Educational Psychotherapy: An approach to working with children whose learning is impeded by emotional problems.

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Abstract

This article describes the theory and practice of educational psychotherapy, an approach to working with children whose learning is hindered by emotional problems. The theoretical foundations in the work of Irene Caspari, Wilfred Bion, Melanie Klein, John Bowlby and D. W. Winnicott are outlined, and the approach is exemplified in two short case studies. The application of this approach in therapeutic story groups is briefly described. The article concludes with some comments on the potential for, and constraints facing, the introduction of educational psychotherapy in schools.

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Introduction

The aim of this article is a modest one: to present to the reader an approach to working with children whose learning is impeded by emotional problems of one kind or another, which may be of value to schools in their pastoral casework with such children. It does not attempt to examine in a critical way, the psychoanalytic theory which underpins this approach, nor deal in detail with the procedures and practical activities of the therapist in the therapy room. Rather, it aims: to describe the approach in general terms; to situate it within the psycho-dynamic theories by which it is informed; to identify the key concepts with which the practitioner works; and, through a small number of examples, to illustrate how this approach works in practice. The approach to which I refer is that known as *educational psychotherapy*.

The work of Irene Caspari and the Caspari Foundation

Educational psychotherapy was developed by Irene Caspari, Principal Educational Psychologist at the Tavistock Clinic in London where she worked from 1954 until her death in 1976 (Osborne, 1986). Although our interest in her today is as the founder of educational psychotherapy, Caspari was concerned throughout her career with the work of schools and teachers more generally. For example, she wrote about new approaches to the supervision of student teachers doing their teaching practice in schools (Caspari and Eggleston, 1965) and her one published book - *Troublesome Children in Class* (Caspari, 1976) - was published in the *Students' Library of Education*, a series specifically for those training to be teachers.

In 1973, she co-founded and chaired the *Forum for the Advancement of Educational Therapy*, and when she died, she left the major part of her estate to furthering the aims of the Forum

(Osborne, 1986, p.iii). At some point, the Forum changed its name to the *Forum for the Advancement of Educational Therapy **and Therapeutic Teaching*** (FAETT), in recognition of the fact that Caspari's work was by no means limited to one-to-one psychotherapy, but could influence how teachers relate to, and work with, children in their classrooms. In 2007, the Foundation decided to change the term 'educational therapy' to 'educational *psycho*therapy' as a more appropriate description of the work of its therapists (Salmon & Dover, p.1). About this time, the organization also changed its name to *The Caspari Foundation*.

In the 1970s and 1980s, when Caspari and her students were developing the approach, the educational scene in England was undergoing considerable change. Support for children with emotional and behavioural difficulties was provided by Child Guidance units as part of a 'welfare network' including social workers and educational welfare officers funded by local education authorities, with 'special schools' catering for children with substantial learning difficulties. Following the Warnock Report (Warnock, 1978) and the Education Act of 1981 which took up its major recommendations, the old concept of 'remedial education' gave way to that of 'special educational needs' (SEN) with the aim of a more integrated support and specialist teaching of 'SEN children' in 'mainstream' schools. By 1983, child guidance clinics were coming under critical scrutiny on the grounds that they catered for less than one percent of the child population and were too labour-intensive to be viable at a time of cutbacks in funding (Black, 1983, p.644). Since then, the English school system has undergone radical changes in structure, governance and curriculum, alongside reorganizations and 'reforms' of health and social services, with the provision of psychotherapy and psychiatric treatment for young people coming under the Child and Adolescent Mental Health Services provided by the National Health Service (NHS).

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In this changing context, the aims and objectives of the Caspari Foundation have remained pretty much those which led to the founding of the *Forum* forty years ago: to help children whose learning is hindered by psycho-emotional problems through the promotion of educational psychotherapy as a practice. It does this by providing therapy to children (referred by schools and local authorities, or by Caspari-trained therapists working in CAMHS), by offering continuing professional development lectures and workshops for teachers and other professionals, and by providing professional training which leads to a Master's Degree and an Advanced Diploma which are accredited by the United Kingdom Council for Psychotherapy (UKCP).

What theories inform this approach?

Like all therapies, the practice of educational psychotherapy is underpinned by a distinctive theory, influenced by, and derived from, particular theories in psychology. As the word 'psychotherapy' denotes, this approach is underpinned by psycho*analytic* theory. Thus, the thinkers most often cited by educational psychotherapists are psychoanalysts or researchers in the psychoanalytic tradition originated by Sigmund Freud, particularly Melanie Klein, Wilfred Bion and D. W. Winnicott, and these are discussed below.

Less often cited are the educational theories to which the approach is also related. Here we may think of Friedrich Froebel who placed *play* at the centre of a child's development, and for whom play was 'the child's work' (Liebschner, 1992), of Vygotsky's concept of the *zone of proximal development*, and of the idea of the teacher 'scaffolding' the child's learning by helping her to move from a position of what she can do only with the teacher's help to one

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where she can now do it on her own (Vygotsky, 1978). Vygotsky comes to mind also because of the emphasis he put on learning as *a social or collaborative experience*, as something which is integral to the interaction between the teacher and learner, rather than as something which just 'goes on inside the child's head'. As we shall see below, the *relationship* between the educational psychotherapist and the child is fundamental in understanding how educational psychotherapy works.

Given these theoretical foundations, there are, naturally, family resemblances between educational psychotherapy and other therapies, notably art- and play-therapy. As in play therapy, children are given opportunities to play with toys, dolls, puppets, play-dough, art and craft materials (cutting, pasting, colouring etc), as well as being allowed to use, in their play, the spaces and other objects available in the therapy room. Competitive games, connected with learning tasks, are intentionally introduced, and the relationship between the play and the child's learning difficulties are central to the therapist's work. Like art-therapy, educational psychotherapy provides children with opportunities to be creative, in that **c**hildren are invited to make up and write stories, make pictures, sculptures, models etc, and to use the diverse contents of the therapy room to construct fantasy worlds and play out fantasy scenarios. However, in this approach creative and imaginative activities are interspersed with, or combined with, learning activities which relate specifically to the learning tasks with which the child has difficulties. Educational psychotherapy is thus distinctive in that it is the child's *learning* - or, rather, their difficulties in particular learning tasks such as reading - which initiate the therapy, and remain in focus throughout; the aim of the sessions is both to explore and alleviate the emotional difficulties hindering the child's learning *and* to bring about learning by the child (i.e. it is both to provide therapy and to teach), and thus the practitioner is both therapist and teacher.

Some core ideas and some key thinkers

The most significant ideas in educational psychotherapy come from the works of Melanie Klein, Wilfred Bion, D. W. Winnicott and John Bowlby.

The earliest experiences of the baby and its relationship with the mother and other carers, through infancy, are incredibly important in developing the child's capacity to think, to form relationships, and to cope with the challenges it encounters through life. Underpinning this principle is the concept of what is called *object-relations* associated particularly with the work of Melanie Klein (e.g. Klein, 1988). Object-relations refers to the way the infant comes to conceptualise and relate to objects (particularly the mother) or parts of objects (such as the mother's breast), and how this makes possible, and impacts on, the child's development as a self. It is through object-relations that the baby experiences satisfaction and frustration, (in Klein, the 'good' and 'bad' breast), love and hate, and the connection between the object 'within' the child and the object external to the child. By considering object relations, we can see how the child makes the transition from all things being internal objects to being separate in the world. As Winnicott says: 'The object represents the infant's transition from a state of being merged with the mother to a state of being in relation to the mother as something outside and separate' (1974, p.17). This separation can be seen in the functioning of what Winnicott calls *transitional objects*, the most instantly recognized being the 'security blanket' which is both 'the mother' and 'not the mother'. From these earliest object-relations come the many *defence mechanisms* which we develop as babies struggling to survive the onslaught of feelings we cannot understand. Here, too, are the origins of destructive feelings of aggression against the person who frustrates our desires (the 'bad breast'), our need to love, and to please

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others (in order to be rewarded with gratification of our desires - the 'good breast'), and of *ambivalence* towards others (that we can both love and hate someone at the same time).

How the mother responds to the baby's needs and manages to contain its destructive, aggressive reactions to those occasions where its desires cannot be fully met, determines the child's capacity to develop self-confidence, resilience in the face of adversity, and a sense of being safe and secure in the world. When the baby projects its frustration, anger and hatred onto the mother, the mother has to manage this somehow. Bion uses the word *containment* to describe the process of managing or coping with the barrage of feelings projected by the infant onto the mother. If, through what Bion calls *maternal reverie*, the mother can 'hold' the child's feelings, can sense and comprehend the child's frustration and respond in such a way that the child *feels* itself understood, the child can come to understand its feelings of frustration. It is through this process that the child comes to have thoughts and concepts rather than just instincts and feelings. This is Bion's theory of thinking (Bion, 1967/1984, pp 110-119).

The quality of the *attachment* which the infant makes with its primary carer (usually the mother) and with secondary carers as its feelings are contained and its needs met, powerfully affects the child's sense of being valued, loved and secure, and its capacity throughout its life to form and sustain rewarding relationships with others. If the attachment is a good one, the relationship is one which provides a safe place, or a *secure base* in which the child is able to express its feelings without fear of losing the love of the carer. John Bowlby and his followers (notably Ainsworth) have identified a number of different attachment patterns in infant behaviour: secure, avoidant, ambivalent or resistant, and disorganized (Bowlby, 1984; Geddes, 2006, p50).

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Play is essential in the development of the child and in the lives of people of all ages. Play uses, encapsulates and develops our capacity for imagination, and thus for empathy, creativity and a sense of self. The importance of play is stressed by Klein (who describes her use of toys and other forms of play in psychoanalysis of children as early as the 1920s; see Klein, 1998, chapter 8), and by Winnicott who says:

'… it is play that is the universal, and that belongs to health: playing facilitates growth and therefore health; playing leads into group relationships; playing can be a form of communication in psychotherapy; and lastly, psychoanalysis has been developed as a highly specialized form of playing in the service of communication with oneself and others' (1974, p48).

Through play - including creative and imaginative activities of all kinds - we can express emotions and play out situations and experiences which we find difficult or impossible to handle in real life. In play, toys, shapes, materials etc stand in for objects and persons in our lives, in the same way as characters and places in dreams may represent aspects of our lives. Thus to interpret, discuss and analyse what happens in play (as in dreams) is to be interpreting, discussing and analysing what we are experiencing *unconsciously* elsewhere in our lives. In educational psychotherapy, we talk of confronting children's issues indirectly, '*at one remove*' (e.g. Caspari, 1986, p. v, 84), or through *metaphor* (e.g. Salmon & Dover, 2007, pp. 91-92), such that the issues under scrutiny are less threatening and more containable. In this way the child may be able to *act out* its fears, anger and frustration in ways which would not be acceptable in other relationships or contexts.

In the relationship between the child and psychotherapist, in their interactions, the child may

project its feelings onto the therapist, or unconsciously treat the therapist as standing in for significant others in its life, and act towards her accordingly. This is known as *transference* and its importance cannot be over-stated. In Melanie Klien's view, '…. the exploration of the unconscious is the main task of psycho-analytic procedure, and […] the analysis of transference is the means to achieving this aim' (Klein, 1988, p.123).

There are causal connections between a child's specific learning difficulty (such as with reading or arithmetic), her experiences as an infant and within the family, and her emotions or feelings, and these connections are *unconscious*. Of course, explaining behaviour in terms of unconscious motives is central to the whole psychoanalytic approach, but in educational psychotherapy it is the child's behaviour in the classroom, towards other children and the teacher, and when faced with specific learning tasks which the child finds difficult, that we are seeking to understand.

Educational psychotherapy in action.

The place of the core ideas or principles outlined above in educational psychotherapy can be seen in the following summary:

The client is a child who is experiencing emotional problems which hinder its capacity to cope with the social and educational context of the classroom, and who is experiencing failure or difficulty in performing educational tasks (such as reading or arithmetic). The therapist is vigilant in looking for unconscious connections between the specific difficulty the child is experiencing in its learning, and its life-experiences to this point. These experiences may

include personal or family traumas of one kind or another, insecure attachments with the mother and other carers, and poor relations with its siblings, classmates and teachers.

The child experiences gratification or frustration in the learning context, analogous to the gratification or frustration it experienced as a baby at the breast. The therapist enters into a relationship with the child which is analogous to that between the mother feeding the baby: i.e. the therapist tries to meet the demands and desires of the child with digestible learning tasks, soothing support and positive feedback. The therapist is non-judgemental and strives to contain the child's highly-charged emotional state, such that the child has a secure base in the relationship, and in the therapy room, within which it can explore, express and come to understand its feelings without fear of losing the love of the therapist.

The therapist is alert to the transference which takes place as the child acts out towards the therapist a range of feelings and desires directed at others. These include the desire to love and be loved, the anger and aggression that comes from frustrated desire, and the ambivalence it feels towards parents and siblings whom it may love, hate, fear, want to destroy *and* want to protect all at once.

The therapist's role is to interpret and understand the child's behaviour as the unconscious expression of the emotional problems which hinder its learning. Because the child has developed defence-mechanisms against the force of its emotions, confronting these emotions directly is difficult for the therapist and threatening to the child. The learning tasks set for the child are therefore interspersed with periods of play and creative activity (such as story-writing, painting, building and make-believe play), through which the child can use its imagination to express and come to terms with its feelings. In this way, the child's traumas,

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fears and desires can be safely explored with the therapist 'at one remove', by the use of metaphor and indirect questioning.

Where the therapy develops effectively, the learning tasks will also be therapeutic, and the therapeutic engagement will be educational. Thus we may see the work of the therapist as both educational psychotherapy and therapeutic teaching. How this happens in practice can be observed in the following two case studies. The first is from an account of some therapy undertaken by Irene Caspari herself (Caspari, 1986, chapters 5 and 7). The second is from the clinical work of Heather Geddes, a long-standing member of the Caspari Foundation (Geddes, 2012, chapter 7).

Leonard

Leonard, aged 12, attended a school for children with special needs (then labelled 'educationally subnormal') and was referred for treatment by a School Medical Officer for a range of problems, including his inability to read. "He was hyperactive, and described as unmanageable both at home and at school" (p.40), and in his reading found it impossible to combine or synthesize letter sounds to make three-letter words. Caspari describes three separate phases of Leonard's behaviour in the therapy sessions:

> 'Phase (a): During this phase Leonard played repeatedly with toy cars which he made to crash into each other again and again. I was not involved in these games but merely present while he played.

> Phase (b): At this later stage Leonard started to play a game which he repeated session

after session, in which he was first a villain who tied me up, and later in the session he would turn into a rescuer who freed me. This game recurred with minor variations until a session in which the following sequence of play occurred. Leonard entered the room and sent me out. He turned the furniture upside down, then called me in and tied my hands behind my back with string and gagged me with a tissue. He talked continually and enacted a mime [of] burning my back. Then he went out of the room, and in came Leonard the resuer. He then treated my back with medicine that would hurt, and gave me £10 for a new dress. When he had untied my wrists, he noticed that the string had left red marks on them. He was very upset by this, and never tied me up again.

Phase (c): I introduced a drawing game called "hangman" in connection with the practice of synthesizing three-letter words, a skill he had particular difficulty in learning. Although he knew the letters and their sounds and could easily analyse the word cat into 'ka-aa-te', he was unable to put these sounds together to make a word. In this game [of 'hangman'], I gave Leonard ten three-letter words to read per lesson, and he could 'hang' me limb by limb by drawing a gallows and adding a part of the body to the drawing each time he synthesized a word correctly; similarly, I 'hanged' him stage by stage when he made mistakes. Leonard developed this game into 'torture chambers', and treated me on paper with great cruelty. His ability to synthesize, however, remained unreliable until the session in which he drew me for the first time as a woman instead of a pin man [stick man], and having synthesized nine out of the ten words correctly without help, said: 'Now I am cutting you loose', and drew a line through the rope.' (Caspari, 1986, p.41)

Caspari's interpretation here is that in situations where things (like words) are being broken up

into pieces, Leonard is beset by fears about destruction that cannot be repaired. As a result, he cannot follow the necessary synthesis of letter-sounds in order to recognize words and thus to read. Although Caspari doesn't say so in so many words, it seems likely that at some point in his early childhood, Leonard had experienced something being destroyed that could *not* be put back together again. Given his play in Phase (a), we might conjecture that it was the death of someone in a car accident (although there are dangers in jumping to such conclusions). Perhaps at some point he felt his destructive feelings towards his mother (when his earliest desire for the breast was frustrated) were so great that she would be irreparably destroyed. What Caspari *does* say is as follows:

> 'In the car crash game, Leonard expressed destructive feelings. In the villain-rescuer game he was in fantasy destroying and then repairing with medicine. He showed distress when he saw that he had really done some 'damage', the marks on my wrists which he could not put right as if by magic, and he showed obvious guilt about this. The hangman game consisted of synthesizing a human figure and then symbolically 'destroying' it……

> In his reactions to the hangman game, he seemed to communicate that his inability to analyse and synthesize was connected with a lack of the experience that there was a possibility of reparation after destructive feelings, (as shown by his distress at the marks on my wrists in the villain-rescuer game). It seemed that during the hangman game he was only able to destroy me if the drawing did not really resemble a human being. After experiencing for a considerable time that I could enjoy the expression of destructive feelings, and that I in turn could destroy him on paper and yet like him as much as ever, he was able to represent me as a real person and to restore me to life by

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cutting me down. Having experienced this, he was able to apply the same mechanism

to words, by breaking them up into sounds and then putting the sounds together again

by blending them to read the word. In this way the game helped to deal with the

synthesis of words'. (Caspari, 1986, p.66).

Stan

When he was referred for psychotherapy, Stan (aged 8) was a generally glum and miserable

little boy, often involved in fights in the playground. His reactions to others were

unpredictable, and often extreme. His father hoped that something could be done to help Stan

control his feelings, and there was a concern also that there were blocks to his learning which

needed to be resolved. His parents were separated, and at one point he lived for some time

with his mother and siblings, and her new partner who was violent and unpredictable. During

violent incidents between his mother and her partner, he would hide behind the sofa doing

sums on his calculator. Geddes sees this as indicative of a combination of problems affecting

both his social adjustment in school and his capacity to learn.

Often when she tried to engage him in activities where his feelings could be discussed, he

would opt for activities which were strongly structured or predictable. When asked to talk

about his family, for example, he spent a lot of time listing his uncles, aunts and so on, and

lists of birthdays and ages. At other times, his choice of activity seemed very symbolic and

suggestive of the unconscious anxieties and desires he was experiencing elsewhere in his life.

Thus, for example, the first drawing he made in the therapy room was of the very naughty

comic character Dennis the Menace. The book he chose to read was *Not Now Bernard* (by

David McKee) about a little boy whose mother and father never have time for him, and who

eventually 'becomes' a monster.

The game Stan opts for in the therapy room is football, with the therapist in goal. There are also many drawings of football matches with the two teams pitted against each other, sometimes with a referee to ensure the rules are kept, which Geddes thinks may be a metaphor for Stan's family, divided and pitted against each other and needing someone to control it all. In several instances of transference, Geddes finds herself on the receiving end of the disappointment and rage he feels towards his mother but also the desire to be loved, nurtured and accepted.

It seems that for Stan, numbers (and other, similarly strongly structured and predictable objects and processes such as organized games) provide a sense of security, predictability and order that is almost entirely lacking in his life outside the therapy room. Only by addressing his feelings about his life and his family is he likely to be able to cope with the relationships and the tasks of the classroom and the playground, and to be able to embrace activities other than Maths with some sense of engagement and purpose.

Wider applications

The application of the principles and procedures of educational psychotherapy are by no means limited to one-to-one sessions in the therapy room. For example, Jenny Dover and Ruth Seglow (Dover & Seglow, 2013) have described the setting up of parents' groups, where the discussion and observed behaviour of parents can provide the therapist with insights into the attachment patterns of the child and its parents, and the dynamics of the home and family from

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which the child comes. At the same time, the parents may find solace in the fact that they are not alone in the problems they are experiencing, and by hearing other parents recount their experiences, may work through their own issues with their children 'at one remove'. And of course, teachers and classroom assistants may be drawn into supporting individual children who are being seen by a therapist, to create a supportive network of adults better able to contain the child's feelings and behaviour at school.

One particular approach which has been developed by Caspari staff is the *therapeutic story group*. Gill Morton (2021) describes a project in an inner London Borough, where the therapist works with a group of six children who are not progressing successfully in their school work, and who are variously withdrawn, isolated, aggressive, disruptive or lacking in self-confidence and resilience (a mixture is desirable). The group meets for one hour a week over 12 weeks. As Morton describes:

> 'After a simple introductory routine, a collaborative, turn-taking game is introduced [such as Winnicott's 'Squiggles']. Then each week the group is helped to construct a collaborative narrative in which the metaphor of a journey, usually on as boat, is developed using everyone's ideas, which are scribed by the adults [teacher or classroom assistant and the therapist]. At the start of the first group session, the children are helped to select a colour pen as a 'marker' for their ideas. Children's special colours are used in the game and then in the story. The use of colour indicates that everyone's ideas are heard and thought about. The collaborative narrative, developed over a period of twelve weeks, encourages an experience of acceptance and belonging' (Morton, 2012, p.109)

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Each week, the adults raise questions to be explored or for which answers must be imagined, e.g.: 'We are going on a boat journey. What shall we need to take with us?' 'There's something that looks like a bottle floating over there. Do you think it might have a message in it? What might is say?' 'I can hear a noise coming from the cave in those rocks over there. Is it a creature? What does it look like and what is it saying?'. Each of these foci allow children to be creative, but also to give voice to the fears and anxieties they may be feeling in their everyday lives. As well as contributing to the written narrative, the children are invited to draw pictures to illustrate the story and their interpretation of it. In some cases, the connection between the drawing or other artefact and the question posed in the scenario may look tenuous, but if the collaborative activity has 'triggered' an expression of underlying trauma by such means, it may help the child to work through the trauma in ways similar to individual therapy.

In this way, the group serves as a 'container' for powerful emotions, and the same process of engaging with feelings 'at one remove', by metaphor or indirect questioning, can be at work in the group as in the therapy room. The hope is that by this process, the children not only work on their individual issues, but also become part of a mutually supportive and accepting group. Meanwhile the adult who has scribed the weekly proceedings has been word-processing them (in the children's special colours) to produce a book of which they can be justifiably proud, with all that that means for enhanced self-esteem and a more positive attitude to schooling.

Limits and Possibilities

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Although it has not been my aim in this article to subject the theory of educational psychotherapy to critical analysis, nor to evaluate its effectiveness in practice, it is worth noting that a plea for its development and delivery in schools and clinics will not meet with everyone's approval, including some teachers and special needs coordinators. There will be those who, by virtue of a profound scepticism about the validity of Freudian and post-Freudian psychoanalysis and an unwillingness to countenance the possibility that the 'drivers' of our actions are often (if not always) unconscious, will reject it as quackery. There will be those who argue for a clear delineation between teaching and therapy, for whom the concept of therapeutic teaching is a category error, and who will argue that therapy has no place in the school, whether practised with an individual, group or class. And for those who, like Ecclestone and Hayes (2008), see the promotion of social and emotional learning and therapeutic education as something which dilutes education, disempowers the individual and contributes to a growing 'dependency culture', it will be seen as yet another instance of a dangerous trend. But it should be clear from this article, that I think they are wrong.

It should also be clear that one-to-one clinical work in educational psychotherapy requires great skill, proper training, and regular clinical supervision - as is the case with any other therapy. This is true also of the work with story groups where the children have been chosen because of particular needs, and are engaged in exploring quite deep and personal experience, albeit 'at one remove'. It is important, therefore, that teachers, classroom assistants and others, however well-intentioned, do not exceed their expertise by engaging in the practices of educational psychotherapy when they do not have the necessary training, experience and support.

That said, 'ordinary' teachers will be much better positioned to understand, make allowances

for, and 'scaffold' children's learning and social development, especially through their one-to-one pastoral casework, if they are aware of the unconscious processes which may be going on when they work with a particular child. They may, with care, make their practice as teachers more effective, more supportive and more humane if they are alert to the transference, projection and acting-out that is happening in their relationships with children, and if they can see that there may be very good reasons for a child's seemingly irrelevant responses to the demands of the classroom. They will then be better positioned to work *with* the child's feelings rather than against them.

Teachers can also employ some of the insights and practices of educational psychotherapy - but without necessarily making the connections between specific blocks to learning and trauma in the lives of their pupils - in their day-to-day work with the whole class. Indeed, many teachers already do so in PSHE, creative writing, group work and other aspects of the pastoral curriculum.

There is a strong argument for the employment of trained educational psychotherapists in schools, child and adolescent mental health services (CAMHS) and in other agencies, if the needs of the most disturbed (and disturbing) young people are to be met. Within schools, the integration of counselling and psychotherapy, is no easy matter (French and Klein, 2012), and the understanding and support of the governors, headteacher and senior staff of the school are essential if a therapist is to be appointed and properly supported. Adequate support includes the provision of an appropriate room, a clear system for referrals and appointments, and agreements regarding access, confidentiality and release of children from lessons (Klein, 2012; Putzu-Williams, 2012). Some suspicion and resistance may be anticipated from staff who understandably fear that their professional competence is being questioned or

compromised by the need for an 'outside expert' to work with their pupils. The use of in-service training days and other means of raising staff awareness of the impact of emotional problems on children's learning, and of informing staff about the work of the therapist, need to be planned and properly resourced.

For schools who already accept their role as the education of the 'whole person', who have a strong pastoral ethos and clear and effective pastoral structures, and who see the promotion of emotional competence and well-being as amongst their core objectives, embracing educational psychotherapy should not be too difficult. For other schools, there will be significant barriers to its introduction. In whatever context, educational psychotherapy appears to have considerable potential for working with children who are encountering barriers to learning.

References

BLACK, D. (1983). Are child-guidance clinics an anachronism? *Archives of Disease in Childhood*, 58, pp. 644-645.

BION, W. (1967 reissued 1984). *Second Thoughts – Selected Papers on Psycho-analysis*, London: Marsfield/Karnac.

BOWLBY, J. (1984). *Attachment and Loss. Volume 1: Attachment*, Harmondsworth: Penguin, 2nd Edition).

CASPARI, I. (1976). *Troublesome Children in Class*, London: Routledge & Kegan-Paul, Students' Library of Education.

CASPARI, I. (1986). *Learning and Teaching: The Collected Papers of Irene Caspari*, edited

by Elizabeth. E. Irvine, London: Forum for the Advancement of Educational Therapy &

Therapeutic Teaching.

CASPARI, I. & EGGLESTON, S. J. (1965). A new approach to supervision of teaching

practice. *Education for Teaching*, 68, 42-52.

DOVER, J. & SEGLOW, R. (2013). Lowering the drawbridge. One mother's use of a parents'

group. *The Journal of Educational Psychotherapy*, 19, Spring, pp. 33-42.

ECCLESTONE, K. & HAYES, D. (2008). *The Dangerous Rise of Therapeutic Education.*

London: Taylor & Francis.

FRENCH, L. & KLEIN, R. (Eds) (2012). *Therapeutic Practice in Schools. Working with the*

Child Within: A Clinical Workbook for Counsellors, Psychotherapists and Arts Therapists.

London: Routledge.

GEDDES, H. (2006). *Attachment in the Classroom. The links between children's early*

experience, emotional well-being and performance in schools. London: Worth Publishing.

GEDDES, H. (2012). A boy who used numbers as a defence against feelings, in H. High (Ed):

Why Can't I Help This Child to Learn? Understanding Emotional Barriers to Learning.

London: Karnac, pp.71-83

KLEIN, M. (1988). *Envy and Gratitude and Other Works 1946-1963*. London: Virago Press. (First published in 1975 by the Hogarth Press). Chapter 1: 'Notes on some schizoid mechanisms' (1946), pp. 1-24; Chapter 8: 'The psycho-analytic play technique: it's history and significance' (1955), pp. 122-140.

KLEIN, R. (2012). Working in the primary school setting. In L. French and R. Klein (Eds): *Therapeutic Practice in Schools. Working with the Child Within: A Clinical Workbook for Counsellors, Psychotherapists and Arts Therapists.* London: Routledge, pp. 60-66.

LIEBSCHNER, J. (1992). *A Child's Work. Freedom and Guidance in Froebel's Educational Practice.* Cambridge: The Lutterworth Press.

MORTON, G. (2012). Therapeutic story groups: educational psychotherapy in a school setting. In H. High (Ed): *Why Can't I Help This Child to Learn? Understanding Emotional Barriers to Learning.* London: Karnac, pp.105-119.

OSBORNE, E. (1968): Foreword to E. F. Irvine (Ed): *Learning and Teaching: The Collected Papers of Irene Caspari.* London: Forum for the Advancement of Educational Therapy & Therapeutic Teaching, pp. i-iii.

PUTZU-WILLIAMS, S. (2012). Working in the secondary school setting. In L. French and R. Klein (Eds): *Therapeutic Practice in Schools. Working with the Child Within: A Clinical Workbook for Counsellors, Psychotherapists and Arts Therapists.* London: Routledge, pp. 67-76.

SALMON, G. & DOVER, J. (2007). *Reaching and teaching Through Educational Psychotherapy. A case Study Approach.* Chichester: John Wiley & Sons.

VYGOTSKY, L. S. (1978). *Mind in society: The development of higher psychological processes*. Cambridge, MA: Harvard University Press.

WARNOCK (1978): *Special Educational Needs. Report of the Committee of Enquiry into the Education of Handicapped Children and Young People* ('The Warnock Report'). London: HMSO.

WINNICOTT, D. W. (1974). *Playing and Reality.* Harmondsworth: Pelican. (First published in 1971 by Tavistock Publications).