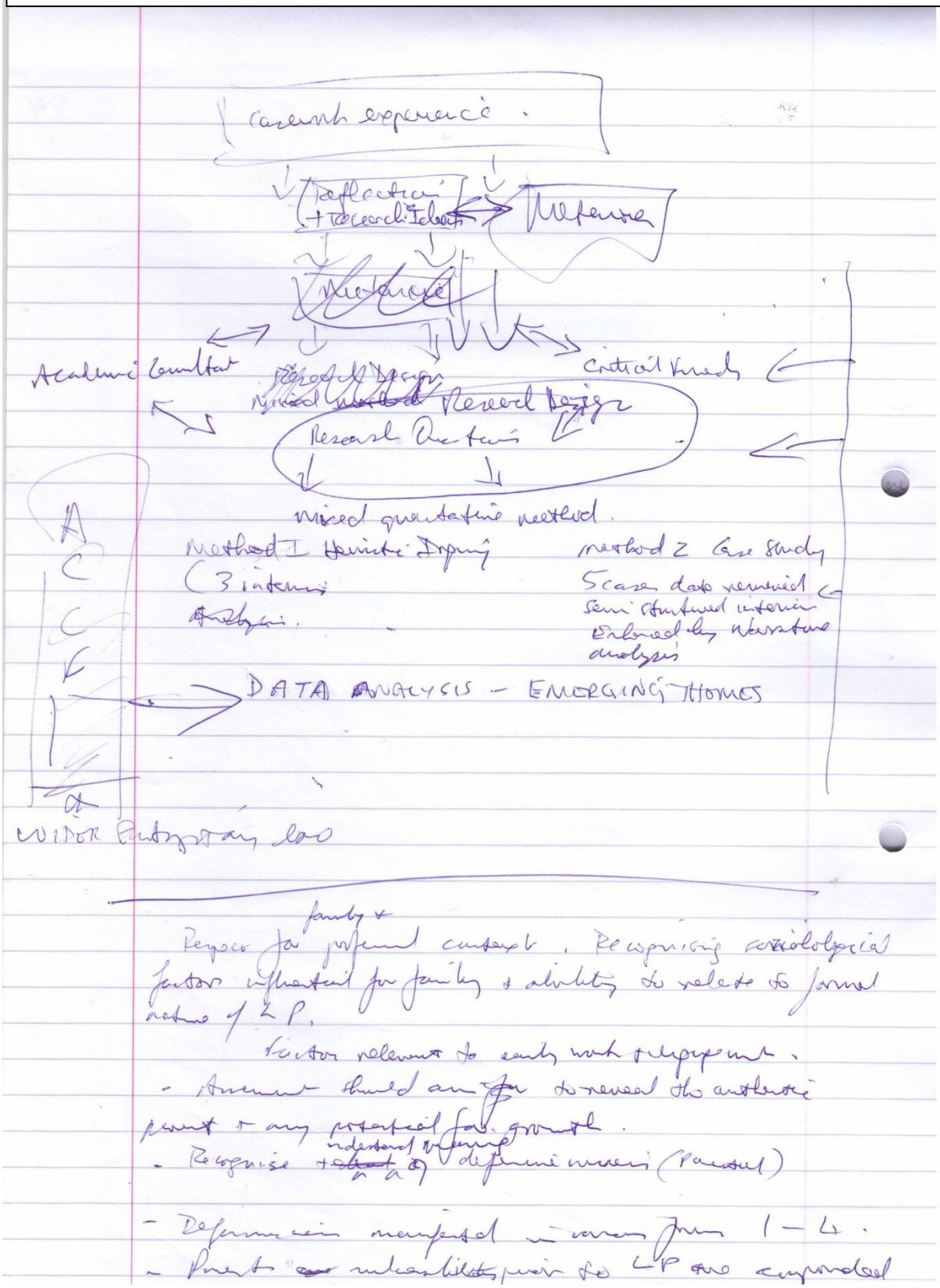
Resilience; perseverence; committment; dogged
determination; mix some profession over.
Kids well connected

Born from good attachment.

All felt they matured through process
- able to see themselves through eyes of
professionals



CASE STUDY– PLANNING


Research experience
Reflection + Research Ideas
Literature
Methodology
Academic Context
Critical Friends
Research Design
Research Questions
mixed quantitative nested.
Method 1 Heuristic Inquiry
(3 interviews
Analysis.
method 2 Case Study
Scarce data retrieval
Semi structured interview
Enhanced by literature analysis
DATA ANALYSIS – EMERGING THEMES
WIDER Ontological lens
family +
Respect for personal context. Recognising sociological factors influential for family + ability to relate to formal nature of L P.
Factor relevant to early work experience.
- Answer should aim to reveal the authentic present + any potential for growth.
understand inferring
- Recognise + about of difficulties (Parental)
- Difficulties manifested in various forms 1 – 4.
- Parents ~~are~~ vulnerabilities prior to LP are exposed

Data Analysis

Themes

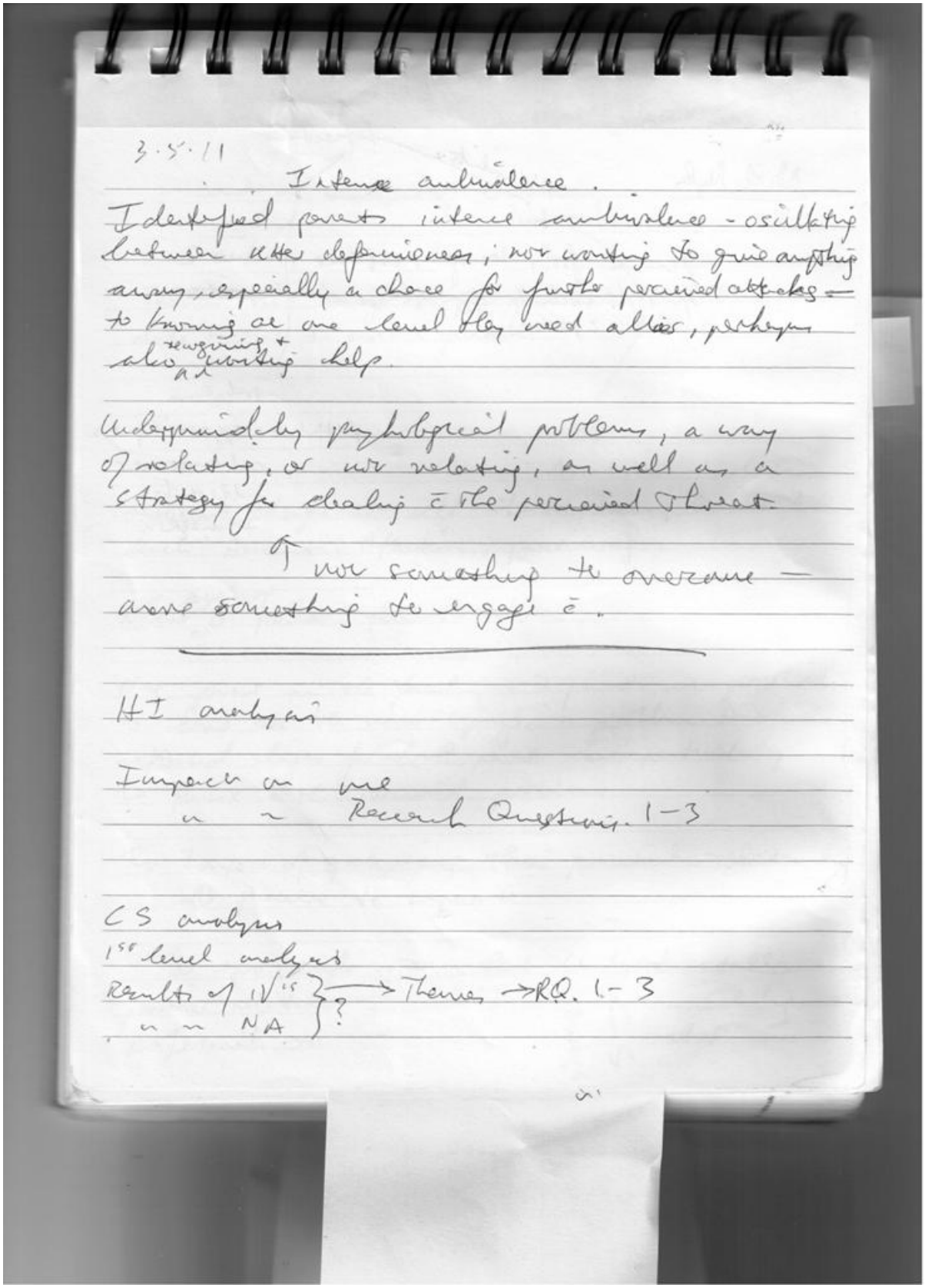
Findings from H.I + 6 places
↓ individual + collective.
Emerging Theme } key points

Revisit questions

Findings from Case Studies + NA
Emerging theme } key points

findings overview:
Summary of results from H.I
- - - - - - - - Case Studies + NA

Cross-method correlation:
Results + Research questions
Summary of results



3.5.11

Intense ambivalence.

Identified parents intense ambivalence - oscillating between utter defensiveness; not wanting to give anything away, especially a chance for further perceived attacks — to knowing at one level they need allies, perhaps also rewarding + wanting help.

Underpinned by psychological problems, a way of relating, or not relating, as well as a strategy for dealing w the perceived threat.

↑ not something to overcome — more something to engage w.

HI analysis

Impact on me

" " Research Questions 1-3

CS analysis

1st level analysis

Results of IVIS } → Themes → RQ. 1-3

" " NA }?

findings from HI

- Case study ~~DATA~~
- ~~NA~~ N.A - of key themes, RQuestions + SOS.

Commonality across ~~the~~ method (triangulation)
Key themes, findings in relation to research questions.

Review + discuss of research findings.

Underlying themes: (1) Relationship - otherness - sense of self -

(2) Context - clinic - professional relationship - polarised positions.

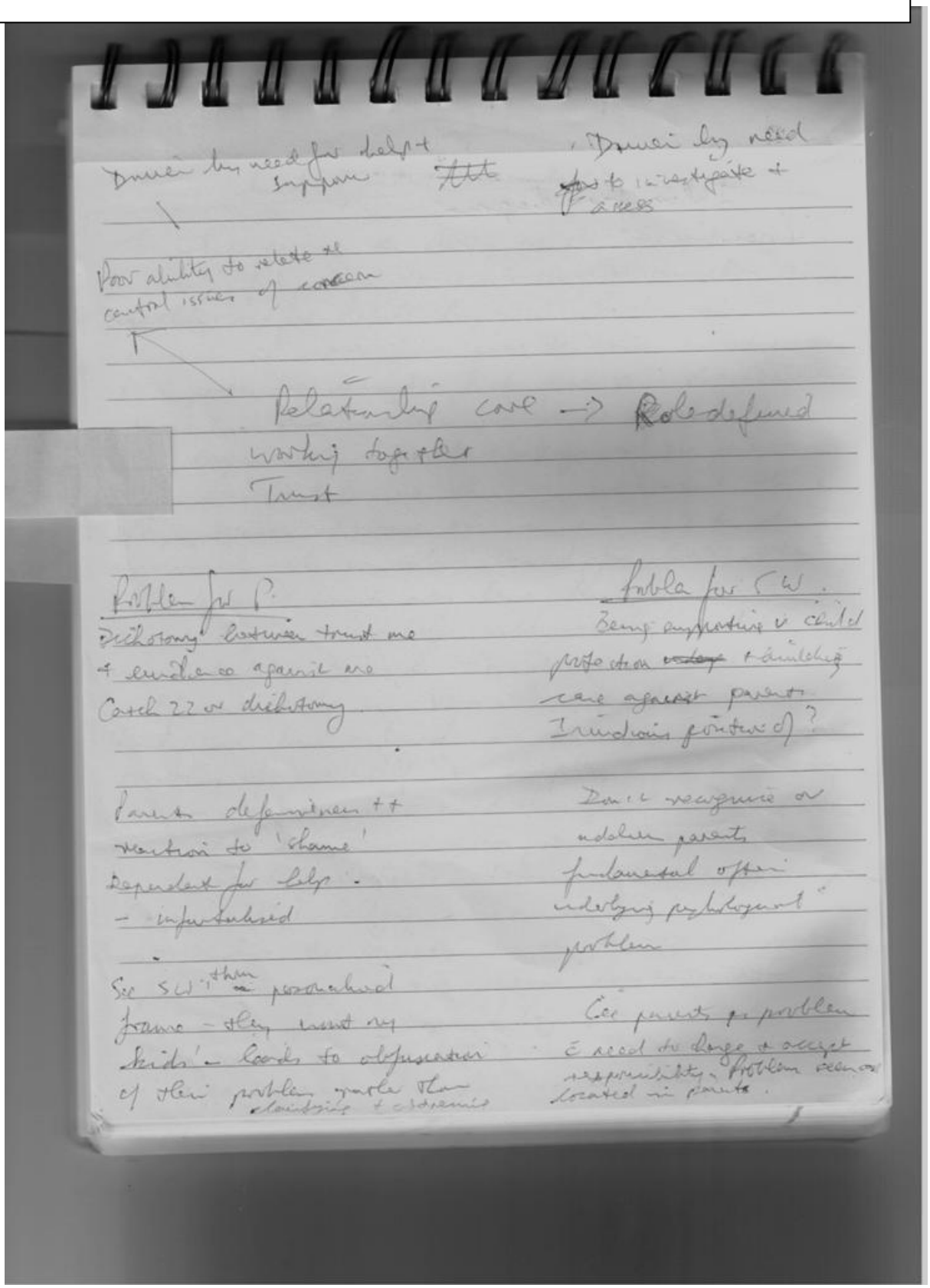
(3) Assessment of therapeutic potential + therapy engagement (levels)

APPENDIX 111

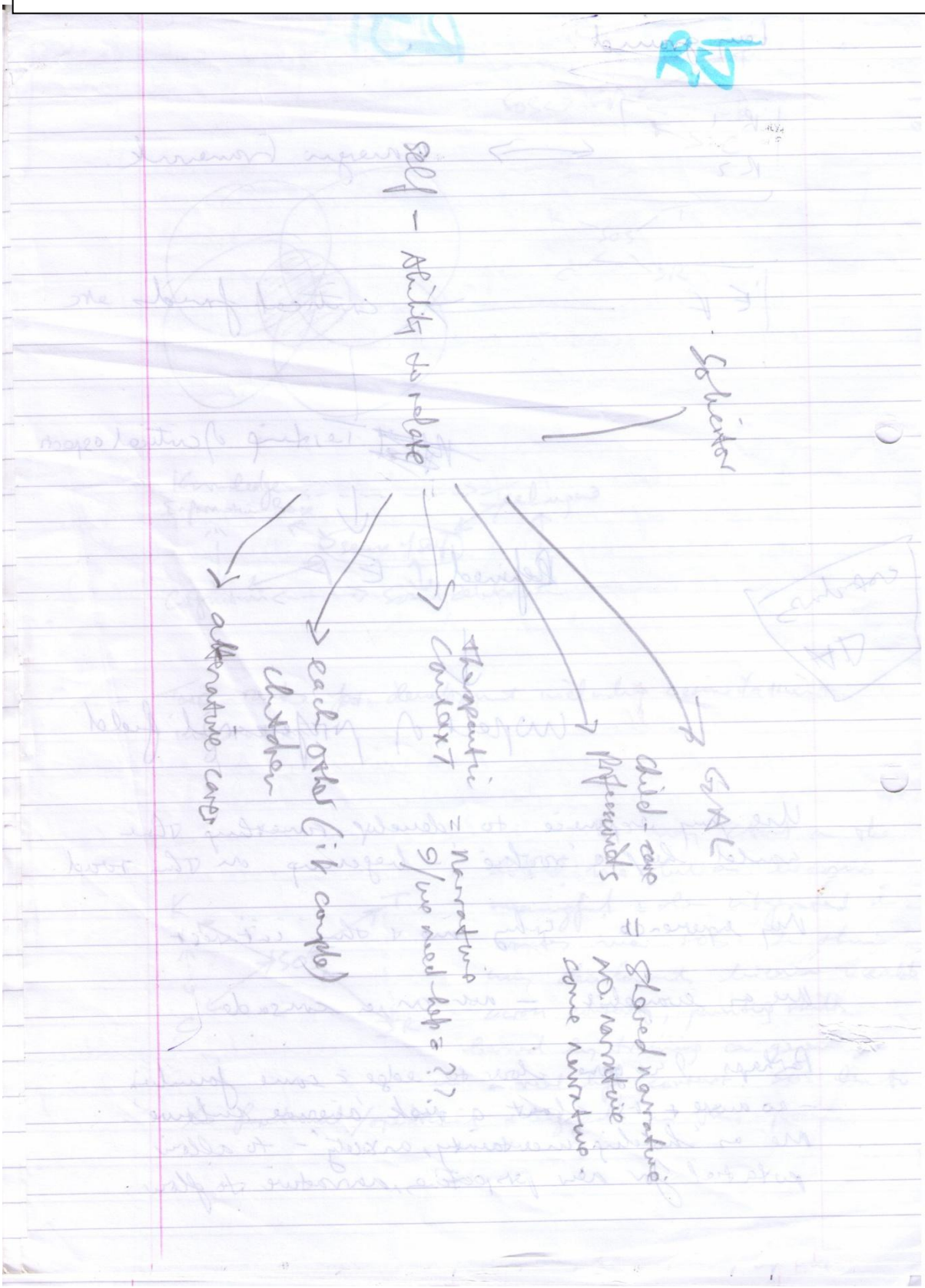
Research Journal notes

The notes in this appendix refer to aspects of the emerging framework.

Notes: - The Early stages of analysing the Parent-Social Worker relationship



Notes: - The parent's ability to relate across various levels referred to in Appendix 1 and Chapter 5.



Notes: - Narrative and drawings that contributed to the development of the emerging framework and its relationship with the study as it unfolded.

R1
R2 ⟷ Emergn framework.

EF ⟶ critical friends etc

~~Refined~~ Testing of critical aspects

↓

Refined EF

↓

Aspect of professional field

Use my experience to develop something that could help a 'rookie' - beginning on the road.

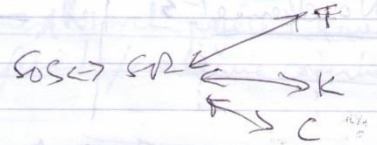
My experience: why me + the interest.

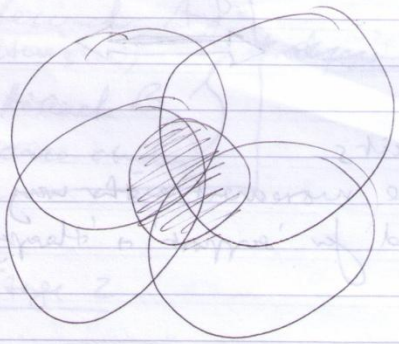
Use an evangelist — not on a crusade

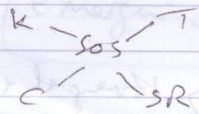
Perhaps I've gone close to edge ~ some journeys — no more + it's about a ~~risk~~ 'diverse culture'.
Use as 'holding uncertainty, anxiety' - to allow potential for new perspectives, narratives to flow.

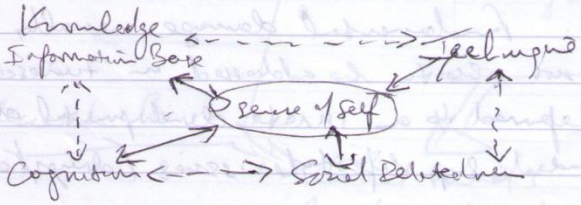
41
42 43 44 45 48 49

9 13
10 14
11 ~~15~~ ~~16~~

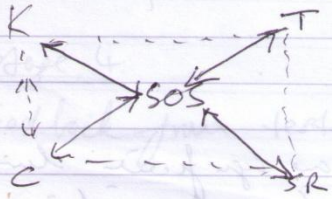




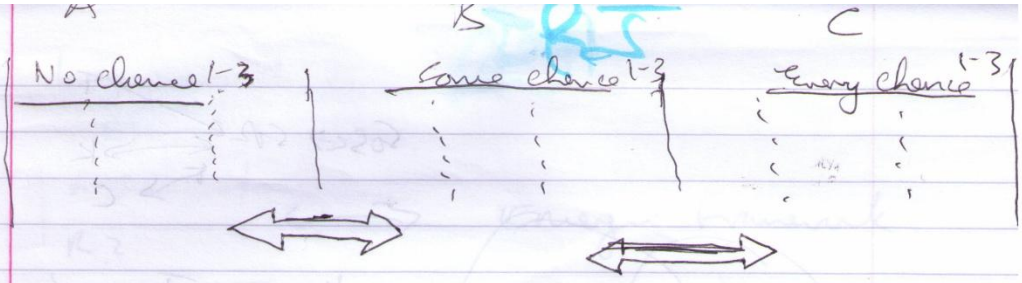




Tasks wanted for development including assimilation & integration.



It may start as the dotted line but as becomes meaningful & also integrated in wants via SOS. In this way development becomes useable across contexts; parenting skills learned by training can generalize in a real life context. SOS has to be functional/operational & engaged in this process.



Identify strengths + deficits
What factors determine movement either way
Differentiate potential need for 'support' + 'therapy'.

A = No chance. Fundamental damage usually to 'sense of self' not able to be addressed in 'timescale' for the children. Response to a innate developmental damage. May be compounded by lifestyle issues (drugs/alcohol)

B = Some chance.
Problem ~~range from~~ not as severe as A. Ability to relate especially ~~to~~ their children is fundamental. Treatment period critical to establish: can they engage; level of motivation; ~~willingness~~ awareness of the need for change.

C = Very chance. Problem are significant but surmountable - Good basis for relationships + evidence of secure attachment behaviour + reflective functioning

Evolving Relationship between Research project, emergi framework + critical friends/academic consultant.

Stage 1

Research A (Heuristic)
Research B (case study)
⇒ Emergi framework.

Stage 2

Research A
Research B
Emergi framework
critical friends
Academic Consultants.

Stage 3

Emergi framework ⇒ testing aspect of EF via critical friends et al

Stage 4

Feedback from testing ⇒ Refined EF

Stage 5.

Impact of EF on professional field.

RJ

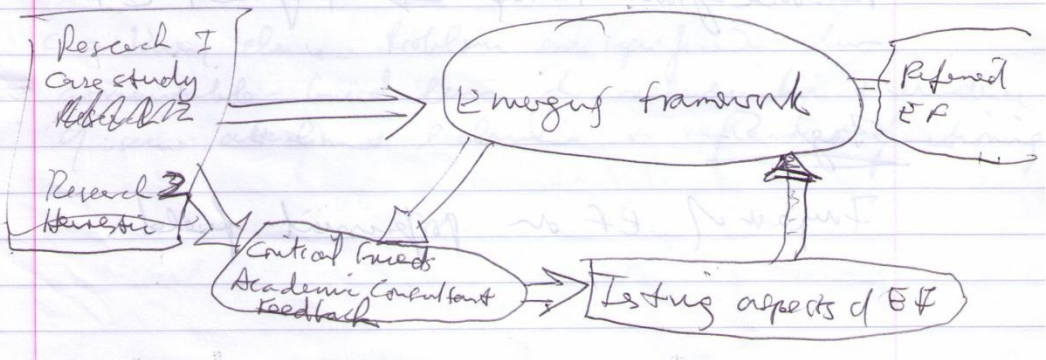
or desperate for you to be their saviour. Often relationships with partners are damaged as a result of this in the early part of the first session. From a therapeutic perspective understanding & working to their context offers a potential path through this minefield.

I have formulated the following potential dynamic positions taken by parents in these circumstances.

1. Angry - defensive
2. Ambivalent - oscillating between angry & defending never forming a stable relationship.
3. Constructive - acquiescent
   " - Surly
4. Unconcerned - dependant.

During the course of several hundred anxiety - based therapeutic encounters I have found the following criteria helpful in guiding the assessment sessions.

1 - 6



Research Participation Consent Form

I the undersigned agree to participate in the above named study. I understand the purpose and nature of the study and participate voluntarily.

I grant my permission for the data to be used for the completion of a doctoral study at the Metanoia Institute and any future publication. I understand that my name and any other demographic information, which may identify me, will not be used.

Participant/s……. Date…….

Researcher……. Date……..

Appendix 5

i) Research ethics confirmation

Your query was reviewed by our Queries Line Advisers

From information provided, this does not seem to involve NHS patients, so NHS REC review would not be needed.

Regards

Queries Line

National Research Ethics Service (NRES)
National Patient Safety Agency
Email queries@nres.npsa.nhs.uk

4-8 Maple Street, London, W1T 5HD

www.nres.npsa.nhs.uk Ref: 04 / 24

From: mike davies [mailto:mgdavies1@btinternet.com]
Sent: 17 February 2009 21:55
To: NRES Queries Line
Subject:

I would like an opinion on whether my proposed research study will require ethical approval above and beyond that provided by my university.

I am undertaken Doctorate in Psychotherapy at Middlesex University and the Metanoia Institute in London.
My proposed study is called:

'*Families on the edge' – A qualitative study of families who engaged in psychotherapy and successfully navigated legal proceedings thereby preventing their family break-up*.

I plan to use a mixed (qualitative) method reviewing the experiences of a relatively small number of families and their key professionals (legal and social work) intending to identify positive aspects of current professional practice especially as it relates to psychotherapy in this context.

These are families I have been involved with as part of my work as an 'independent expert' to the courts where strict rules of confidentiality already exist. The cases are spread across South and West Wales. All the interviews with families have been conducted as part of my practice – additional retrospective interviews with (non NHS) professionals will be undertaken as will an ethnographic study of the legal documentation sent to me to facilitate my work in the first place.

I am not sure how much information you require – or whether it may be easier to review my research proposal in full. I naturally expect to obtain ethical approval from the university but I am not sure if I need further approval.

I would be grateful for your advice.

Mike Davies

Consultant Family Psychotherapist

ii) Ethics Release From for the D Psych

All candidates planning to undertake research are required to complete this Ethics Release Form and to submit it along with their Programme Planning Documentation for consideration.

It is essential that you have an understanding of the ethical considerations central to planning and conducting research in counselling and psychotherapy. Key Ethical Guidelines and required reading are in Appendix 2.
Approval to carry out research does not exempt you from Ethics Committee approval from institutions within which you may be planning to conduct research e.g. Hospitals, NHS Trusts, Local Education Authorities, Prisons etc.

Please answer all of the following questions. Circle the appropriate answer.

1.	Has the project proposal and ethical considerations in draft been completed and submitted to the academic adviser?	YES	
2.	Will the research involve an intervention or change to an existing situation that may affect people. If **YES**, have participants been given/will they be given information about the aims and possible risks involved, in easily understood language? Attach a copy		NO
3.	Will any person's position, treatment or care be in any way prejudiced if they choose not to participate in the project?		NO
4.	Can participants freely withdraw from the project at any stage without risk or harm of prejudice?	YES	
5.	Will the project involve working with or studying minors (under 16)? If **YES** attach the steps you have taken including parental consent to ensure protection of the child		NO
6.	Are there any questions or procedures likely to be considered in any way offensive or inappropriate?		NO
7.	Have all necessary steps been taken to protect the privacy of the participants and the need for anonymity?	YES	
8.	Is there any provision for the safe keeping of written Data and video/ audio recordings of the participants?	YES	
9.	If applicable is there provision for debriefing participants after the research intervention or project?	YES	

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