

Understanding Hard to Reach Adolescents: A Bio-Psycho-Social Model of  
Aetiology, Presentation and Intervention

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Thesis submitted for the award of Professional Doctorate in Social Work, at the  
University of East London in collaboration with the Tavistock Clinic  
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# Abstract

## **Understanding Hard to Reach Adolescents: A Bio-Psycho-Social Model of Aetiology, Presentation and Intervention**

This thesis examines hard to reach adolescents in respect of; the link between historical, contextual and familial factors, the young people's inner working model and the manner of intervention with such young people and how one might understand what is most helpful.

Psycho-social case work with seven Black and Minority Ethnic (BME) adolescent boys in an area of high social deprivation and ethnographic study of the direct and wider environment was undertaken. This environment of trauma organised systems, within a community dominated by gang violence was impactful on the whole project.

The data was analysed by means of a case study approach using psychodynamic, attachment and neurodevelopmental paradigms. The findings suggest that early and ongoing adverse relational and attachment experiences impacts on four aspects of 'hard to reachness': Biological, Unconscious, Relational and Environmental. This includes neurochemical dysregulation, excessive use of projective processes, emotional immaturity, difficulties with reciprocity and taking responsibility. The four aspects of 'hard to reachness' correspond to four domains of intervention: Management and Safety, Therapeutic, Relationship and Social/External. The relationship is seen as central to successful intervention and the worker needs to be able to move between domains as required.

Three groupings of presentations were identified; Chameleons, Reactors and Fragmentors based on neurodevelopmental arousal states, types of projective process and attachment styles. Reactors were seen to be typical of the hard to reach group. It is argued that the Reactors continue to rely on very early teleological or concrete behavioural defences which are interactive rather than interpsychic. Thus their behaviour is seen as immature, annoying and deliberate rather than archaic defences against anxiety where neither workers nor young people understand the powerful unconscious forces underlying their acting out.

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# Dedication

This doctorate is written in the memory of two very special people who I lost during the time of my studies.

To my Dad the bringer of library books and to Helen my constant supporter to the end and beyond, with all my love and thanks.

# Introduction

## Origins of the Research- A Personal Path

In attending to the genesis of this research ON hard to reach adolescents I intend to focus on my experience in this field.

....as first hand witnesses to the full spectrum of emotions and behaviours, those professionals who spend the most time with challenging youth...have unique insights regarding what works and what does not. The most successful psychiatrists, psychologists and therapists recognise there is not an inverse relationship between time spent with children and real expertise... (Richardson, 2001, p.xii)

I have been in social care for 28 years and my first recollection of this work is as a young unqualified worker in a social work intake team being allocated a young woman of maybe 17 who had been in care a few years having been 'thrown out' by her family for out of control, very promiscuous behaviour. She became pregnant and I remained, with support, the worker. I have a vivid memory of going to court when we were applying for a Care Order on the baby she had abandoned and looking at the tally of the number of times I had visited and the number of times she had actually been there, less than half. I remember endlessly banging on her hostel door whilst the other residents yelled in complaint, sometimes she eventually opened the door, sometimes she had got out of bed especially to avoid me. Despite this we had a good relationship, we got on, and I remember her and our relationship vividly over 20 years later.

Interestingly I have never, apart from an unselected placement in a children's home as a social work student, worked in agencies specifically providing services too hard to reach adolescents. For most of my qualified career I have worked within Tier 3, Child and Adolescent Mental Health Services (CAMHS). My own personal experience, mental health and long periods in psychotherapy coalesced with many years of practice to acquiring a large caseload of adolescents, who presented with a variety of acting out and acting in behaviours such as depression, self harm, risk taking behaviours and violence and aggression. They were not defined by their presentation but other factors seemed to create them as some sort of homogenous group. They were generally difficult to engage and often little motivated to seek help and support though the adults around them were often both very concerned and frustrated with them. They did not seem to fit into the treatment modalities or

understandings of my medical model or therapeutic colleagues and did not easily engage with such. When I was first in practice, considerable time and resources were spent in excluding such socially generated and sustained mental health presentations with the argument often being that the social situation needed to be addressed first. My personal view is that these young people and their families were kept out of clinics because they were perceived as troublesome, time consuming and not amenable to 'treatment'.

These young people and their families were buried under an avalanche of social and relational trauma and deprivation (Baruch et al., 2007). I always saw it as my duty as a social worker in a health clinic to extend the resources of the service to those whose personal situation were impactful both on the genesis of their difficulties and the way they related to services. With some similarly minded colleagues we developed family, individual and group interventions for these service users. I came to understand that many of their presentations were related to trauma- direct abuse and family context such as domestic violence, drug and alcohol use and mental health issues. Although my colleagues were often well placed to deal with these factors when they were historical other approaches were required when these were live and lived experiences. I found I was generally able to engage these troubled adolescents and that my relationship with them over a sustained period of time was useful in terms of them becoming more able to manage themselves and their environment.

## **Modalities and Theoretical Basis**

The significance of trauma became more apparent as my knowledge and understanding of this group grew. The research and theories I found most useful was recent writing in the fields of neurodevelopment, attachment and trauma including the work of Bruce Perry, Alan Schore, Dan Hughes, Van der Kolk, Dan Siegel, Graham Music, Louise Bomber and Kate Cairns. I combine this interest and awareness with an underpinning of psychodynamic theory and practice from classical Freudian, Kleinian and Jungian thought. In doing so I acknowledge that the "objective" approach of neuroscience has been split off from and often in conflict with the "subjective" world of psychoanalysis for most of the existence of the latter discipline.

Each side has (for various reasons) regarded the other with suspicion and disdain for over a hundred years. Typically, neuroscientists have regarded psychoanalysis and related disciplines as “unscientific” (how can a science of subjectivity be objective?). Psychotherapists, for their part, have regarded the neurosciences (including biological psychiatry) as simplistic, to the extent of excluding the psyche. (Solms and Turnbull, 2002, p6)

However the main thrust of Solms’ and Turnbull’s work is that neuroscience is now at a point of development that it is both interested in and able to bring it’s more mechanical understanding to abstract concepts such as personality, motivation and emotion. Given that the fault lines in such aspects of the self have always been the domain and focus of psychoanalytic thought and practice they argue that both approaches have much to learn and offer to each other. It is from this perspective of synthesis and mutual interest and understanding that the study is undertaken. It is the practical application of both models which is most apposite in this case rather than internecine conflicts as to theoretical approach or belief systems.

Although my theoretical underpinning is largely psychoanalytical and neurodevelopmental clinical experience has led me to operate in a much more relational, person to person style. I have found the work by Rosenberg (2003) and Hughes (2013) helpful in concentrating on how one says things to diminish the impact of conflict and shame. Although not well represented in the research project I also found both systems based psychotherapy and group based interventions useful with these young people and their families.

## **Aims**

My long time preoccupation with this group manifested itself in a wish to better understand their presentation and inner working models. There were three areas I wished to explore. First was the link between historical, contextual and familial factors and their impact on the development of the presentation. Secondly was their inner working model that is how they viewed the world and expected relationships to be and also what their emotional landscape was like. The final area was the manner of intervention with such young people and how one might better understand what is most efficacious.

I stated my original aims as, “to engage a small sample of ‘hard to reach adolescents’ to explore their history, communication, relations and inner world to inform adults, particularly those in helping roles, as to the way the hard to reach state develops from early childhood into adolescence, how it is presented in adult-young people contacts and how the young people’s presentation can be best understood and responded to.” The aims broadened through the research process to also understanding how current contextual and relational factors impacted on hard to reach presentations ongoingly.

## **Research Design**

As I read more it became apparent that my research group were little written about or researched due to issues of lack of clarity about the group and perceived difficulties in accessing them. I felt passionately about getting a real sense of the young people’s ways of being and experience and also to find a way to facilitate their voice in the process. I therefore intended to undertake the sort of psycho-social individual therapeutic work I had developed over the course of my time in CAMHS and to record and analyse this in detail. I liaised with a charity specialising in working with hard to reach young people and arranged to work within one of their projects in an inner city secondary school in an area of high social deprivation and with a large BME (Black and Minority Ethnic) population. I offered to provide psycho-social sessions to four 13 to 17 year old boys or girls on a weekly basis for two terms. I intended to use these sessions as a basis for my research in trying to understand the young people’s relating and inner worlds. The research work was viewed primarily as a piece of therapeutic work by the charity involved and they were mainly interested in getting a highly experienced clinician to work with some of their most difficult young people. From my perspective the work was chiefly a piece of research but the evidence would be gained mainly through regular therapeutic sessions and I was committed to them being of value to the young people involved. The use of therapeutic sessions and the process recording of such is common practice in psychodynamically informed research (Dallos, 2004) and will be discussed further in the methodology chapter. In addition to the psycho-social sessions I intended to engage a research assistant who would concentrate on history taking and video diaries of the young person’s views. This was to culminate in all parties joining together for some group sessions.

## **What Actually Happened?**

It proved problematic to set up the research and get permission for this to take place. This involved lots of meetings and approaching different teams, although I chose the charity to work with I did not actually choose the case study but was eventually allocated a particular school to work with. The research base turned out to be poorly resourced and often chaotic. Two Team Leaders (T.L.s) left before I even started, the latter not telling me they were going and my finding out by accident. The difficulties were not only within the charity and school. I had a problem with ethics approval getting mislaid for several months and two research assistants withdrew, both I believe because they felt overwhelmed by the task, the second being honest about this. This along with a personal bereavement culminated in my actually starting over 15 months after initial planning and 9 months later than hoped and not for the last time I was left to ask, 'who is hard to reach?'

Once I had finally arranged a suitable research site I had to agree on the young people I would see. The Deputy Head and the charity T.L. met with me and asked me to be more specific- they had far too many young people who would fit my criteria. They eventually settled upon white boys as their most hard to reach group and pupils in Year 9 who were pre-exam years and who felt young enough for intervention to be more useful. I never did see any white year 9 boys and it was not until the end I found out why; they were not in school. I would have had to do something different to reach them, but was not told this. Once again one asks the question 'who is hard to reach?'

Four black Year 9 boys were identified, in the first week I saw 3 of them, the 4<sup>th</sup> never appeared; no one knew where he was or seemed very focused in finding out. Another turned out to have a drama therapy group on the same day so I also lost him. The other two were interested in being involved in my research but despite this I then spent several weeks turning up to find no one there. It eventually became apparent that neither was in school for social and behavioural reasons.

A second set of 4 young people were identified, these were a reasonably stable group, yet it felt as if the environment was created to make regular sustained

contact virtually impossible. The immediate environment of the school was chaotic, disorganised and ever changing and the senior staff distant and unavailable, the charity staffing was ever changing and both manically busy; both created and were impacted upon by the chaos of the direct environment. The outer environmental layer was preoccupied by the excitement and fear of violence and aggression. I found the young people and the whole school saturated and fixated on their experience of violence, particularly gang violence. The talk was about who was, or was not in gangs, of stabbings, shootings, knives and hammers. According to *Reluctant Gangsters* (Pitts, 2008) this particular type of youth gang culture has only been experienced in this country for the last 10 to 15 years, this was the first generation to have been brought up within this particular community of violence.

This lived complexity resided not just in the environment but also in the young people I was trying to relate to. Although most of them wanted to come most of the time they did not always find it easy to be in a relational space with an adult and I also struggled in my connections with them in a variety of ways. Nothing was ever their fault and they had little sense of their own feeling states or capacity to think about themselves. They were relationally and emotionally immature and often egocentric, demanding things were done as they wanted them, there was little sense of being able to understand or even consider others positions. They did not admit having any difficulties, blamed others for the rare misdemeanour which they could not deny and were not motivated to change, although quite fixated that others must do so.

### **Impact of Environment on Research Design**

I was forced from the outset to simplify the research design and abandon the idea of using a research assistant, this impacted most upon involving the boys more as research participants. The boy's involvement was further eroded when the system mobilised to sabotage my efforts for group discussion at the end of the research project. As it became apparent that the present environment was as significant as anything going on in the therapeutic space the researcher began to take a more ethnographic approach. As well as recording the sessions with the subjects I also made records of my felt and observed experience within the school setting and the charities room. This additional

component gave a much richer and fuller picture of the overall lived experience of the young people and led me to reflect upon the present existing environment being significant in young peoples' 'hard to reachness' in a way that I had not previously experienced or understood.

## **Finding the Findings**

At the end of two terms of involvement I was left with a large volume of written notes from the therapeutic sessions and the ethnographic observations. I used this material to develop a grounded theorisation. I developed 15 sub questions and put these to each of my case studies and related notes. I then matched sections of script as relevant to each question. From this I found themes coalesced around four different areas of presentation and practice. These were the impact of the **Environment/Context**; although I had privileged the importance of early development and family relationships I had not previously understood the importance of current context on the boys' physical lack of availability. As hypothesised there were specific features of the boys' inner working models and **Unconscious** or internal processes particularly excessive use of projective processes and also neurological or **Biological** development. There were **Relational** issues and capacities including maturational processes and impulse regulation. Alongside these four aspects of 'hard to reachness' there then corresponded four areas of intervention, **Social /External, Therapeutic, Management and Relationship**. There is also identification and discussion about three different groups of hard to reach young people, **Chameleons, Reactors** and the **Fragmentors**. I also briefly discuss my own style of working and what might be learnt from this.

## **Summary**

The main body of this report will be structured as follows. Following the introduction is Chapter 2 the literature review which focuses on definitions of the term 'hard to reach' and a summary of specific research in the field and an exploration of related fields including psychoanalysis, neurodevelopment and attachment. Chapter 3 on methodology discusses the original plan and actual process and the impact of the environment on this including a section on design. There is a focus on case study and ethnographic enquiry and analysis.

Chapter 4 to 7 consist of four case studies based on the analysis of the process recording of sessions with each of my research cohort, some of which have been coalesced to include several cases with similar features. Chapter 8 is on the environmental aspects and challenges based on session records, ethnographic observations and interviews. Chapter 9, on the findings was created through a thematic analysis of each of the case studies and environment chapter. This culminated in the formation of four sets of data, regarding aspects of 'hard to reachness', and domains of intervention and three groupings of presentations. Finally there will be some consideration as to the possible development and dissemination of this work.

# Chapter 2-Literature Review

## Introduction

This literature review will attempt to explore the subject of hard to reach adolescents with particular emphasis on young people who present substantial concern, interest, or difficulties, for adults in their adolescence but appear to find it difficult to make 'good' use of supportive and helping services and relationships. My initial perspective is that of a CAMHS social worker but they will be seen as presenting to and causing concern in many different fields and different ways.

I appear to be suggesting that there is such a group as hard to reach adolescents, to be researched and understood. However this is far from clear and there is very little consensus, instead there are proliferations of a variety of terms which seem to be describing very similar groups and they are often defined by a particular area of study or profession. This has created specific difficulties; what if anything defines this particular client group? Given the lack of clarity regarding definition what therefore are the relevant researches? Given my particular interest in their inner working models and relational worlds how do I manage the apparent paucity of psycho-social investigation, research and analysis in this area? In short there does not seem to be a solid and core set of writings on which to draw.

I am operating throughout this project upon the belief, based on experience and practice, that there is such a group as hard to reach adolescents which I will attempt to define. Having begun to explore and describe relevant fields in the section on definitions I will move onto a fuller exploration of what I see as applicable writings and researches in regard of this group. It will be evident throughout that the writing on this subject is generally limited and fragmented and therefore had to be inferred from many related fields.

## Definition

### Introduction

I have chosen to use the term 'hard to reach' as it is the common parlance, to describe this group, in the area I worked in, which was English CAMHS.

However this is a term that is used in respect of a lot of different groups in many different ways. Brackertz (2007) bases her work in relation to Australian local councils. In discussing problems with 'hard to reach' terminology she states,

There is a lack of clarity about what exactly is meant by hard to reach. The term is employed inconsistently; sometimes it is used to refer to minority groups such as ethnic people, gays and lesbians, or homeless people; it can be used to refer to 'hidden populations', i.e. groups of people who do not wish to be found or contacted, such as illegal drug users or gang members; while at other times it may refer to broader segments of the population, such as old or young people or people with disabilities. (Brackertz, 2007, p.1)

However this terminology has for me some particular benefits. Firstly it can be used to define an aspect of the client group and the service, that is that they can both be hard to reach and these can be interrelated often parallel processes. In the field of health research the term 'hard to reach' often appears in relation to the ability of services to engage certain populations (Freimuth and Mettger, 1990) (Walsh et al., 1993) (Faugier and Sargeant, 1997) (Burhansstipanov and Krebs, 2005) but also that certain groups can be difficult to capture and work with using existing techniques which is of particular interest to me. Hard to reach when used in this way can also mean 'underserved' which implies both lack of service provision or service take up (Earthman et al., 1999) (Barlow et al., 2005). However there are those which critique the term saying it is often seen as placing the 'blame' with service users rather than services (Duncan et al., 2003).

It defines the problem as one within the group itself, not within your approach to them. (Smith, 2006, blog)

Further it can be seen as stigmatising,

Hard-to-reach audiences have been called obstinate, recalcitrant, chronically uninformed, disadvantaged, have-not, illiterate, malfunctional, and information poor. (Freimuth and Mettger, 1990, p.323)

Whilst accepting these as valid critiques I will demonstrate further on that there are other terms which are much more stigmatising and critical. I also maintain loyalty to the terminology as it provides for me a label for a hard to reach quality I find in my relational experience with this group, not just in terms of whether they use services but how they are experienced when in contact and relationship. Lastly my experience and related hypotheses is that their inner

working model has a distinctive hard to reach quality and it is a central aspect of their identity and functioning and usefully described by this label.

Although I will use the term hard to reach throughout it does not necessarily define a homogeneous group. When discussing this with a director of an organisation who provides activities for hard to reach young people she said, they were, “like a herd of zebra’s they did make a herd but when you looked at them closely they were all slightly different”. This does not mean that there are not unifying or distinctive features and there will be an attempt to discuss what these may be throughout the work.

There is something particular in using the term ‘hard to reach’ when applying it to adolescents. There is often a belief that adolescents as a group are often hard to reach and this is part of the adolescent developmental process. It could be argued and has been said to me ‘aren’t all adolescents hard to reach’. However I will go onto to argue that although a search for and move towards independence and autonomy is a necessary part of the adolescent process (Coleman, 2011) that many if not most adolescents do so whilst remaining in reasonable contact with themselves and others.

### **The terms of engagement**

I have discovered 25 plus different terms whereby these young people are described and written about. Most of these are within professional literature but one or two are largely confined to the popular press and most recently highlighted if not spawned by the London riots of the summer of 2011. Max Hastings of the Daily Mail (12<sup>th</sup> August 2011) quoted a London police chief as previously calling this group “**feral children**” and goes on from this to say,

They are essentially **wild beasts**. I use that phrase advisedly, because it seems appropriate to young people bereft of the discipline that might make them employable; of the conscience that distinguishes between right and wrong. (Hastings, 2011)

Whilst I personally find these views abhorrent they are relevant because how you label and define the group goes on to shape how you understand and intervene with them. If they are wild beasts then you lock them up and subdue them, and you may try and train the more malleable. Interestingly, earlier in this piece Mr. Hastings does describe some of the social aspects of the group that are often seen as relevant,

Most have no jobs to go to or exams they might pass. They know no family role models, for most live in homes in which the father is unemployed, or from which he has decamped. (Hastings, 2011)

Again, although I detest the judgmental tone in which this is written it does demonstrate that we may be thinking and talking about similar groups of young people though in very different ways.

Moving away from the populist tone of the press there are less contentious but equally diverse sets of views and language. Looking to one of my favourite books in the field, Richardson (2001), *Working with **Challenging Youth***, introduces many other terms. These include Redl's, **Emotionally Disturbed Kids** (Redl, 1951 in Long, 1991), **The Aggressive Child** (Redl and Wineman, 1957) as well as others including, **Distraught Children** (Morse, 1996, p.140), **Troubled Children** (Tobin, 1991), **Tough Kids** (Sommers-Flanagan, 1996), **At Risk and Troubled Students** (Long and Morse, 1996), **Difficult adolescents** and **Verbally and physically aggressive students** (Sarason and Sarason, 1996). In addition to this Richardson uses the terms **delinquent** and **disruptive** youth as well as going onto say,

I chose to use the adjective **challenging** to describe a wide variety of children and adolescents who are frequently identified by terms such as **'difficult,' 'troubled,' 'at-risk,' 'frustrating,' 'impossible,' emotionally-disturbed,' 'behaviourally-disordered,' 'oppositionally-defiant,'** and **'conduct-disordered** as well as some less flattering monikers. (Richardson, 2001, p.3-4)

The two latter terms do go into the world of medical model definitions and diagnosis and are generally not within the scope of this work though they may be used by some of the writers in the field (Cote, 2002). There are additional terms used in delinquency models, such as **Antisocial Boys** (Patterson, 1992) and **Adolescent Psychopathology** (Sentse, 2009).

Docherty et al., (2004) says that how 'hard to reach' is defined is to some extent governed by the agency the practitioners work for; their past experiences of working with these groups and locally defined priorities. I would myself often use the term **traumatised** in relation to these young people and there is extensive literature in this regard (Schore, 2001), (Perry, 2001). However I

could not find anything in this domain written specifically using the term 'hard to reach'.

Richardson, (2001) describes the characteristics of the group I am writing about well. Hard to reach, or as he would term them, 'challenging young people',

- 1) experience a wide range of emotions, but struggle to express and manage these emotions in constructive ways;
- 2) struggle on a daily basis to responsibly meet their basic needs to a) feel like they belong, and b) feel confident and worthwhile (Glasser, 1965);
- 3) possess the regrettable ability to elicit from others the opposite of what they need (Tobin, 1991); and
- 4) Seldom seek help from adults voluntarily. (Richardson, 2001, p.4)

Most of the terms so far alluded to have been in respect of a focus on individual experience and presentation. However, there are terms used by sociological researchers who focus more on context and community such as **socially excluded** which was championed by the previous labour government who said that social exclusion,

...is a short hand term for what can happen when people or areas have a combination of problems, such as unemployment, discrimination, poor skills, low incomes, poor housing, high crime and family breakdown. Social exclusion is an extreme consequence of what happens when people do not get a fair deal throughout their lives and find themselves in difficult situations. This pattern of disadvantage can be transmitted from one generation to the next. (Cabinet Office, 2009)

The context became of increasing significance during the course of my field work in terms of the influence of local and broader contextual experiences on presentation and genesis and is therefore discussed more fully there. However even if problems may be social in causation or genesis it does not mean that the solutions are therefore social in nature,

It doesn't necessarily follow that social causes have social solutions- aspirin will relieve a headache even if the cause is poverty... The essence of prevention is to find a point along a causal path that allows the possibility of cost-effective psychosocial manipulation and intervention. This implies intervention in childhood and finding those who are hard to reach! (Baruch et al., 2007, p.4)

Finally just to add to the complexity of the literature review the age group is referred to in many different ways such as **adolescents, youth, young people, teenagers, students, child or children and kids**. If you combine all the possible defining terms with age group labels there becomes many hundreds of possibilities. I have therefore made decisions about focus based on experience, interest and relevance.

## **Relevant and Related Fields**

### **Introduction**

Even when one selects the terms by which to define the group there is not a substantial or coherent body of research in respect of 'hard to reach adolescents'. Most of the areas of interest are not specifically written about young people labelled 'hard to reach' but are gleaned from writing I deemed relevant. I managed to condense the matter even further when presenting on my research and described it rather flippantly as follows,

For a group who cause so much anxiety there is very little academic writing. What there is tends to come in 4 types-

- 1) The cup of coffee and a snooker table- or build it and they will come and we will ban them from it.
- 2) My particular favourite papers on why no one does research in this area such as "How come they don't ask me no questions- researching hard to reach children and teenagers." (Curtis, 2003)
- 3) Social research such as Macdonald (2005) or social exclusion task force (Social Exclusion Unit, 2004). A preponderance to look at the social reasons for social difficulties but not the psychological interface.
- 4) Psychotherapeutic which does the opposite and includes Bowlby (1944) and attachment, Winnicott (1958) and the anti social tendency and Steiner (1993) on psychic retreats. Also neurodevelopment. (Herd, 2012)

### **Researches**

It seems that there is a paucity of research on hard to reach adolescents. 'How come I don't get asked any questions, researching hard to reach children and teenagers', by researchers for Barnardo's (Curtis et al., 2003) talks about the focus on enabling young people to be subjects and not objects of research. I would go further as seeing them as collaborators as does Matysik (1999), Byas et al. (2003), Ozer et al. (2008), and Lind (2007). However, even when efforts

are made there is concern about 'the perspectives and special knowledge of children who get left out' (Curtis et al., 2003, p.167). This reflects the idea that some young people are not approached or when they are, are unable to make use of the process. Hill (1998) says that hard to reach children who are frequently in greatest need of good services, have tended to be marginalised in enquiries about these services. Further that research looking at reaching marginalised groups tended to focus on disabled and sick children not those otherwise marginalised. Adult's lack of motivation or skill to engage these young people may be key. Wise (2001, p.21) acknowledges her approach '*makes a basic assumption that pupils want to talk and can articulate their thoughts*'.

Although recognising the difficulties in engaging hard to reach teenagers in research there seemed little consideration of modes of communication and relating. The research done by UK voluntary organisations with marginalised young people such as Joseph Rowntree (Cater and Coleman, 2006), Save the Children (2000), National Children's Bureau (Fogelman, 1976) and the Children's Society (Medforth, 2007, 2010) all attempt to access marginalised hard to reach adolescents such as runaways, those involved in criminal behaviour or who have had teenage pregnancies. The young people's voices are engaged through an imaginative mix of groups, individual, creative and arts based work. However, what are gained are narratives or explanations of particular aspects of their lives or views on services. It is hard to gauge from this much on communication style or relationships with adults or inner workings.

### **'What is normal?'**

It would generally be expected that young people's locus of interest and relationships moves beyond parents, family and professional helping adults to that of social peer groups, intimate relationships and wider networks. A 'normal' 17 year old boy is quoted,

.... 'you can't have your parents coming to talk to teachers all the time, and they can't be as much help as they were.....with really important things like school friendships and stuff it's a lot more difficult for them to be involved'. (Coleman, 2011, p.83)

Coleman goes on to say that the development of independence or autonomy is

one of the key tasks of adolescence. That gender, culture and social circumstances as well as temperament and family relationships all influence how autonomy is achieved. Early research based on psychoanalytic theory promoted the idea that emotional separation and detachment was a fundamental feature of adolescent development. Research from the 1960's onwards has suggested though that the maintenance of close and positive relationships was more possible in the teenage years, (Douvan and Adleson, 1966), (Fogelman, 1976). Others seem to suggest that young people can remain connected to their families whilst forging independence in the outside world (Grotevant and Cooper, 1986).

Some of the earliest and most influential writing on adolescence (Hall, 1904) talked about the storm and stress of this stage as universal and inevitable. This has been strongly challenged. Arnett (1994) concluded that, many (perhaps most) adolescents navigate this interval with minimal difficulties. However, there is empiric evidence for; increased conflicts with parents (intensity); mood volatility (and increased negative mood); increased risk behaviour, recklessness, and sensation-seeking and finally that parents may find the time more stressful than adolescents.

In regards to the impact of social circumstances and family relationships on the navigation of adolescence Strauch (2004) discusses biological and familial factors. She states that although biological factors such as low or high testosterone levels do influence the development of difficult or 'anti-social' behaviours that the impact of parenting is much more significant,

When parent-teenager relations are poor high-testosterone sons are more likely to engage in risky behaviour such as truancy, sex, lying, drinking and stealing. Low-testosterone sons with poor parental relationships are more likely to be depressed.... Low-testosterone daughters who had poor relations with their mothers are more likely to do risky things, while those who had poor relations with their fathers are more likely to report signs of depression. The good news is that for those boys and girls who have good relationships with their families high or low levels of testosterone don't seem to matter at all. (Strauch, 2004, pp. 142-143)

The overall research on what is normal in adolescence therefore seems to suggest that a search for autonomy is necessary and a part of the adolescent

process however this is not necessarily accompanied by deterioration in relationships with significant adults. For those with poor relationships with their parents it is likely that this was a precursor of difficulties over the teenage years rather than a cause of them.

### **Familial and contextual factors**

The link between familial and historical factors and the development of difficulties in adolescents and specifically hard to reach characteristics are well described in *Reaching the Hard to Reach*,

Social inequality is a key determinant of both morbidity and response to treatment..... the influence of the early child care giver relationship, .... has the potential to place critical limitation on the child's chances of healthy development via biological, as well as social processes. (Baruch et al., 2007, p.6)

Material adversity in childhood is a risk factor for both physical and mental health not just in childhood (Caspi et al., 2000) but also in adulthood (Poulton et al., 2002). The Christchurch study (Fergusson and Lynskey, 1996) scored factors of social disadvantage and adverse social context and found that children whose families scored at the midpoint on their risk factors were 100 times more likely to have problems in adolescence than the average child. Depressed adolescents are likely to have been exposed to at least 3 types of risks such as friendship difficulties, loss of a parent or family conflict. (Goodyer, et al., 2000)

What makes a child or young person "hard to reach" is not any one type of social problem but the sheer number of such problems ..... The children who we struggle to reach are literally buried under social disadvantage. The more indicators of difficulties they manifest, the less likely they are to be able to respond to our call inviting them to engage in a process of healing. (Baruch et al., 2007, p.6)

### **Engagement by services**

Another set of literature refers to hard to reach adolescents and social deprivation, in respect of the engagement of such young people. Griffith (2003) refers to adolescent mental health and the challenge of how to engage young people and focuses on the factors which influence engagement. Prochaska and DiClemente (1988) suggest that adolescents are naturally in the

“precontemplative stage” and therefore have no desire to change. This is evidenced in many pieces of research showing that adolescents rarely self-refer for treatment (Kazdin, 1988) (Shirk, 1990).

Whilst it is important to acknowledge that adolescents as a group are often ‘hard to engage’ there is evidence that certain factors and characteristics make engagement more problematic. Firstly, gender seems to be a consistent factor with adolescent girls reporting a greater use of friendship and professional support (Dubow et al., 1990) (Rickwood, and Braithwaite, 1994). Even then the use of informal structures was most likely and the only significant indicator of the use of professional support being psychological ill health. Young people when asked (Leon and Smith, 2001) say that they had not received the support they needed (more than 50%). They saw the barriers as, long waiting lists, not feeling understood, being passed between services and feeling intimidated by professionals. Young Minds (Griffiths, 2003) also found that restrictive opening times and transport were serious problems; young people also had very poor knowledge of services and limited emotional language to express themselves effectively (Gayle and Holling, 2000). It also seems that professionals are often poor at knowing the issues that adolescents are most concerned by (Levinson et al., 1997). Coupey (1997) showed that young people were very self-conscious and found it difficult to appreciate abstract ideas and future orientation. As well as practical and professional factors Kellam et al. (1981) suggested that personality characteristics, not levels of disturbance most affected help seeking behaviour. However, Doherty et al. (2004) stress that being hard to reach is not only because of the characteristics of the prospective client but also of how the service is delivered.

In the area of social factors (Tijhuis et al., 1990) show that those willing to seek help were more educated and had higher family incomes. In terms of drop out from services, socioeconomic disadvantage was seen as significant (Kazdin et al., 1988). This postulated a barrier to treatment model, which included practical obstacles, a perception that treatment would be difficult and unhelpful and a poor relationship with the therapist. Kazdin and Mazurick (1994), Pelkonen et al. (2000) and Plunkett (1984) also link socioeconomic factors such as low parental economic status and substance abuse with non-engagement. It

is recognised that early drop out tends to have a poor outcome (Pekarik and Wierzbicki, 1986) (Prinz and Miller, 1994) (Santisteban et al., 1996) (Szapocznik et al., 1988) and low client satisfaction (Carpenter et al., 1981).

There feels a somewhat surface approach to the issues of being hard to reach, with an idea that practical factors may be significant. Whilst I absolutely agree that services are often difficult to access and may not even want to see the more recalcitrant and troubled youth this does little to explain the difficulty some young people have of being in the room once they are actually there and the difficulty of attempting to be in a therapeutic space with them. There seems little understanding of the internal or complex relational factors which may affect some adolescents and make it difficult to use professional helping relationships.

## **Psycho-social Models**

### **Attachment**

There is much evidence about the impact of social deprivation and adverse social circumstances on the creation of secure attachment (Bowlby, 1969, 1973, 1980). Social advantage is usually associated with secure attachment (Belsky, 1996) (Shaw and Vondra, 1993) and (Murray et al., 1996). In Broussard (1995) only 24% of infants from an inner city sample were found to be securely attached whilst 32% were disorganised. In middle class examples 65% were found to be securely attached and 10% disorganised (van IJzendoorn et al., 1992).

It is significant in terms of the adolescent hard to reach state in that Bowlby said that early relationships and attachment in infancy creates an 'internal working' model which provides a blue print for the properties of relationships between the self and others and governs the social relationships of that person ongoingly (Bowlby, 1973, 1980). In 44 Juvenile Thieves Bowlby (1944) discusses the significance of the mother/child relationship and also emotional trauma in the first 10 years of life in the aetiology of these difficulties. He interestingly identifies average to high IQ and also 3 significant emotional presentations, depressed, hyperactive and affectionless-lacking shame or a sense of responsibility.

### **Control and mastery**

Another strong psycho-social factor is that of control/mastery of the environment. In the White Hall study, low control and job insecurity in the workplace was an important predictor of heart disease (Bosma et al., 1997), (Hemingway and Marmot, 1994). Those with secure attachment at the age of 17 are much more likely to have a sense of agency and control (Elicker et al., 1992), (Weinfield et al., 1999). Research indicates it is not the objective extent of control but rather the subjective sense of it which predicts health-sickness outcome (Fonagy and Higgitt, 2007, p.21). This is significant as my experience is that hard to reach adolescents have a strong sense of being done to and a need to remain in control. This links to neurodevelopmental concepts of shame and the need for control to minimise this particularly in traumatised and poorly attached young people (Cairns, 2002).

### **Adolescent psychopathology**

Hard to reach behaviour is often part of difficult relationships with others and the world and associated behaviours such as mental health issues, criminal acting out and exclusion and these areas have large amounts of research. Much of this is found under the heading of adolescent psychopathology and anti-social behaviour. In some studies there is a strong link made between adolescent psychopathology and early relational factors and parenting styles, (Gilbert, 1993), (Dandreaux, 2009) and (Hoeve et al., 2009). (Sentse et al., 2009) also includes socioeconomic factors. Costello et al. (2003), Caspi et al. (2000) and Cauce et al. (2003) concentrate solely on the link between poverty, social deprivation and psychopathology.

Those such as Leve et al. (2005) and Morris et al. (2002) look at what is called internalising factors, that is self harm, depression or anxiety against externalising factors such as substance abuse, aggression and criminality and consider parenting and childhood temperament. Hasebe et al. (2004) links adolescent's perception of individual agency and integrity, he suggests that parents who were overly controlling in the personal domain were linked to adolescent maladjustment. Sroufe et al. (2000) talks in detail about Bowlby's theory of attachment and its significance in the theory of psychopathology. Crittenden (2008) discusses both Bowlby and Ainsworth (1985) and the relationship between quality of attachment and aspects of psychopathology.

## **Neurodevelopment**

Neurodevelopmental research has a very clear focus on early relationship and parenting and the effect on overall development. It has a particular interest in early trauma and how this impacts on brain development, attachment and emotional, social, psychological and physical functioning. This may link well with the evidence around social deprivation and adverse social context and suggest some psycho-social connection between early relational experience and later hard to reach characteristics. Whereas the psychopathology research tends to look at adolescent dysfunction and work backward to family factors and child rearing, neurodevelopment tends to focus on the early relationship and postulates about links with later difficulties. Excepting for Fonagy (2004) who I will go onto to discuss I have not found any research which discusses the impact of early neurodevelopmental factors and an adolescent hard to reach state. However, writers such as Schore (1994, 2001) and Perry (1995, 1997, 1999, 2001 and 2006) look at how fear, violence and trauma alter the developing brain and are linked with a variety of later psychological and developmental difficulties. This includes how early trauma can affect the regulation of responses to stress and may lead the organism to remain in a defensive response state (Schore, 2001). It also links early trauma to patterns of hostile and aggressive behaviour, (Lyons-Ruth et al., 1993) and hyper-sympathetic fear-freeze or fight states. There are a large number of studies linking disrupted early attachments and trauma with borderline personality disorder (Lyons-Ruth and Jacobvitz, 1999), (Famularo et al., 1991), (Herman, Perry and Van der Kolk, 1989).

## **Psychoanalytic/Psychotherapeutic Discussions**

### **Mentalisation**

There seems to be little writing from a psychotherapeutic or analytic frame mentioning the term 'hard to reach'. The work of Fonagy (2008, 2009) on early trauma and mentalisation does mention hard to reach states. He suggests,

Mentalization is the process by which we implicitly and explicitly interpret the actions of ourselves and others as meaningful based on intentional mental states. (Bateman and Fonagy, 2008, p.181)

Fonagy links the disruption of the mentalisation process with many

psychological difficulties but in particular that of BPD [Borderline Personality Disorder]. He also sees it as co-morbid with ASPD [Anti-Social Personality Disorder]. This incorporates the possibility of aggressive acting out (ASPD) and self harm and suicidality (BPD) that is internalising and externalising features which were significant in the presentation of the hard to reach adolescents I saw in my work in CAMHS.

Fonagy goes on to say that people with these combined difficulties tend to misinterpret others' motives and are rigid in relationships with pre-mentalistic ways of functioning. Mentalising implies a focus on mental states in oneself or others particularly when explaining behaviour (Fonagy et al., 2004). Mental states, beliefs, wishes, feelings and thoughts whether conscious or unconscious determine what we do. One can explain behaviour in terms of mental states (mentalising) or concrete physical environment (non-mentalising). The former allows flexibility or rapid change the latter is less ambiguous or changeable. Fonagy and Bateman (2006) suggest in ASPD/BPD that there are frequent rapid shifts into pre-mentalistic ways of perceiving the world and that this can disorganise relationships and destroy coherent self experience.

Fonagy suggests this shift most frequently occurs when attachment or relational systems are activated. ASPD/BPD patients become vulnerable to loss of mentalising because stimulation of the attachment system actually inhibits mentalising itself (Fonagy and Bateman, 2006). This creates a reliance on pre-mentalistic states, psychic equivalence, pretend mode, teleological thinking and an alien self. Psychic equivalence is a concreteness of thought with no openness to alternative perspectives. Nothing is 'as if', everything is 'for real'. Conversely in pretend mode thoughts and feelings can be dissociated to near meaninglessness. Experience cannot be contextualised in any physical or material reality, fantasy and reality are blurred or indistinguishable. In teleological mode the physical is primary- for example affection is not real unless physically expressed. Finally in the alien self unwanted aspects of the self are projected and seen to belong to others. Relationships are rigid and fixed and others rigidly controlled to keep hold of alien parts of the self.

## **Psychic retreats**

Steiner (1993) sees psychic retreats as a feature of all levels of functioning, normal, neurotic, borderline and psychotic, a place which at times of stress we can all go.

A psychic retreat provides the patient with an area of relative peace and protection from strain when meaningful contact ..... is experienced as threatening. (Steiner, 1993, p.1)

He says that the need for temporary withdrawal is understandable but that it is problematic if used '*habitually, excessively and indiscriminately*' (Steiner op cit). In borderline and psychotic patients there is almost a permanent residence in retreat which limits development and growth. This retreat is behind a powerful system of defences, protective armour, a carapace instead of a skeleton or hiding place, a cave or dark place away from threat and contact. Steiner also links these states with early trauma stating,

Traumatic experiences with violence or neglect in the environment leads to the internalisation of violent disturbed objects. (Steiner, 1993, p.4)

This defence protects from intolerable anxiety by avoiding contact with other people and reality. He describes the 'patient' as "*stuck, cut off and out of reach*" (Steiner, 1993, p.2). However, this retreat is often not a benign safe place but inhabited by omnipotent idealised and admired characters and characteristics that can be tyrannical and cruel. It is like an internal mafia or gang who protect one from others but can easily turn against the host in its efforts to protect one and keep them safe and separate.

The relief provided by the retreat is achieved at the cost of isolation, stagnation and withdrawal and some patients find such a state distressing and complain about it. Others however accept the situation with resignation, relief and at times defiance or triumph ..... the retreat is idealised and represented as a pleasant and even ideal haven. (Steiner, 1993, p.2).

Interestingly he says that for some people that the system of defences is not problematic if left unchallenged. It may be that hard to reach adolescents are wedded to their psychic retreat; this is their reality, their safe place. They do not want to leave it and in fact act out of it creating an 'external system' a gang or mafia- or a separate place away from others, such as running away or getting excluded which may mirror their internal retreat,

This alliance he refers to as a narcissistic organisation and he describes how it is often represented in the patient's material as an unconscious phantasy of a gang or Mafia which is idealised and which presents itself to the libidinal self as a helper or ally. (Steiner, 1993, p.45)

### **The outsider position**

Anderson and Dartington (1998) and Briggs (2002) both discuss the idea of the outsider position which they would argue from a psychoanalytic position is a necessary transition in adolescence but in which some young people get stuck.

It is more helpful to think of outside 'stuckness' as indicating a position with regard to difficulties experienced in intimacy and the need for others, and disowning a sense of one's own vulnerability. (Briggs, 2002, p.110)

Although I think this is a useful description of what may go on for some young people in this group it does not specifically link to experience of deprivation or trauma.

### **The anti social tendency**

Other psychoanalytic writers tend to discuss the link to social deprivation particularly, Winnicott (1971) and Bowlby (1988) but this is in respect of delinquency. Winnicott's 1958 paper on the anti social tendency states that there is a direct link between the anti social tendency and deprivation and this tendency implies hope,

The antisocial tendency is characterised by an element in it which compels the environment to be important. The patient through unconscious drives compels someone to attend to management. (Winnicott, 1958, p.136)

There is a glorious example at the beginning of this paper where Winnicott talks of trying heroically to work with a boy, who bit him, got out onto the roof, flooded the clinic and stole his car. The work was stopped at the clinic's insistence for the good of the other patients. This therefore may be a tendency which has the opposite effect to that intended, this is further explored in contemporary writing (Reeves, 2012).

There is much other analytic writing about hard to engage patients, Freud (1910, 1914, 1937) Abraham (1919) and the work of Erikson (1968) and Bion (1967) but it is unclear how relevant this might be.

## **Working With Hard To Reach Adolescents**

### **Introduction**

Freud as would be expected does not write specifically about hard to reach adolescents but talks about working with 'patients' non-typical for the time in terms of wealth, social class and education.

You know that our therapeutic activities are not very far reaching.... the necessities of our existence limit our work to the well-to-do classes, .....at present we can do nothing for the wider social strata, who suffer extremely from neuroses.....it is possible to foresee that at some time or the other conscience of society will awake and remind it that the poor man should have as much right to assistance for his mind as he now has to the life-saving help offered by surgery;....We shall then be faced by the task of adapting our technique to the new conditions....we shall need to look for the simplest and most easily intelligible ways of expressing our theoretical doctrine. We shall probably discover that the poor are even less ready to part with their neuroses than the rich, because the hard life that awaits them if they recover offers them no attraction and illness gives them more claim to social help. Often perhaps we may be only able to achieve anything by combining mental assistance with some material support....It is very probable too that the large-scale application of therapy will compel us to alloy the pure gold of analysis with the copper of direct suggestion. (Freud, 1955, p166-167)

This was actually written between 1917-1919 and I find it fascinating that nearly a hundred years ago Freud could acknowledge that therapeutic activity needed to be broadened to the world of the 'poor' and that in order to do so that practice would need to be adapted and also material support given. This leads me into the discussion of what sort of adaptations need to be made for working with this group and what sort of model may be best.

### **A psychosocial perspective**

Kroll discusses in Ruch (2010) her work with hard to reach adolescents and parents from a psycho-social perspective. She says that,

Preparation, making a warm, human connection, empathy, sympathy and intuition all played their parts. (Kroll, 2010, p.78)

She goes onto link this to ideas of emotional intelligence and the ability to know and manage your own emotions and recognise those of other people. There is also a need to manage one's own processes including the impact of

transference and one's resulting counter-transference (Ruch, 2005). White, et al. (2006) further raise the issue of responding to complex social problems holistically which for me means what is going on internally in the individual, in the relationship with the worker and attending to and sometimes intervening in the external context.

### **The resister**

Helen Harris Perlman's, *Relationship the Heart of Helping* (1979) contributes another term to the lexicon of definitions in talking of relating to the "**resister**". She makes a distinction between 'clients' who are people who choose to access services and 'resisters' who have been sent and are therefore often unwilling recipients of well meaning professionals. This situation she suggests is likely to increase their defences and they may exhibit: denial- there is no problem; projection- it is someone else's problem; antagonism- quit bothering me with problems or distancing- the problem's got nothing to do with me. Her central point is that one cannot ignore or work around the resistance, that one has to challenge it gently and directly from the first. For example I usually start appointments with such young people assuming they do not want to be there, I usually share this fairly early on in the first meeting and I am usually correct. This direct naming of resistance is discussed by Perlman as a form of confrontation.

Confrontation is a term and an idea that has often been misconstrued ..... Among its several meanings, confrontation means "to set face to face", "to present for acknowledgement", or "to bring together for examination" (Random House Dictionary, 1973). It is this meaning that is most useful and pertinent to our helping purposes. Such setting forth, such open presentation to another can be done with respect for him, with tentative feeling out of his acceptance or rejection of what is said, ... (Perlman, 1979, p.117-118)

### **'Love thy client'**

Perlman also discusses the thorny issue of love in working with unlikeable or difficult clients. She asks,

Are there not some (dare one say it?) who by their appearance, their attitudes, their actions turn off the usual wellsprings of sympathy or liking and caring? (Perlman, 1979, p.98)

She suggests these clients partly challenge professionals as they confront their own self and professional image as good and beneficent individuals. Why bother with such people she asks and I have been in professional settings where it has indeed been argued that given scarce resources we should concentrate on the willing and relatively easy to intervene with.

..in the often unconscious skilful strategies of our psychological defence system, we defend ourselves in several ways. One is by intellectualising, making a quick evaluation of “untreatability”, for instance. Another is by withdrawal, pulling behind a mask of “professional” detachment; being cool reasonable, uninvolved. Yet another is by rationalisation, one seductive form of which is to say, “I cannot deal with this kind of person, but perhaps someone kinder or nicer than I can. (Perlman, 1979, p.103)

She argues that you can learn to attend to the unlikeable, through understanding the genesis of such behaviours and presentations.

Richardson (2001) says that only if one generally likes, enjoys and cares about challenging youth can you work with them. Camila Batmanghelidjh (2006), who created and runs a UK charity working with the most vulnerable and traumatised young people openly talks about the importance of relationship (Lemma, 2010) and the necessity of ‘love’ in attending to the needs and healing of such children.

Our approach is grounded in attachment theory and the understanding of the importance of consistent, long-term ‘loving care’. (Kids Co, 2012)

Richardson (2001) says that professional background and title makes very little difference in working with hard to reach youth and these ‘kids’ beyond most other service users care little for such distinctions. As well as it being crucial that workers like these sorts of young people, it is the experience of working with them that makes us ‘experts’ in this field. Most studies show little or no difference in effectiveness of different approaches (Stiles, Shapiro and Elliott, 1986) (Seligman, 1990). It seems more important ‘what you do’ rather than ‘why you do it’. Eclectic models have been developed (Sommers-Flanagan, 1997) (Goldstein et al., 1987) and the importance of integrating approaches has been suggested (Selekman, 1993). Reframing problems, balancing support and challenge and respecting individual and cultural difference all seem key. The healing potential of a therapeutic relationship to facilitate change has been

widely recognised as has the difficulty in establishing it (Glasser, 1965) (Rogers, 1957), (Trieschman, et al., 1969) (Sarason and Sarason, 1996) (Wehlage et al., 1989) (Van Bochern, 1996). As Yalom, (1985, P.50) says, 'It is the relationship that heals'.

Richardson (2001) reluctantly summarised what distinguishes effective workers in this area,

1. A therapeutic relationship is an essential ingredient for facilitating positive change.
2. Ongoing helper self-awareness and self-evaluation.
3. You must first meet them where they are- individually, developmentally and culturally.
4. There must be a healthy balance of support and challenge.
5. Problems and solutions are best framed in creative, constructive, and caring ways.
6. Systemic, collaborative, and preventative approaches tend to be more fruitful than isolated or reactive approaches. (Richardson, 2002, p.xiii).

Although this and other books (Goldstein, 1987) (Johns and Carr, 1995) (Long, Morse and Newman, 1996) use a range of theoretical perspectives including, reality therapy, solution focused, systems and humanistic models they do lack a depth of understanding in terms of what is going on in the relationship and in the worker and young person that theories attending to unconscious processes address more fully. Children's practitioners appear left largely with theories that expound a depth of understanding without specific regard to hard to reach adolescents or models of intervention which discuss hard to reach young people but do not propose a clear enough understanding of relational, individual, internal and unconscious processes. It is through this research, that I hope, to some extent, to bridge this gap.

# Chapter 3-Methodology

## Introduction

When researching on the borders of the social, psychological and psychotherapeutic, one is soon aware of the ontological and epistemological 'mine field' or even 'mind field' that one is forced to traverse. By this I allude to the fierce debate in the field about what constitutes not only science but meaning itself; what is and is not valid in terms of research methodology, data analysis and findings (Fonagy and Target, 2003). There has been a historical critique of the less positivist approaches often adopted by child psychotherapy and social work (Popper, 1963) (Guntrip, 1968) (Grunbaum, 1984). Further, one could argue that we are currently within the grips of a positivist paradigm whereby evidence based practice of a certain type, particularly randomised control trials (RCT) govern which sort of treatments, modalities and research is deemed valid (Midgely, 2009). This is particularly evident in respect of such organisations as the National Institute for Health and Clinical Excellence (NICE) who undertake clinical appraisals of treatment: 'For questions of efficacy or effectiveness, the most appropriate study design is normally an RCT....' (NICE, 2006)

Within this tense and often heated discourse I personally felt pressured to be seen to undertaking 'proper' research, which can to be seen to be scientific and objective. However there appeared to be two challenges for me in taking a more positivist approach in terms of my research interest. First, the research that had been undertaken in this field seemed mostly of this paradigm and led it to concentrate on factors which affected engagement (Rickwood et al., 1994) (Tijhuis et al., 1990) (Leon et al., 2001) (Dubow et al., 1990) (Griffith, 2003) (Kazdin et al., 1997) (Pelkonen, 2000). The available research seemed to coalesce around a "barriers to treatment model", the idea that if one could address social issues and get services "right" that young people would have the capacity to use them. It appeared that in researching the question in a particular manner one gathered a certain limited set of data, ideas and understandings. Holloway and Jefferson (2013, p.ix) discuss how standard research was obtaining 'well worn dominant discourses'. Hammersley in his book on ethnography begins by supporting this particular qualitative approach

through a critique of quantitative research method and methodology. I include some of his points at this juncture and will refer to the others when I come on to specifically discuss the use of ethnography later in this chapter.

1. That the structured character of the data collection processes involves the imposition of the researcher's assumptions about the social world and consequently reduces the chances of discovering evidence discrepant with those assumptions.....
2. That quantitative analysis reifies social phenomena by treating them as more clearly defined and distinct than they are and by neglecting the processes by which they develop and change.
3. That quantitative analysis assumes that people's actions are the mechanical products of psychological and social factors, thereby neglecting the creative role of individual cognition and group interaction. (Hammersley 1992, pp.11-12)

Second, I wanted to understand something of the "inner working model" and neurodevelopmental factors impacting on such presentations and it did not seem that a quantitative methodology would be best placed to address issues of such complexity and subtlety. I found ideas in relation to complexity theory useful (Cooper and Wren, 2012) as in the field of mental health complexity is inherent and needs research method and methodology to expand to allow for this rather than contract to exclude all non linear, additive and subjective factors. They discuss how Daston and Galison (2007) question the validity of attempting to create *perspective-free objectivity* in clinical trials,

In the complex world of psychotherapy where the knowing self is a pre-condition of knowledge, not an obstacle to it, these are questionable assumptions indeed. (Cooper and Wren, 2012, p.205)

Rather than feeling trapped between the ideas of either/or positivist versus humanistic modalities I was attracted by the notion that scientific paradigms could be modulated through the development of new more flexible or responsive theoretical models (Kuhn, 1962).

...different sciences have their own specific, theoretical, methodological approaches and truth criteria, rather than a unified understanding of what science is, does or should be (Leuzinger-Bohleber and Target 2002, cited in, Midgely et al., 2009, p.7)

I therefore set out to create and will go on to describe a methodology which was fit to the purpose of understanding the external and internal experiences and structures of a marginalised and little understood or researched group of young

people. This methodology was shaped by the environment and circumstances in which I found myself during the course of the field work. I will describe how initial attempts at validating the research using more objective and triangulated methods (Denzin, 1970) were sabotaged by the group and environs I was attempting to study and how such 'failures' in themselves became both evidence and a guide as to the more appropriate approach in this setting and with this group.

## **Research Design**

### **The original plan**

Given my extensive experience of engaging hard to reach young people in sustained psycho-social interventions I intended to use this as a basis for my research. I planned to work with a small number of hard to reach 13 to 17 year olds, offering once weekly individual psycho-social sessions of 50 minutes and to process record all the sessions. This would allow the creation of at least 4 in-depth case studies for analysis (Gilgun, 1992) (Midgley et al., 2009). A relatively long intervention, for research purposes, of 2 terms or 20 sessions was used so the work itself may be of some therapeutic value to the participants, which is an ethical consideration in itself. A longer intervention also got away from the 'short termism' of many audit or finance driven services. It allowed for some time to get a good sense of those involved, their history and presentation and understand something of their ways of relating to me. In my own experience this would actually be a relatively short term intervention, the therapeutic work I had previously undertaken generally lasting between 18 months and several years. This is based on my experience that hard to reach young people often take a long time to connect with and use therapeutic relating. Further both Perlman (1979) and Bowlby (1944) state short term or initial meetings with this group may manifest false positives or artificial compliance.

Probably the least valuable though none the less essential sources of information were the psychological or psychiatric examinations of the child. The difficulty is that at examinations of this kind children are on their best behaviour and so mask much of their true natures. The majority of children are deliberately concealing much of the information that we require and it often takes a very perspicacious psychiatrist to see the relevant signs in the first interview. (Bowlby, 1944, p.24)

Indeed he says something earlier in the paper that further reinforces the need to see young people over a span of time,

In many cases weekly interviews ...continued over six months or more. During these interviews a great deal of further information came to light and often factors of very great importance...only came to known after weeks of sympathetic discussion with skilled workers. (Bowlby, 1944, p.20)

To allow me to undertake my therapeutic sessions largely unhindered by the research process of such tasks as history taking and the important work of facilitating the participants voices I planned another strand of investigation. Alongside the therapeutic sessions was to be a separate process of gaining the adolescents' views on their history, relationships and the research process through interview and video culminating in small group work. This work was to be undertaken by a research assistant. The rationale for these two parallel forms of work was to bring together a psychotherapeutic and sociological focus on these young people and their difficulties and to allow triangulation of the data (Denzin, 1970) and therefore increased validity.

In terms of safeguarding myself and the young people involved there was to be regular psychotherapeutically informed supervision of myself to ensure my good practice and to extend my capacity for thought and reflection. The work would be located within a charity specialising in working with vulnerable and marginalised young people. This was intended to provide assured access to the correct client group and the protection of working with an organisation with safeguards and support for my participants. The project received ethical approval from my University Ethics Committee to further protect the young people involved.

## **Original Research Methodology**

### **Case study**

It was originally intended that the primary vehicle for researching the inner worlds of hard to reach adolescents would be through the use of a case study approach. The specific object of enquiry- the 'hard to reachness' of the participants is clearly a construct and so requires a data rich method permitting the application of a variety of analytical techniques, e.g. conceptual and

situational analyses, analyses of function and structure as well as analyses of basic descriptive statistics and narratives. The advantages of the case study method include that it can accommodate the widest variety of data types such as primary and secondary (in terms of interview records and case histories), quantitative (e.g. age, regularity of attendance) and qualitative (records of personal reflection or therapeutic dialogue) retrospective (e.g. family and personal histories) and prospective (e.g. tracking a participant from first contact to some point in the future) and covering immediate, short, medium and long term time frames with respect to the duration of the project (Yin, 2003).

Carefully constructed case studies were to be used to facilitate comparison across complex sets of results enabling sophisticated conclusions to be drawn. They can be read from different perspectives and subject to different interpretations, which will therefore sustain debate and promote the development of new questions and ideas.

...we consider that it is still respectable to build general knowledge from case-oriented research, from understandings of specific cases in specific contexts and from studying cases holistically in projects that require a close, detailed reading of rich and extensive data e.g. from transcripts of clinical work, disciplined observation, focus groups and interviews. (Cooper and Wren, 2012, p.206)

Case studies can be co-constructed allowing participant's greater autonomy and so increasing the likelihood of recovering their authentic lived experience and also balancing the sense of powerlessness and marginalisation experienced by this group. I wished to take a more psycho-social perspective where psychoanalytical ideas were to provide some frame work for understanding and intervention but was not the only paradigm. As Roseneil states, excluding either the social or psychological in the study of complex emotional, social and relational issues is nonsensical and limiting to the researcher and the researched.

It is my argument that the investigation of the meanings of contemporary formations of personal life requires the theorization of the complex intertwining of the social and the psychic. Such an analysis seeks to transcend the dualism of the individual and the social, and takes seriously the realm of the intra-psychic, 'the power of feelings' (Chodorow, 1999) and the dynamic unconscious, but does so without engaging in either psychological or sociological reductionism. (Roseneil, 2006, pp.847-8)

The case study approach helps the researcher to make direct observations in natural settings (Bromley, 1986). It is a moot point whether a clinical setting is a natural setting but it is the use of such settings by particular young people which I was interested in so observing them in this setting therefore appears valid. A small number of clinical case studies were chosen to offer some comparative data for cross analysis and to avoid possible idiosyncratic findings from a single case (Yin, 2003). The use of individual or small group clinical studies is common in psychotherapeutic research (Dallos, 2004,) (Williams, 2005) and is sometimes referred to as conceptual research (Dreher, 2000).

Its primary research method has been clinical; its main laboratory has been the consulting room. (Midgely et al., 2009, p.36)

The primary method for data generation was therefore intended to be four clinical studies and the primary method of data collection process notes of the clinical material both witnessed and experienced. It is accepted by researchers in this field that clinical material from a single or a few cases can inform as to the complexity of a particular young person or group of young people.

Research designed to find out more about the psychopathology of a small number of children in particular circumstances may require qualitative methodologies that can lead to practical arguments and recommendations relevant to particular cases. (Midgely et al., 2009 p.9)

The work of Williams (2005) in providing an in-depth clinical study of a young person not dissimilar to my research group had a significant impact on the meeting of such young people's needs in child psychotherapy. In such clinical studies detailed process recordings are kept of both the young person's and therapist's observable behaviours and communications but also the workers thoughts and feelings. It is recognised that some of the most significant clinical evidence can arise in the workers' own felt material in respect of their work with such a young person, that is their countertransference (Joseph, 1989).

Therefore the therapist's feelings, states and experience are also valid evidence and can be systematically recorded and analysed. Given the intense nature of unprocessed psychic material particularly in such a chaotic and complex environment the researcher required and made use of clinical supervision by a specialist in the field as well as individual and group psychoanalytic research supervision. The intention of these layers of reflective supervision was to help

the researcher free herself from the inevitable identification with the research subjects and their material.

They will need the help of others who are not so emotionally identified with the material in order to rediscover reflective thinking capacity in relation to the unprocessed, unconscious aspects of the material and to link together their registration of conscious and unconscious data. (Price and Cooper, 2012, p.64)

As previously discussed one of the benefits of the case study approach was that it is not limited to one single source of data collection. In fact it is argued that good case studies have multiple sources of evidence.

...the case studies unique strength is its ability to deal with a variety of evidence-documents, artefacts, interviews, and observations. (Yin, 2003, p.8)

It was therefore originally intended that there would be a research assistant who would collect additional information. They were primarily to take family histories and video diaries on current issues and views from the young people involved. It was intended that this material would have been collected and analysed separately to the material from the clinical sessions to allow for cross analysis between different data sets and researchers perceptions thus allowing for wider investigator and data triangulation of the material (Denzin, 1970). However the complexity of the research setting and the withdrawal of two assistants led to an early abandonment of this additional layer of data collection and analysis. There was also planned to be some group sessions with both workers and the entire research cohort at the end of the research project. This was particularly focused on the importance of gaining young people's views and involvement in the research process and generation and validation of the data. This links to ideas from such research methodology as Cooperative Enquiry (Reason, 1988) which looks upon the research cohort as co-enquirers rather than subjects. This seemed particularly important for such a marginalised and little researched or involved group but it was not possible to undertake such enquiries though there were others ways in which young people were further involved which I will go onto describe.

## **Development of the Methodology in Practice**

It quickly became apparent that the original research design was too classical and rational and ill fitted to both the client group and the environment in which they resided. One of the strengths of case study methodology is it allows for data collection and analysis together. Ongoing data analysis can allow for modification of data collection plans during the course of the investigation.

...a virtue of the case study method is the ability to redefine the “case,” after collecting some early data. Beware when this happens- you may then have to backtrack, reviewing a slightly different literature and possibly revising the original research questions. (Yin, 2003, p.5)

The situation that I and the young people were located in became both the source of the research difficulties and the research data. The structural features of their situation, which prevented even a concerted effort to focus on them was congruent with the conclusion that these young people were not so much hard to reach as palpably concealed. My difficulty in finding the young people was in itself rich data. Where they were or were not and they and their environments part and position in this afforded complex and detailed data on what, who or how they were hard to reach.

It became apparent that certain strategies were impossible in the setting and equally obvious that the context was as significant and important as the young person’s inner worlds and relational interactions within the therapeutic space and there were rich possibilities for its exploration. Therefore other methodologies and methods needed to be enlisted to address such issues as triangulation of the data, which had been limited by the impairment of the original design, but also to find a way to research and record the environmental context. The two additional contextual issues were the impact of the direct environment of the school and charity in which I was working and also the wider environment of the young people’s families and communities not just as historical internal manifestations but as a living and lived system.

The primary approach to such challenges was to adopt in addition to the case study methodology an ethnographic approach. This presented itself as it became apparent that there were specific cultural phenomena at work particularly in regard to the gang culture in which we all resided and were

impacted by to different extents. Returning to my earlier discussion of Hammersley's critiques of quantitative methods, his other two points suggest deficits in my original model and strongly imply what ethnography can add to my methodological synthesis,

1. That making claims about what happens in 'natural' settings on the basis of data produced in settings that have been specially set up by the researcher- whether experiment or formal interview- is to engage in a largely implicit and highly questionable form of generalisation.
2. That to rely on what people say about what they believe and do, without also observing what they do, is to neglect the complex relationship between attitudes and behaviour; just as to rely on observation without talking with people in order to understand their perspectives is to risk misinterpreting their actions. (Hammersley, 1992, p.11)

These points suggest a reciprocal process whereby data gained through interview and therapeutic sessions can be verified and analysed via material gained through informal observations and vice versa. This adds another layer and level of analysis and in some ways compensates for the loss of the research assistant and their contribution.

To investigate the direct environment I began to keep a research log of my entire experience from when I arrived in the school in the morning to when I fled in various emotional states of relief and exhaustion at the end of the day and I recorded my observations, experience, thoughts and feelings. These field logs along with session records and scant official documentation allowed me to further study and understand the organisational field- that is the nature of the direct environment. To understand the external environment to which I had little direct access I relied upon noting these dimensions in the psycho-social sessions, in formal and informal discussions and observations of the school, charity, children, staff and parents and lastly through research into social factors in the community. In this less formal manner the voices and experience of the young people were sought and included as a perhaps flawed substitute for the intended work of the assistant and group. In addition I collected interview material from senior staff in the school and charity and specialists in gang culture in the area.

...doing ethnography is establishing rapport, selecting informants, transcribing texts, taking genealogies, mapping fields, keeping a diary, and so on. (Geertz, 1994, p.214)

However, Geertz says that it is not the methodology of ethnography which defines it but the use of 'thick descriptions' which like the case study approach links the collection and analysis of data together. He sees ethnography as not just observational but also interpretative, 'sorting out the structures of signification' (Geertz, 1973, p.9). He suggests that we are faced by many complicated structures often interlinked and intertwined and we must find a way to understand and find meaning within them. Hammersley (1992) uses the terms, 'thick', 'analytical' and 'theoretical' interchangeably stating that ethnography is seen to integrate description and theory in that all descriptions rely on concepts and theories. However he does ask whether this is distinctive to ethnography and also critiques it for including many poorly distinguished ideas or concepts. Yet in this case, in such a complex and chaotic cultural context the concept of drawing upon and analysing the meaning according to the pattern of life by which it is formed and informed was a useful one. This seemed to state that the behaviours which I observed could not be separated from, and indeed could only be understood within, the context of the cultural environment in which they existed. Studying and describing the contextual field was then theoretically and methodologically valid.

These descriptions must remain close to the concrete reality of particular events, but at the same time reveal general features of human social life. (Hammersley, 1992, p.12)

The development of the methodology and method in this ways bears close resemblance to the intentions and undertakings of complexity theory and research alluded to earlier in this chapter. This is because it is based on a practitioner's hunch such that there is a group that comes together to be recognised and understood as hard to reach. Further, that this research endeavour is naturalistic, takes place across time and deployed a cross-case comparative methodology. Although not central in my thinking in practice these ideas became significant in validating my methodology.

One does not attempt to control out 'extraneous' variables; rather, they must be explicitly factored in because it is interaction between the 'variable' of special interest and the total context that is the research focus. The study takes a group of 'real' phenomena, encountered naturalistically, as its object. (Cooper and Wren, 2012, p.206)

## Data Analysis

### Methodological considerations

At the end of over a year's worth of contact with the school, charity and my research group I was left with a large amount of data which included, psycho-social session records, ethnographic observations and diaries, limited formal data from the charity and interviews with several staff and also experts in the gang culture of the area. In addition, I had limited quantitative data such as the number of sessions attended and the various different categories of absence. This could be seen to create a methodological quandary, of how one takes such a mass of diverse, largely qualitative data and uses this to write a coherent account of the research endeavour and from this to postulate credible findings. Yin (2003) discusses this as one of the primary difficulties of using a case study methodology as a basis for research. The data analysis strategies are seen to be rather nebulous and underdeveloped often leaving researchers with a lack of clarity in terms of a clear data analysis strategy which he says is nevertheless essential.

Analysing case study evidence is especially difficult because the strategies and techniques have not been well defined. Familiarity with various tools and manipulative techniques is helpful, but every case study should nevertheless strive to define a general analytic strategy-defining priorities for what to analyse and why. (Yin, 2003, p.109)

### Writing as a method of inquiry

In the previous discussion about research methodology I talked about feeling pulled between perceived scientific legitimacy and the capacities of psycho-social approaches to deliver a fuller and more realistic depiction of the young people about whom I was interested and concerned. This sense was reinforced by the reality of my research group and process, that I could not make the complex simple and the subjective objective just for the sake of academic rigour.

It is certainly the case that in mental health and social care practice many of our key research and clinical questions require the unravelling of complex probabilistically linked chains of events. Rather than simply searching for the cause or causes of some phenomenon of interest, or the outcome of an intervention. (Cooper and Wren 2012, p.201)

Whilst wanting to produce something that would be academically credible and

to achieve a doctoral award I always wanted to write something that was not void of my or the young peoples, thoughts, feelings and experience. My passion for the subject and 'my boys', was even more strongly felt when it came to writing up the research. I found Richardson's chapter (2008) on writing as a method of inquiry particularly helpful in this regard. She confesses to what I also sometimes feel, that much academic writing is boring and I would also say elitist and not meaningful or accessible to most of the population including those about whom I am writing. We both do not want to sanction what she calls '*putdownism*' but we do both want to go beyond dry academic conventions, descriptions and discussion to embrace something which speaks with more veracity about my and the young people's felt and lived experience.

One reason, then, that our texts are boring is that our sense of self is diminished as we are homogenized through professional socialization through reward and punishment. Homogenization occurs through the suppression of individual voices. We have been encouraged to take on the omniscient voice of science, the view from everywhere. How do we put ourselves in our own texts, and with what consequences? How do we nurture our own individuality and at the same time lay claim to "knowing" something? (Richardson 2008, p. 347)

She goes onto legitimise this position using a postmodernist discourse which allows for a sense that everything is constructed including the language we use to describe our work and therefore there is no such thing as truth. This is further supported by the writing of Hammersley (1992) on ethnography where he states that there is not a single objective description of any phenomenon,

....there are multiple, non-contradictory, true descriptions of any phenomenon. How we describe an object depends not just on decisions about what we believe to be true, but also on judgements about relevance. (Hammersley, 1992, p.28)

There is also as Richardson suggests a use of metaphor, story, and symbol to elucidate and develop thought and argument but sadly an absence of the life size Plasticine figures H. (see case study G.H.O.N.) wanted to create.

....writing is a process of discovery.....my intention is to encourage individuals to accept and nurture their own voices. The researcher's self-knowledge and knowledge of the topic develops through experimentation with point of view, tone, texture, sequencing, metaphor and so on..... Even analysis paralysis that afflicts some readers of postmodernism is attenuated when writers view their work as process rather than definitive representation. (Richardson, 2008, p.360)

The act and process of writing as a valid method of discovery in itself is supported in the practice of thematic analysis (Braun and Clarke, 2006). I will go onto discuss and further demonstrate how the process of writing and rewriting contributed to data analysis, exploration and findings within this particular analytic frame.

### **Thematic analysis**

The primary sources of data for analysis were the clinical process recordings and observational log and the case studies were created using a critically grounded thematic analysis of each young person's case notes to create four different case studies coalesced around three putative presentation types. Session notes were two to five pages long and there were between one and eleven and a half sessions for each young person; they detailed behaviour, activity and discussion as well as some comments about my own thoughts and feelings. They were if possible written up directly after sessions but this was not always logistically or emotionally possible.

The session notes were investigated using a thematic analysis which is a method for examining and describing important patterns across a data set (Braun and Clarke, 2006). Much qualitative research analysis includes some form of thematic analysis and these can include "sophisticated procedures for identifying and working with themes" (Finlay and Evans, 2009, p.149).

Thematic analysis's flexibility and wide field of usage has led it to be frequently critiqued as being rather poorly defined and unclear (Attride-Stirling, 2001) (Boyatzis, 1998) (Tuckett, 2005). However, for me this flexibility had advantages in allowing data to present itself as significant based on my experience and analysis of it rather than a stated quantitative measure or rule about how much or many times it needed to be seen to be considered a significant pattern. This is particularly as I decided to provide or look for a set of themes which applied to my entire data corpus rather than a more in depth analysis of a particular theme. This was due to the under researched nature of my research group and the rich complexity and amount of data.

I chose to take a deductive approach (Boyatzis, 1998) (Hayes, 1997) to coding for a specific set of research questions from a specific theoretical position. This further fitted with taking a latent, constructivist approach whereby the

development of themes involved interpretative work and the analysis produced was already theorised and seen to be within a socio-cultural context (Boyatzis, 1998). My thematic analysis was thereby based upon the case study approach of 'relying on theoretical propositions' that is to use the same theoretical propositions that informed my case study to structure and guide my analysis. I therefore used my research questions to form a structure for the thematic analysis of the data whilst using my literature reviews focus on psychodynamic, attachment and neurodevelopmental theories and ideas as concepts to inform the analysis.

The first and most preferred strategy is to follow the theoretical propositions that led to your case study. The original objectives and design of the case study presumably were based on such propositions, which in turn reflected a set of research questions, reviews of the literature, and new hypotheses or propositions. (Yin, 2003, p.112)

This methodology is analogous with much of the pattern forming methods of case study analysis particularly in my case 'explanation building'. The intention is to analyse the case study by building up an explanation of the case. It is particularly relevant when there are multiple case studies and one wishes to build a general explanation which can be applied to several individual cases. It is iterative in nature in that,

...the case study evidence is examined, theoretical positions are revised and the evidence is examined once again from a new perspective... (Yin, 2003, p. 122)

## The Data Analysis Process

### Phases of thematic analysis

Braun and Clarke (2006) Phases of thematic analysis	Description of the process
1. Familiarising yourself with your data	Transcribed data from hand written accounts, read and re-read data, discussed and took notes in individual and group reflective case discussion.
2. Generating initial codes	Created a set of 15 questions based on my initial 3 research questions. Matched any relevant data section from each data set against each question.
3. Searching for themes	Coding each section of matched data for each question in respect of each young person. Writing a short summary of the main themes as they appeared for each question for each young person.
4. Reviewing themes	Collating key aspects of the main points and conclusions from each question for case study 1(F.). Collating these as several central themes. Using these to provide an organisational and analytical frame for checking the themes in other case studies.
5. Defining and naming themes	Compiling each case study using the themes identified in section 4 to further refine and define each theme. Generating clear definitions and names for each theme as demonstrated in the conclusion of each case study. Analysing each of the finished case studies by returning to central paradigms from attachment, neurodevelopment and psychoanalysis.
6. Producing the report	Using the findings section and the writing and re writing of this to further refine the themes and identify groupings of the individual cases.

(Fig. 1)

## Discussion of Each Phase

### Introduction

The first three phases of analysis of the data were preliminary and used to identify themes and create a structure for organizing and presenting the case studies in the thesis. They are not seen in the final dissertation apart from in the exemplars given. From phase 4, the higher-level questions and categories used to analyse the data are also used to structure and present the case studies in the thesis and are seen as sectional headings in the main body and conclusions of each case study.

### Phase 1

This consisted of the time consuming and immersive tasks of transcribing all the hand written individual session notes into typed form. Once this was completed I reread these and the research log and discussed the material and my thoughts in individual and group reflective case discussion and took further notes of these dialogues.

### Phase 2

The case studies were analysed using the three main questions as a basis. These were postulated in relation to hard to reach adolescents, regarding their histories, presentations, relationships and inner working models.

#### Main Research Questions

- 1) This presentation has been linked (Baruch, G. et al 2007) to various familial and historical factors, the research is interested in how this hard to reach quality is developed across the life of the adolescent to the point of their involvement with the research.
- 2) How do these young people think and what is the immediate quality of their emotional worlds? This will be used to develop an understanding of what this might imply about conscious and unconscious processes, inner working models and psychic structure.
- 3) How being 'hard to reach' is expressed in the adolescents relationship with themselves and others, particularly how it affects and influences communication with and connection to adult helping figures and how might these workers best engage and attend to these young people's needs.

(Fig. 2)

In order to undertake a thematic analysis fifteen questions were created based on these three main questions. The fifteen questions were formed following discussion in individual and group psychoanalytical supervision and upon an

initial reading of the individual case notes. The first four questions relate to the first research question, that of histories but also attend to the current contextual experience which appeared from the case studies to play a much greater part than the initial questions indicate. Question 5 to 7 attend to the use made of the therapeutic space and question 6 to 12 goes into the area of inner working models and conscious and unconscious processes, question 10 to 13 attends to the relationship with the researcher and others. It was for the researcher much harder to separate out main research questions 2 and 3 and questions 6 to 12 moves between the fields of emotional and relational states; as one would expect they appear to be interrelated. Lastly questions 14 to 15 focus on attendance and the impact of the direct context on the research, researcher and researched.

### Questions of the Material

1. What is learnt about the adolescent's history and background, a) from them b) from others?
2. What did the adolescent communicate about current family circumstances and what maybe its significance for them?
3. What did the adolescent communicate about their current wider context and community and what maybe its significance for them?
4. What could be observed or did the adolescent communicate in regard to their experience of education?
5. How did the young people use metaphor and symbol in their play and communication and what might this indicate about their experience and internal worlds?
6. How did the researcher use metaphor and symbol and what does this indicate about the relationship with the young people and her intuitive experience of their internal worlds?
7. What was felt, experienced or observed to be hard to reach in each of the young person's presentation in the therapeutic space?
8. How did the researcher feel about each of the young people, what was the counter-transference?
9. What feeling or emotional state did the young people appear to be in and communicate in their sessions?
10. What understanding did the young people seem to have of their own feelings and emotions and those of others?
11. What relationship or attachment did the young person create with the researcher and what might be understood about and from this?
12. What specifically did the worker do or say in an effort to engage the young people and build and maintain relationship?
13. What use did the young person make of the therapeutic space in terms of actions and activities?
14. What was felt, experienced or observed to be hard to reach for each of the young person's in terms of the referral process and ongoing attendance?
15. What was the contribution of the direct environment and organisation in making the young people harder to reach and the researchers work more complex or difficult?

(Fig. 3)

These fifteen questions were then put to and asked of each set of case notes in a systematic manner. I went through each session write up sentence by sentence asking the particular question of it, any sentence or section I felt related to that question I cut and pasted under that question indicating which case note it came from. This meant for each question I accumulated a large number of sections of data which appeared to relate to that question in some way in respect of a particular young person. This process meant for the longest sets of notes which were F.'s there were some 97 pages of sections of texts matched to the 15 questions with many sections being relevant to many of the questions. An example of such matching is shown in Fig. 4.

### 3. What did the adolescent or others communicate about their current wider context and community and what maybe its significance for them?

*F. then went on to talk about Mum not believing him and arguing about him going out. He said that this was because she believed he was involved in gang culture because he hangs around in the areas with gangs and knows people involved with gangs. I said I could imagine lots of parents in this area were worried about this and F. nodded. I wondered why Mum worried, F. said it was because he did go to the areas and did know some people. I wondered if he hung around with them and he said no, he just waved and said hi and moved on. I asked if he felt safe because I knew a lot of young people who did not feel safe in gang areas and he said he was one, he was safe and he just wanted his Mum to trust him. (F. S2)*

*He then dropped almost as an aside that Mum worries he is involved in gangs because he has a lot of money. (F. S2)*

*He told me that she had seen him with a new pair of trainers and worried where he had got the money from and she thought it was from gangs. I said I knew that younger kids were sometimes used to run drugs, F. nodded. He said he was worried if Mum knew about where he got the money from she would take it and wanted a lot of reassurance from me that I would not tell her. (F. S2)*

*As we walk along he is grabbed at by another boy who he ignores and keeps walking. F. talks about having annoying friends and mentions T. I call him a live wire and F. says perhaps. (F. S3)*

*F. and I talk about him having no time for gangs as he is too busy with his football. (F. S3)*

*She says she knows he is not doing drugs; she is not worried about that, he's so into sport and knows it's important also because he has Asthma. He knows if he smokes or does drugs it will mess up his sport and he also saw what it did to his Dad. (F. S15mum)*

*Mum said she knew F. was not in a gang. She says he hangs around with his mates with a bandana over his face outside the chicken place intimidating people(wannabe) thinking he's tough but he's not really.(F. S15mum)*

*I am surprised T.L. has said he worried about gangs and drugs as Mum told me she was not. (F. S18)*

(Fig. 4)

### Phase 3

At this point in the data analysis I had for each question a large number of sections of data which I believed related to that question in some way in respect of a particular young person. I then studied each section of data for a particular young person question by question. For each question I coded each section of

data by giving it a name which I then numbered. Once I had gone through any particular question I was left with a set of coded, named and numbered categories or beginning themes such as follows:-

1. *Attendance/Appointments*
2. *Response/interaction*
3. *Non communication*
4. *Lack of depth in communication*
5. *Disassociation/unemotional*
6. *Paradox*
7. *Tiredness/yawning*
8. *Worried re being influenced by others*
9. *Respect for others*
10. *Negative/rubbishing attitude*
11. *Fragile self/expert position*
12. *Depression*
13. *Doesn't want to see me/not bothered*
14. *Difficult in communication*
15. *Control*
16. *Assault*

(Fig. 5)

These ideas or themes and their linked codes would often be repeated throughout the question so I would use the numbers several times and on examination many of the labels would coalesce into broader themes, for example, difficulties in communication, which could include 3,4,5,10,14. I was then able to create an initial analysis of the data for a particular case. This consisted of a description and discussion of the broader themes identified through the coding supported by the relevant sections of text and then a summary of the main points and an overall conclusion. An initial analysis of question 3 of F.'s material is given below.

### **3. What did the adolescent or others communicate about their current wider context and community and what maybe its significance for them?**

In truth there is little discussion about the wider context with F. but that which occurred was about the gang culture and whether or not he is involved.

*F. then went on to talk about Mum not believing him and arguing about him going out. He said that this was because she believed he was involved in gang culture because he hangs around in the areas with gangs and knows people involved with gangs. I said I could imagine lots of parents in this area were worried about this and F. nodded.....(F. S2)*

Although it did not comprise of much of the content it had a disproportionate weight in terms of the amount of anxiety and intrigue it caused.

*He told me that she had seen him with a new pair of trainers and worried where he had got the money from and she thought it was from gangs. I said I knew that younger kids were sometimes used to run drugs, F. nodded. He said he was worried if Mum knew about where he got the money from she would take it and wanted a lot of reassurance from me that I would not tell her. (F. S2)*

*Mum said she knew F. was not in a gang. She says he hangs around with his mates with a bandana over his face outside the chicken place intimidating people(wannabe) thinking he's tough but he's not really.(F. S15mum)*

The only other significant contextual factor which was mentioned by Mum but never by F. was there very overcrowded and cramped housing situation which may have further exacerbated family tensions.

*She told me about living in a particular borough, she was re-housed by the local borough last year in emergency accommodation for 30 days, it's now a year later and she's still waiting and has 4 children in 1 bedroom. (F. S15mum)*

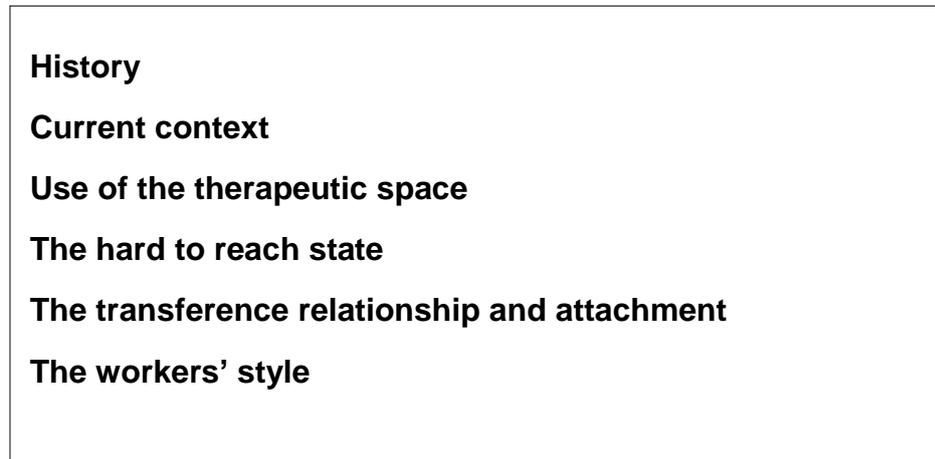
#### **Main Points**

- There was little discussion about the wider context.
- The discussion that occurred was almost exclusively about the gang culture and whether F. was involved and this had a much bigger impact than the extent of the material might suggest.
- The other contextual factor raised by Mum was the extremely cramped housing situation.

(Fig. 6)

#### **Phase 4**

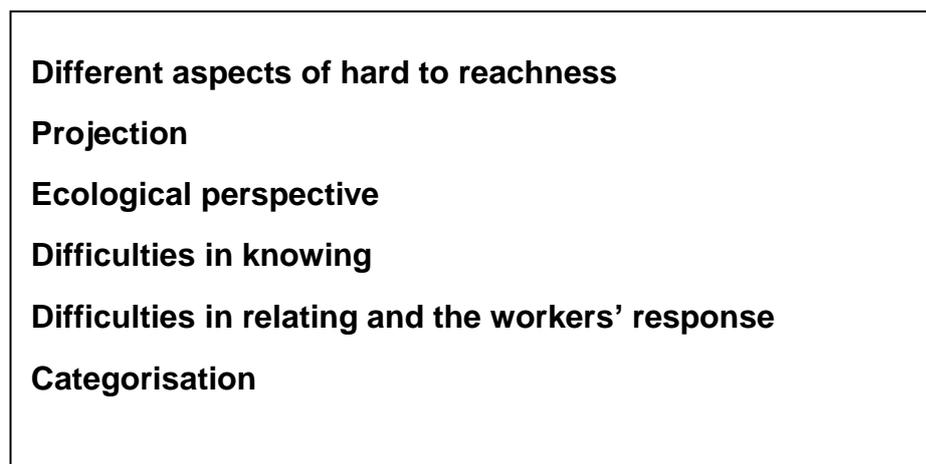
In F's case this initial thematic analysis came to 105 pages. This therefore required a further level of analysis through collating key aspects of the main points and conclusions from each question which coalesced as several central themes which would provide an organisational and analytical frame for this and all subsequent case studies. These themes or categories were designated as,



(Fig. 7)

#### **Phase 5**

In the conclusions of each of the case studies each of the themes were further refined and these headings went onto provide a structure for the overall findings and these were,



(Fig. 8)

## **Phase 6**

The initial seven case studies along with the environment chapter which was an analysis of the environment as an individual case study provided the basis of the findings chapter. It was at this point that the work of Richardson (2008) on writing as analysis and enquiry became particularly significant. It was only upon the writing and rewriting of the findings against key literature in the field of psychoanalysis, neurodevelopment and attachment, accompanied by individual and group discussion that I at last 'discovered' the four facet organisation of my theses under the areas of unconscious, relational, biological and environmental/contextual and also the three groupings of presentations. This final elaboration of my findings was also assisted through further ideas from the case study approach in terms of 'analytic manipulations', whereby data can be described and summarized using various strategies (Miles and Huberman 1994)

- Putting information into different arrays
- Making a matrix of categories and placing the evidence within such categories
- Creating data displays- flow charts and other graphics- for examining the data
- Tabulating the frequency of different events
- Examining the complexity of such tabulations and their relationship by calculating second-order numbers such as means and variances
- Putting information in chronological order or using some other temporal scheme (Yin, 2003, p.111)

Although this is generally suggested at a beginning point in data analysis I found it more useful as a way of summarising and describing a number of complex ideas which could be brought together using a number of the above tools and strategies to develop and elucidate my argument (see fig's. 15-20).

## **The Environment**

Although much of what has been written applies to the environment case study there were some specific differences in the way in which the data was analysed. The approach to the environment chapter was more ethnographic as it relied on the whole field of data including my own felt and lived experience. All the case recordings, observational notes, interviews and concrete data were included in the analysis. The approach was strongly informed by Richardson's (2008) idea

of the process of writing as analysis. I first reread all available material and then wrote a very personal account of my experiences in the environment as I encountered and observed it. This could be considered both an evocative representation and a narrative of the self.

This is a highly personalized, revealing text in which the author tells stories about his or her own lived experience. Using dramatic recall, strong metaphors, images, characters, unusual phrasing, puns, subtext, and allusions, the writer constructs a sequence of events, a “plot”, holding back on interpretation, asking the reader to “relive” the events emotionally with the writer. (Richardson, 2008, pp. 355-356)

This long narrative was then organised into headings which were partly chronological in charting the unfolding of the experience but also used metaphor to emphasise some of my understanding and ideas such as the concept of ‘The lost boys’ and ‘Gangland’. My intention in doing so was to communicate something of the complex and powerful emotional atmosphere. The account was then read through and edited to concentrate in arguing for and on the particular areas or issues I had highlighted. I then linked this narrative to passages and data from case notes, data tables, interviews and observational records. Once this was done I went through and reconsidered the data as it was now supported by the relevant quotes and references and contemplated what this brought to my analysis and from this created a final account.

## **Conclusion**

As can be gathered throughout this discussion the research of such a nebulous construct as, ‘hard to reach’, has caused me some very particular methodological challenges. These can be summarised in three ways, first, there were the inherent ontological and epistemological difficulties in studying an area which demanded a psycho-social humanistic approach. Specifically, how valid methodology any findings can be within such a qualitative and subjective study particularly within a culture which appears to favour more positivist or scientific approaches. Second, the complexity of the group and the question demanded a multifarious methodology and method to allow for the richness of the subject to be explored particularly as the researcher was interested in both conscious and unconscious processes. Third, the actual group but more specifically the particular research site made some methods of enquiry impossible and also

became itself a subject of enquiry. The methodology and method had therefore to be flexed to meet the difficulties encountered and one could argue that it was made fuller through this process. Use of case study methodology and some ethnographic approaches and ideas have hopefully allowed for a wide ranging and multi-faceted study and analysis. This fits with Cooper and Wren's (2012) ideas about the importance of embracing not excluding complexity when studying complex areas such as mental health and social care. This is more poetically argued by Richardson who advocates going beyond the two dimensional rigidity of triangulation to the three dimensional facets of crystallisation,

I propose that the central image for "validity" for postmodernist texts is not the triangle- a rigid, fixed, two-dimensional object. Rather, the central image is the crystal, which combines symmetry and substance with an infinite variety of shapes, substances, transmutations, multidimensionality's, and angles of approach. Crystals grow, change, alter, but are not amorphous. (Richardson, 2008, p.358)

# Case Studies-An Overview and Introduction

The case studies are based on the hand written records of individual therapeutic sessions undertaken by the researcher with seven different boys who were all in year 9 of secondary school education making them 13 to 14 years old.

The case notes were analysed using fifteen questions which were created based on the original three research questions in relation to hard to reach adolescents, regarding their histories, presentations, relationships, inner working models and context and formed following consultation and an initial reading of the individual case studies. These fifteen questions were put to and asked of each set of case notes in a systematic manner by the division of each session into sections that were then matched to any questions to which they pertained.

One of the case studies became an amalgam of four young people who were seen to present in similar ways and the other 3 case studies are of individual young people. The write up of each of the case studies consists of a short physical description of each of the boys and then a summary of key themes or issues which become apparent from each case study, using 6 headings: History, Current Context, Use of the Therapeutic Space, The Hard to Reach State, The Transference Relationship and Attachment and The Workers Style. These were supported by the most pertinent and compelling material directly quoted from the case recordings. The intention of using the best evidence to support each point made or aspect discussed meant it was occasionally necessary to use sections of material from the data more than once to illustrate different themes. The excerpts of the notes included are replicated as they were originally recorded so on occasion may not be in the best grammatical or written form. Each case study then had a concluding section. These conclusions highlight five of the findings areas which were created through reading and discussion of each of the four case studies. These areas are: Different aspects of Hard to reachness, Projection, Ecological Perspective, Difficulties in Knowing and Difficulties in Relating and the Workers Response with various subheadings as elucidated below.

## **Categorisation**

It became apparent through writing and discussing the case studies that different aspects of attachment styles, neurodevelopmental arousal states and the use of transference or projection could be identified in each of the studies either explicitly or implicitly. These concepts were then used to further analyse each individual case study which were then categorised into four different presentations. F. could be seen as avoidant in style or hypoaroused, that is, largely cut off from his emotional states which he generally seemed to project into the worker or his Mother. Significantly, this did seem situation specific as in other relationships he could present an entirely other self who was peacefully compliant and pleasant.

The second group would be typified by G. as hyperaroused or ambivalently attached, and would be more typical of the young people I generally saw both literally and figuratively as hard to reach. This group instead of psychically projecting their feelings states into the worker seemed to burn it off in acting out and doing. I would include, H., N., and O. in this category although I would accept I knew the latter two so little that they may have presented differently overtime. Their defences were interactive rather than interpsychic and their unconscious material would become known and discharged through their behaviour rather than the mediums of transference and countertransference.

P. would be seen as occupying both the avoidant and the ambivalent styles, both cut off and projecting onto and over aroused and acting out, this seemed related to making him the hardest young person to engage and assist. In a category of his own I would place K. who would be seen in freeze or dissociative states. So fearful that this occupies his whole being, making him terrified but flipping this to aggressive and bizarre acting out and fantasising which would also leave him being seen as disorganised in terms of attachment style.

<b>Neurodevelopmental Arousal state</b>	<b>Use of Projection</b>	<b>Attachment Style</b>	<b>Young People</b>
<i>Hypo/Flight</i>	<i>Into other, as if</i>	<i>Avoidant</i>	<i>F.</i>
<i>Hyper/Fight</i>	<i>Into activity/behaviour</i>	<i>Ambivalent</i>	<i>G., H., O., N.</i>
<i>Dissociative/Freeze</i>	<i>Into fantasy</i>	<i>Disorganised</i>	<i>K.</i>



(Fig. 9)

# Chapter 4-Case Study F.

## Introduction

I analysed F.'s notes first as he was one of the longest and most consistent attendees. He was also the only Y.P. (young person) where I had involvement with the family and got some in-depth sense of his history and particularly the impact of current family relationships on him, this gave me the best opportunity to link presenting hard to reach states with family history and functioning.

## Physical description

F. was average to tall for his age and slim. He was dual heritage with a black Father and white Mother. He had an afro which he always kept short and neat and the beginnings of sparse facial hair. He always looked well turned out and seemed to be precise about his appearance brushing off invisible fluff and smoothing down his clothes and would never leave the room without putting on his coat and making sure of his appearance. His deportment reminded me of the boy discussed in the paper "Doubly deprived" by Williams (2005).

## Reason for involvement in research group

F. had asked the charity with whom I was based to be seen by someone; the charity had previously provided him with a different trainee therapist each school year. On this occasion he said he particularly wanted support in respect of difficulties he was having with his Mum. He was not currently living at home having fallen out with her but said he wanted to address this. His relationship with his Mother seemed to be the reason he was seen as being suitable for the research group, although in other ways he seemed reasonably engaged in school, was academically able and on the school council and football team.

## History

I began with some expectation that a history would be provided by the charity or school. However despite F. being seen for the previous two years by therapists from the charity there appeared to be no record of him within the charity's files. I was never given access to any information from the school although I requested this. To some extent F. was a tabular rasa linking to Bion's (1967) concept of going into sessions with no memory and no desire.

*SW is doing the CAF [Common Assessment Framework] form on F., T.L. [Team Leader] has done an assessment. I say a CAF and he says no a full Charities assessment (I think they do exist and why aren't they generally done, F. has been known since year 7 and very little on file). SW trying to fill in and doing a genogram, I said I will see him the middle period and help him out. (F. S17)*

The information ascertained in respect of F. was largely due to the system reaching crisis point and the professionals, F. and his family becoming mobilised. Some information about previous social services involvement then became available via the charity however this was very limited and to some extent inaccurate and not apparent until very near the end of my work.

*There was an initial assessment by social care last year when X. [a sibling] was in year 4 and she made allegations... They also completed a report in respect of F. which said very little except that there were no worries or concerns. There was absolutely no history taken and no attempt to understand the enuresis, behavioural difficulties or allegations [of the sibling]. It was in all our opinions a very poor assessment. I talked to SW, he will fill in the CAF. I said I will look at it and help next week. (F. S16)*

As a result of the crisis Mum was invited in and provided a fairly comprehensive history of early trauma (F. S15mum). This included that the relationship with F.'s Dad had always been violent and this continued during pregnancy and F.'s first year culminating in social services becoming involved when F. got injured when Dad assaulted Mum. Mum then left Dad but still used him on occasions for child care despite alleging he was a drug addict, this only ceased when F. was found by police with a group of drug addicts unattended. Mum's account concentrated on acts of commission by Dad and not her own actions or behaviours.

*She talked about the family history. She said she was with F.'s Dad 7 years, she was 12 years and he 22 when they got together, F. is aware of this. Mum said that F.'s Dad "beat the crap out of her for 7 years". She said he was a crack addict and dealer and an alcoholic. She said he doesn't do crack anymore but is an alcoholic and smokes weed. She is not sure if he is still dealing; he has money to buy stuff for F., Mum said she won't let F. go to Dad's because his Dad is an alcoholic and does drugs. (F. S15)*

F. spoke little about his history that which he shared was highly critical of Mum and sparing of Dad. This included what he called 'his four Dads' which were Mum's previous four partners all who had been physically violent towards her.

His lack of openness about this may be related to the painful nature of his experience and the distress he felt on the rare occasions he discussed it.

*I said it must be loud in his house and he agreed, I wondered about other people in his family and he said he had Brothers and Sisters, so I asked about them and he said he had 3 Sisters and 4 Brothers (!?). (He has 2 Sisters and 1 Brother at home but it may be Dad has other children?). I asked about them and he said it was very complicated with 4 Dads some white, some black, some mixed race and he didn't want to talk about it. I said fair enough it sounded very complicated. (F. S1)*

The major exception to this was a disclosure about long term and ongoing physical abuse by his Mother towards him and his siblings which he made in our final session. This appeared to be prompted by Mum making counter allegations and threatening to put him in care which may have pressurised him into sharing this information. It is also of note that these allegations came after at least 5 years previous counselling support and involvement.

Given what is known about the significance of trauma and abuse (Perry et al., 1995) in the development of children and young people and its importance in understanding their presentation, it is key that gaining an accurate and comprehensive account of the history was impossible. It will become apparent in other case studies which did not reach crisis that very little contextual material was made available.

## **Current Context**

Events from the past were intimately connected with the dynamics and occurrences in the present. There seemed to be a link between early and ongoing trauma and the establishment of a fragile often conflictual relationship between F. and his Mother which was the main focus of discussion regarding his current situation.

*I then asked if there was anything else I needed to know or wanted to discuss. F. then said it was really about him and his Mum and that was all. I said T.L. had mentioned this, he said he was living at his Nans and it was the third time and it goes on for months. I asked if there were any times he and Mum got on and he said they try and they meet up but it doesn't work out. When asked about this he said that they try to get on but end up arguing and always fall out. (F. S2)*

There appeared to be a strong link between the history, the current situation and dynamics but this view was not shared by the family. There was some

discussion with both Mum and F. as to the significance of the history in respect of his current presentation and they both tended to minimise this.

*I talk about the significant early history and she says she knows but it's a long time now and she only wants him to communicate and follow a few simple rules. (F. S15mum)*

*I said Mum had talked about the history of Dad about the drugs, alcohol and violence, F. said it was nothing to do with him (Dad) and he doesn't know why she included him because it's nothing to do with him, just him (F.) and Mum. I explained how Social Workers and therapists like to take a history as we think it can be important but can understand if he feels it is not. (F.S18)*

Although F. talked little about his history he was much more forthcoming about his current context. This largely consisted of discussions about his family but also school and occasionally gang culture, but little about his peer groups or friends. F. could describe in detail the complex nature of family relationships and showed an excellent understanding of the relational field and who was getting on with whom to the extent that one could suggest some hyper-vigilance in his need to be aware and wary of the various alliances and animosities.

*F. then went onto say more about his Mum not getting on with family members and called her ignorant. When I queried the meaning, he said rude. Then he went on to say rude, ignorant and self-centred. I said it sounded like it could be a very long list and he said it would take up all the paper and he would need more than A4- I said A1 like in art and showed the size, spreading my arms wide and he nodded. (F. S2)*

F. had a very clear narrative or story about what the problems were and who had caused them and this was entirely centred on his Mum about whom he was exclusively negative. There was very little sense of personal responsibility in relation to the difficulties and a strong tendency to protect his Father and to create him as an absolutely blameless figure. The narrative tended to be very fixed and was not much available for discussion, consideration or reflection; he demonstrated scant ability to see things from other's point of view or to consider how they might feel. He seemed to have little concept that relationships could be worked on or improved and relied on myself to make any inroads in this respect.

*Using a large sheet of paper he wrote My Mum in the middle on one side and put a circle round it, he then drew arrows out from it, starting with ignorant (sic), rude and self-centred. He then added Don't talk to any of the family, don't let me see my Dad at his house, always worried, cares about her boyfriend more than the kids! He wrote argumentative and*

*crossed it out. He then wrote No Job! And from this falls out with everyone! (F. S2)*

Interestingly F.'s Mother provided a similarly fixed narrative which took little personal responsibility but instead blamed F. or his Dad for all the difficulties. In this way some parallel process or transmission of family patterns could be postulated.

Another significant contextual factor which was mentioned by Mum but never by F. was their very overcrowded and cramped housing situation which may have further exacerbated family tensions. There was little discussion about the wider context with F. but that which occurred was about the gang culture and whether or not he was involved. Although it did not comprise of much of the content it had a disproportionate weight in terms of the amount of anxiety and intrigue it caused. Both Mum and professionals in the network had opinions about whether F. was or was not in gangs based on limited information and F.'s enigmatic stance on this.

*F. then went on to talk about Mum not believing him and arguing about him going out. He said that this was because she believed he was involved in gang culture because he hangs around in the areas with gangs and knows people involved with gangs. I said I could imagine lots of parents in this area were worried about this and F. nodded. I wondered why Mum worried, F. said it was because he did go to the areas and did know some people. I wondered if he hung around with them and he said no, he just waved and said hi and moved on. I asked if he felt safe because I knew a lot of young people who did not feel safe in gang areas and he said he was one, he was safe and he just wanted his Mum to trust him. (F. S2)*

Unlike most of the others in my research cohort F. was academically able and had ambitions to be a P.E. teacher, if he wasn't able to be a professional footballer. He ranged from top set for English to bottom set for Science which he said he didn't like. He was not given either internal or external exclusions during my time there unlike most of the rest of my research group. F. talked about school a lot and seemed interested, particularly about which options to take, which he spoke to me about at length. However he also spoke frequently about lessons being boring and not liking anything except P.E. F.'s ambivalent attitude to education was somewhat demonstrated in his occasional absences and lateness. He was not in school for three of the last four weeks I was there though this appeared to be related to the latest family crisis. This ambivalence

may have been strongly linked to his own fragile sense of self and his need to be seen as successful. He seemed to need to identify himself as bright or able and was unable to acknowledge his own faults and weaknesses; if he didn't understand he would find ways to ask me about them without stating his uncertainty. In order to protect himself from any sense of failure or lacking he often projected out his own sense of disappointment into the subjects or teachers who he talked about being boring or rubbish.

*Science was his worst subject, he went down two sets to set four, it was boring, pointless, the only thing he needed it for was P.E. (F. S10)*

Much to my continuing frustration and confusion the school provided a wide range of additional projects and activities which often took over or substituted for the main school timetable. This made it extremely difficult to find any of my research cohorts or offer regular session times. F.'s attitude to the constant change and variety was appreciative and positive and he said alternative activities were not boring like the normal curriculum.

*I asked if he preferred the extra stuff to lessons. I said the school seemed to do lots of additional things. He said he found lessons boring. I asked if he found all of them boring and he said apart from P.E. (F. S4)*

## **Use of the Therapeutic Space**

There was available from the beginning drawing materials which were supplemented after a few sessions by a box of figures and some Plasticine. F. never made use of any of the materials and relied mainly on talking or silence. He did on two occasions use paper and pens to draw out systematically something which was complex and hard to follow, on both occasions this was at my suggestion.

*I then said I had thought about him drawing something, like putting the image of tangled family relationships down or maybe the list to do with Mum. I looked for paper and pens, which seemed to have been moved and found big sheets and some pens in my bags. I said I could put them on the floor or table. F. opted for the table but got out his own pink highlighter pen. (F. S2)*

Although making virtually no use of symbolic materials this did not prevent him from communicating nonverbally. Aspects of his appearance seemed to communicate something of him as suggested in the introduction. There was also a strong use of body language that spoke much more deeply than the

words used. He often looked tired or unwell and this became linked to a narrative about needing coffee; this appeared to be an unconscious or metaphorical communication although it was difficult to decode the meaning of this ongoing narrative.

*F. looked dreadful, very unresponsive said he hated lessons most were boring. He spent most of the session head on the table or in his hands. He yawned a lot, eyes red and blood shot and yawned continuously, initially very quiet/tired said he hated lesson. I asked if he needed a coffee and he said he had not drank this morning and had not drank since last Friday (??!!). It transpired he was back at his Mums I only learnt this when I asked if his Nan was worried and F. initially not responding. (F. S13)*

One of the most powerful and difficult non-verbal communications was when F. at a very low point sat in the session and pulled off a large deep scab and sat with blood trickling down his leg. I found this exchange distressing to observe and impossible to curtail despite an effort to intervene. It did communicate very clearly the level of distress F. was feeling and mobilise me to act upon his situation.

*I asked if he thought he was depressed and he asked what that was, I said low, he said he can't be bothered and feels everything is hopeless; he said he had felt this was increasingly so since at Mums over the last two weeks, feels ill. He said Mum doesn't notice, he doesn't talk to her much, he doesn't feel comfortable. I asked him why he moved back, initially he doesn't answer and eventually he says he wanted to give it a try, but it's no good. Mum puts her boyfriend first and he shouldn't be there, I try to work out why is he illegal, is it due to social services or social security, he says it's not illegal he just shouldn't be there, because he not contributing?? F. doesn't like him, doesn't talk to him. F. exposes a large, deep scab on his leg and starts to pick it/hit it. He begins to pick, JH can't look, later see he's ripped off the deep scab of his leg and there is blood running down his leg as he pulls the wound open. I write in the notes- self harm. (F. S13)*

Most of the time I tended to mirror F. with the use of concrete, practical discussion. However on occasion I used metaphor to explain or emphasise points and to suggest or explore deeper meaning. Some of the metaphors and symbols were personal to F. but often they were based on well-known cultural material such as jokes, films and spiritual images. The use of metaphor did at times allow for the discussion of quite complex and emotive issues in a way that may have been more palatable for F.

*I asked him if he had seen About a Boy and F. said no. I said it had Hugh Grant in. F. said he knew him. In the film he is rich, without much to do and there is this boy who is on his own with his Mum and she is depressed and tries to commit suicide and he finds her and she has been sick and really ill, though she survives. Hugh Grant and this boy become friends and the boy comes round after school and watches Countdown. It's not creepy or anything, just normal and one time the boy is telling Hugh about his Mum's suicide and how he worries she might do it again. I warn F. I am about to swear and I say Hugh Grant just says "fuck" and I felt the same- what do you say when someone's had four different "Dads" and that seems about the right response. (F. S4)*

F.'s need to at least consciously rely on verbal communication and the precise nature of this indicates something of a need to control what and how much was shared and perhaps a fearfulness of exposing anything which was not strongly under literal and cognitive control. It might also indicate some difficulties in using metaphor or symbol and a reliance on concrete expression and a rather concrete aspect to his thinking.

### **The Hard to Reach State**

One could argue that in some ways that F. was not particularly hard to reach; he had requested therapeutic support and had made use of such sessions for many years. However, his attendance was somewhat patchy (11.5 of 18 sessions) and on occasion he seemed reluctant to attend.

*On way back to class with H. he started shouting at the mezzanine above as he had seen F. with a couple of boys. I said OK I want him and H. began shouting this. I called I'm coming to see you don't move, F. began moving toward the staircase. I dropped H. at his class and went up the staircase and F. was gone, disappeared. I looked in the computer space, he wasn't there. I opened his classroom door and scanned the whole class the teacher ignored me; he and the kids were laughing about someone confusing a salon (a place for nails) and a saloon, from the Wild West. I shut the door and checked all the rooms in the corridor no F. (F. S11)*

I believe though that the hard to reach state is rather more complex than whether someone asks for support or attends provision. That there is something about the way the space is used or relationship formed which makes someone more or less hard to reach and may indicate something of a relational 'hard to reachness'. This was experienced in relation to F. in respect of his poor eye contact and his often withdrawn, silent or monosyllabic state.

*I noted in the session that F.'s eye contact was 'strange' like missing him/me and that he felt difficult to engage and get to talk where T.L. said he was easy to talk to. I suspected there may be gender issues of me being a woman. (F. S1notes)*

It is not to say that such silences communicated nothing, they were often rich in counter-transference which left me feeling that I was not wanted or F. did not want to be there and I did not know what to do or say.

*Aware I didn't write up last week- notes for 3 session and no other notes- no proper write ups. Couldn't face it, felt a dreadful week- F. pulled off his scab, looked awful, really awful. Think he isn't interested, doesn't want to see me, doesn't like me, disdainful, but desperate, a paradox, wants desperately yet everything he does seems to dispel this, in fact puts me off, strange kid.). (F. S13)*

Although this was manageable within our relationship within a different setting or with a less experienced worker he might have been seen as being rude, or wasting someone's time and this could lead to withdrawal of support or conflict. His lack of communication certainly seemed to have a powerful negative impact on his relationship with his Mother.

*Mum kept saying over and over that she wanted F. to communicate with her and I kept thinking he doesn't communicate with me, she talked about how awful F. is too her. (F. S15mum)*

It seemed that feelings were generally something to be managed and withheld. He would often deny thinking or feeling anything at all and would frequently say he 'wasn't bothered' thus removing the emotional content from often quite emotive situations and subject matter. He shared that what he thought or felt was no one else's business and he could not entertain the thought of sharing his feelings or thoughts with or being influenced by others. The emotions he did show most frequently in the sessions were those of worry or anxiety or more extremely despair or even depression. It seems that the power behind the emotion had to be quite significant before F. either felt or shared it. There were occasionally more positive or light-hearted exchanges usually initiated by me but these were rare in a rather gloomy or detached emotional landscape.

*I asked F. about me being curious about him not saying no- met by silence- I said I thought he didn't want to come- he agreed. I wondered about how he felt, he became silent again. I suggested some feelings, words, frustrated/disappointed. F. remained silent- I wondered if he had feelings or just couldn't find words. F. said he had feelings but didn't know the words. I said I could think of other people I see who if I tried to*

*take them out of something they liked, would go, 'please Miss, please Miss, please Miss, etc'. (F. S9)*

When I named the silence or my talkativeness F. was then able to share more perhaps because he gained some control or felt less attacked or penetrated by the exchanges.

*The conversation was often stilted with periods of silence. F. went quiet again, not responding. I remembered he wasn't a morning person and it was okay to be quiet and not talk if that is what he preferred. F. seemed instantly relieved and started talking. (F. S4)*

This concern around separateness and being overwhelmed by others opinions or being was particularly clearly demonstrated in the discussion about options, when he became very concerned that others would change his mind and he didn't want this as it was up to him.

*F. then told me he was worried that in the meeting he would change his mind. I was confused about this and said this and I was confused because he seemed like he had thought about it so carefully. F. returned to being worried about changing his mind. I wondered if he was worried about being influenced by Dad or a teacher to make other choices and he said no. I wondered if he had talked his choices through with anyone else as he seemed so worried and concerned; maybe his Gran or Mum and Dad. He said no and it was not up to them, it was up to him and even if they said something he wouldn't take any notice because it was up to him what he did. I suggested he could still talk it through without the idea that they would tell him what to do but just to talk it through but F. said it was up to him. (F. S5)*

There were times when he was almost secretive and it took a fair amount of probing to elicit information or to work out what was occurring. This need for privacy may be linked to the need to protect himself from excessive intrusion and a lack of separateness. The idea of a fear of intrusion or lack of separateness was further supported by some of Mum's comments about her relationship with F. saying that they had always shared everything and protesting at this change.

*She said they used to share everything, everything. (F. S15mum)*

Even when F. did communicate and there was more than a monosyllabic response I usually begun conversational exchanges. When F. did speak I was sometimes unsure whether F. was just agreeing out of habit or ease or at times whether he was creating a story to please the other. It was as if he found it difficult to own or access his own mind.

*When we arrived in the room I asked him how things were and he responded "good". I asked what was "good" for him and he just said normal. I wondered what normal looked like in his life and he said just playing football and stuff. (F. S2)*

In extremis this difficulty in communication and wish to retreat from the session and the relationship was demonstrated by a withdrawal into sleepiness and torpor sometimes saying he felt unwell. This became linked to a narrative about a need for coffee and for me to bring this, like the handsome prince raising the sleeping princess. Sometimes these sleepy states were from the beginning of sessions and at others seemed to mark the ending as if he was going into hibernation until we next met. These sleepy conditions could be seen as an almost dissociative state into which F. sometimes appeared to retreat when the contents of the conversation or the nature of the relationship caused him too much stress. At their most extreme they seemed to be indicative of some depressive state and were discussed as such. These tired or unwell presentations often led to feelings of marked kindness towards F. and led to offers of maternal care which were otherwise absent from the exchanges.

*I noticed F.'s demeanour had changed a lot when we were discussing this, he yawned a lot and put his head on the un-comfy arm of the chair and closed his eyes. I commented on F. seeming more tired and offered him a pillow as the arm looked hard, he declined the pillow. I said he seemed more tired now we were talking about Mum and it was as if his brain was saying it had had enough and had switched off and that brains did that sometimes. F. said no and I checked out he understood what I meant; he said he did but he didn't think it applied to him. He said he was tired and needed coffee. I said I had thought of bringing him a coffee but didn't fancy sneaking through the school with it and he told me that lots of teachers walked about with their coffee. (F. S7)*

When others were mentioned in discussion they were frequently instantly rubbed out as unimportant and ineffectual which may have been some projection of his state of mind. Although often denying that anything or anyone bothered him or had an impact he often did this in a way that rubbished others. All the figures or things mentioned were either exclusively bad or good and there seemed an extreme splitting of his relational figures or lessons into black or white with little evidence of reaching any 'depressive position' (Klein, 1946) in his relations with others. This may have been a projective state where he often took little responsibility for any difficulties, remaining aloof and unstained while projecting all the negative attributes onto others. Further that his own excessive projection into others may be related to his own apparent emptiness.

*He said he can get on with adults if they are fun or funny, he doesn't like them if they are ignorant, rude or show no respect. He said respect is important, the most important I asked if he felt Mum respected him and he said yes. I ask if are gender or ethnicity is important to him, he says no, he can get on with anyone. I acknowledged he is okay at school but struggles with his Mum. (F. S6)*

*He didn't want to change set in Maths as he liked his teacher in set 3 and he didn't like the set 2 teacher, he was boring and just went through the book, he liked the set 1 teacher but he didn't think he'd got that high. I asked why he liked his set 3 teacher and he said he always explained things and would go through them and wouldn't make you feel stupid. (F. S10)*

Despite his vigorous projection of negative states and emotions onto others or retreats into almost dissociative states, F.'s defences were still not adequate at times and he revealed a sensitive and vulnerable aspect which felt easily criticised and undermined. Sometimes he could protect himself by taking an expert stance and I played into this by taking the one down position and allowing F. to show expertise.

*He then asked me how many GCSEs I had got and I told him eight. He immediately told me he was going to get ten or twelve (I felt it had been a mistake to tell him as he felt it was competitive or belittling and he responded defensively, saying he was going to get more). (F. S5)*

Another defensive strategy demonstrated by both F. and his mother seems to have been that of trying to assume a level of control over relationships and relating. At times this need for control got to such extreme that both F. and Mum resorted to physical violence in order to address the issue of dominance within their relationship.

*Mum says he can't stay at Grandma's and he has to come home and if he can't fit in he will have to go into care. He has told him either he does family work or he goes into care. (F. S15mum)*

*She says he is ok as long as he is getting what he wants, but as soon as he doesn't or is told off/told to do something he becomes abusive and aggressive. He will go shopping and be lovely/helpful and carry her bags until he gets what he wants then he wants, then he's not interested/goes off. (F. S15mum)*

Another more intellectual defence was the ability to hold two opposing ideas at the same time and to operate within both spheres without being aware of the paradox or contradiction in his behaviours or beliefs. This paradox could at its most extreme be seen in the presentation of two different selves, the one experienced by myself and his mother as uncommunicative and difficult to

engage and the other seen by those in school and friendship groups as chatty and socialised. These different presentations may have allowed him to contain his most difficult emotional states and relational difficulties to enable him to function reasonably well on a day to day basis.

Despite forming what at times seems quite an intense relationship with me it appeared difficult for F. to acknowledge this in anyway and he treated my departure in an offhand manner. This may be another way of rubbing others and their significance for him out. He discusses who he will see next year as if one person or relationship can just be substituted for another; as his Mum has repeatedly substituted Dads for him.

*I talked with F. about next year and F. remembered about me coming back about the research and I say I can do this possibly in a group and he says he doesn't mind how. I ask re next year and support for him he tells me he had a different person each year, he had previously asked for a man, but this year he had asked for a woman, not sure why. He said previously he had done stuff like art. He said he would rather see a man next year and do stuff on an individual basis. (F. S14)*

It appears what may be considered as hard to reach presentations or behaviours which F. manifested were actually a set of defences against overwhelming emotional states and a protection from the perceived intrusive nature of relationships and relating. A high level of projection was used to rid F. of intolerable states and these were experienced powerfully in the counter-transference and took considerable containment to manage and tolerate.

## **The Transference Relationship and Attachment**

F.'s initial request was to work on and improve his relationship with his Mother. However, he seemed little willing or able to discuss or address this, but he did instead seem to use me as a substitute mother, with whom he could experience something different or work something out. There were many examples of similarities in how F. treated his Mother and me including in his withdrawal and non-communication.

*At one point I recognised about asking a lot of rapid fire questions and that F. might be finding this difficult. He said that Mum asked lots of questions like where is he going and when will he be in and he doesn't like that but my questions were different. (I then slowed down and shifted down a gear and it felt very different). (F. S2)*

The power and influence of this transference relationship was demonstrated in the way that F. treated others very differently if they were not subject to this particular dynamic, being much friendlier and more talkative.

*Mum says she doesn't want much just for him to communicate. I say he doesn't communicate with me, he finds it difficult. Mum says he communicates with everyone else, his football coach, friends, girlfriend, and Dad, just not her. (F. S15)*

It appeared although aspects of his relationship with his Mother were far from ideal and there have been serious experience of trauma and abuses, his internalised object of his Mother and perhaps female caring figures in general had become wholly negative. Although there did appear to be many similarities in F.'s relationship with his mother and myself this did not prevent F. making some positive use of me at times in seeking and accepting care. It was though difficult to establish whether this was just a repetition of the dynamic with his Mother whereby he frequently complained about her but readily took up practical care, such as lifts to football training. But there may be two ways in which the relationship differed in terms of F. feeling able to use me for advice whilst being adamant he would not seek this from his parents and also in the seeking and provision of emotional concern.

*F. then began to talk about his various options. He felt he definitely wants to take P.E. as he plans to be a sports teacher. He had also wanted to take Health and Social Care to help with the teaching but he explained it was a double option and clashed with something else. I began to get confused about what went where and what clashed with what. I wondered about writing it down and got a pen and paper. F. said he would do it and wrote down four streams A, B, C, D with lines between them..... (F. S5)*

This may make the presence of a different female caring figure responding in a distinct manner particularly important. He was able to manifest his less socialised and compliant self and for this could be tolerated and accepted by another. F.'s use of me in this way often left me feeling uncertain or hopeless and I was at times given to frustration and anger by his 'misuse' of me. My ability to contain and consider this and not to just respond from my emotional reactions provided F. with an experience of containment and tolerance which it could be postulated he had not previously come into reliable contact with. Although this relationship may have had significance for F. in him experiencing an alternate reaction to his difficult feelings and self, my experience is that such

interchanges need to be of a greater length to have significant or long term impact though it is of course impossible to postulate as to its actual impact.

*I wondered if he could think of his image for Mum, he said not. I said she didn't sound like a calm pond- he agreed. I wondered about a choppy sea or a storm or even a Tsunami. F. said he didn't know. I wondered if F. could come up with an image for me if he was a still pond, he said I was calm. I expressed surprise and then said well I suppose I don't take things personally and don't mind if you're sitting there thinking what is she going on about, which I think you're sometimes thinking, that's fine. He smiled. I said I don't mind if you get angry because I don't take it personally, it's just your feelings. (F. S4)*

Although much of the relationship and exchange with F. was transferenceal in nature, it was not exclusively so and I often brought in the reality of F.'s and my life in order to place them both within the real world as well as in the transferenceal space.

*He said he wanted to grow it again. I thought it would take a long time and he said it only took him a year before. He then said that black hair grows faster than other hair, pointing towards me. I said my hair is quite curly when short and I had been growing it since August 20XX and it hadn't got that long- I also said now I'd grown it, I thought I'd get it cut. We often want something different to what we got. When it got quiet, F., very precisely and self-controlled, brushed his hands on his shoulders, trying to brush away invisible (to me) dust. I commented on him needing a clothes brush. (F. S4)*

F. showed a great deal of trust in me and often shared quite desperate states or in depth family 'secrets', but he was also quite frequently avoidant of relationship withdrawing into himself. As well as avoidance and withdrawal from the relationship F. would sometimes communicate that he would rather be somewhere else and that I was not wanted if something better was available, however this could be seen as quite adolescent in nature.

*He came into the room and sat quietly. After a pause I said I wasn't sure at the moment if when I came to take him out of class that he wanted to come. He said it was just bad timing recently because he had English earlier and they were doing a mock for their assessment tomorrow and he was doing revision for his Science and that was his worst subject. I asked if he'd rather I hadn't taken him out and he responded noncommittally saying he had to revise. I said I was sorry and I hoped it wouldn't put him at a disadvantage, he said he thought it would be ok. (F. S10)*

F. made various uses of me as; sympathetic listener, advocate, protector, carer, confidant and supporter. It may have been because not all these functions

were reliably available in his relationships with primary carers. I was often used as an interpreter or analyst of events though it is difficult to know if this is a use F. made of me or more related to my style. It appeared particularly important that I took F. seriously and treated him with respect. However, it seemed he struggled to make use of the care and concern available which may be a sign of normal adolescent process and maturity but also linked to existing patterns of attachment.

*F. sat almost slumped in his chair, eyes mainly closed, in silence. I wondered if he had wanted to see me today, he said it was okay and he was late. He had woken up at 10.30am. He said he wasn't tired and that he's listening, but he hadn't been feeling well. I asked how Easter had been and he said okay. We then sat in silence again. I said I could lead the conversation but would rather he talk about what he wanted to- he said there wasn't anything. I wondered if he wanted to be quiet, he said no. I suggested I could talk about my research and he said yes. (F. S6)*

## **The Worker's Style**

The primary focus of my approach was based on engaging each of the young people in any way that was reasonable and possible within the setting and the remit. This was often difficult with F. who was frequently withdrawn or silent and I had to find a balance of working with and respecting this whilst opening the relational field to more interaction.

*I wondered how he felt about it- he said nothing just empty, he said he'd got used to it now and he didn't think anything. (F. S2)*

This was done in a variety of ways from simple enquiry and questioning to more complex reflection and analysis which was usually led by the worker. I treated F. as intelligent and explained matters in sometimes quite a complex way or with more involved language as a way of acknowledging his ability and more mature aspects of self or presentation.

*I suggested I could talk about my research and he said yes. I reminded F. in my interest in Y.P. [young people] who might find it hard to get on with adults at home or at school. He nodded. F. said he could recognise kids like that and he thought there were a few maybe one or two in each class. He doesn't know why they are different. He said he can get on with adults if they are fun or funny, he doesn't like them if they are ignorant, rude or show no respect. He said respect is important, the most important I asked if he felt Mum respected him and he said yes. I ask if gender or ethnicity is not important to him, he says no, he can get on with anyone. I acknowledged he is okay at school but struggles with his Mum. It felt difficult to get any further in the discussion, F. seemed*

*increasingly tired and I thought he seemed unwell his Gran agreed and hadn't wanted him to come in. (F. S6)*

My approach was non-confrontational and non-judgemental and based on acceptance and respect. This often relied on careful use of language such as “there’s a hole in my desk” rather than “stop damaging the desk”.

*I then asked why he had crossed out argumentative, he said because he didn't think he had spelt it right. I said I didn't worry about spelling, so he put it back in but down the bottom in a circle of its own and not connected by any arrow like the rest of the items. (F. S2)*

There was a very real concern for F. often openly shared with a considerable amount of care displayed and offered. To this extent I was sometimes protective and actively supportive in my stance. I showed a genuine interest in F.'s capacities and enthusiasms and was supportive of these offering positive encouragements and input. I demonstrated that I kept F. in mind by frequently referring to previous sessions and things he had mentioned on other occasions.

*F. looked dreadful, very unresponsive said he hated lessons most were boring. He spent most of the session head on the table or in his hands. He yawned a lot, eyes red and blood shot and yawned continuously, initially very quiet/tired said he hated lessons. I asked if he needed a coffee and he said he had not drank this morning and had not drank since last Friday (??!!). It transpired he was back at his Mum's I only learnt this when I asked if his Nan was worried and F. initially not responding. (F. S13)*

I encouraged and accepted F.'s more negative and difficult states both toward me and others and did my best to contain and understand these rather than criticise or diminish them. In order to manage these more challenging aspects a high degree of self-reflection was used to attempt to understand the process and how best to manage this and respond. I often had to curtail my natural talkative and lively stance in order to respect his silences and not make him feel overwhelmed or invaded by my presence. In order to do this I often had to contain my own countertransference and emotional states particularly when I felt rubbish or ignored. I was willing and able to take a one down position and to put F. in the one up position in recognition of his fragile self-esteem and fear of adult intrusion. I also used self-disclosure and would be open about myself as a person when this felt appropriate.

*I was shown where F. was by another of my Y.P. [young people]. F. was in an art room sitting around a table with about ten other pupils, a T.A. [teaching assistant] and a young, friendly looking artist. He looked up at*

*me and didn't say anything. They were all drawing squiggle pictures. I got the sense F. didn't want to leave- he looked down at his work after I gestured him to come. I said fifteen minutes and he said he was doing a project. I said fifteen minutes again; another pupil said what about his picture. The art teacher said I'll finish it. F. got up reluctantly and walked out. The art teacher followed him out and asked for the pen back, which F., returned from his top pocket. F. walked silently beside me. I recognised he was leaving something special- no reply. (I felt guilty-bad for taking him out). (F. S9)*

The young people in the project seemed rather simplistically to fit into one of two groups: those that I found easy to be with, enjoyed and liked and those where relating was much more of a struggle for both protagonists. I often found my sessions with F. very uncomfortable and sometimes felt dread and reluctance in advance. F. was not easy to be with and even though feeling compassionate towards him I found it difficult to like the self whom he showed me at times.

*I said I wasn't sure about the fifteen minutes but it felt like a compromise (this exchange was interrupted by long silences where I felt F. was quite angry or hostile and I was thinking about my age old dilemma with him about whether it is best to say something or nothing- I kept thinking about him not saying no- I wondered if he was thinking about having been taken out of class to do nothing). (F. S9)*

Despite F.'s somewhat fragile state I always strived to be open and honest with him and to share what I knew or believed. I was also willing to step outside the therapeutic space to liaise and work with the wider network and his family which allowed a lot more material and understanding into the room.

*I said I hadn't seen him for 2 or 3 weeks and that I had seen Mum after their last big row when he went back to Grans. I said I would fill him in about the meeting. I said Mum had talked about the history of Dad about the drugs alcohol and violence, F. said it was nothing to do with him (Dad) and he doesn't know why she included him because it's nothing to do with him, just him (F.) and Mum. I explained how Social Workers and therapists like to take a history as we think it can be important but can understand if he feels it is not. I then said Mum couldn't say when things got difficult and that it had been a gradual getting worse. I wondered if he saw it that way, he said no, it had always been bad. I said that she had mentioned about Grandad dying a couple of years ago and that might be important as F. was close to him and F. nodded yes and looked quite emotional. (F. S18)*

It is not possible to say how much of my approach was specific to F., how much born of experience and what was naturally of my personality. Some of my natural tendencies for talkativeness and being light-hearted were somewhat

curtailed and others amplified such as taking the young person seriously and having somewhat complex discussions and treating them as intelligent. Many of the points above seem to depict a very thought out approach and responses to F. whereas in reality it was reactive in the space and at the time. This did however include a constant self-commentary and awareness of the counter transference.

*I remembered before he didn't want to talk about his family, as it was too complicated. He said he and his Sister weren't complicated because they had the same Dad but the other two had different Dads. I remembered F. mentioning Mum's current boyfriend before and that she was more bothered about him than the kids. I asked if this boyfriend was the Father of the youngest child. F. said no and I said that must mean he has had 4 different Dads and I can't imagine what that would be like. F. said he didn't call them Dad, they weren't anything. (F. S4) [I find this hugely moving even reading this now].*

## **Conclusions**

### **Different aspects of hard to reachness**

F. was usually in school but was often in projects or on special duties and was then difficult and sometimes impossible to locate and also reluctant to attend if he had something better to do. Relationally he was difficult to be with and engage and often recalcitrant and aloof. His manner sometimes engendered sympathy but rarely ease or enjoyment. He was internally available through a strong transference relationship and also shared something of his life and experiences though rarely his thoughts or emotions, though the latter hardly needed putting into words.

### **Projection**

Whilst getting in less trouble than his peers in school and therefore not needing to deflect blame in this context F. had many apparent relationship difficulties within his family and particularly with his Mother. This he accepted no responsibility for entirely blaming her as she blamed F. and his Father. I could find no one in the scenario that seemed responsible for any of the difficulties. F. seemed to have a strong attachment to both his parental figures and in this way could use his Mother as a sink for negative projections whilst never seeming to recognise all she did for him which appeared considerable. His Father in contrast who seemed little involved and certainly in the past guilty of much

neglect and abuse could only be seen as a shining incorruptible figure. This dynamic may further be complicated by F.'s disclosure of ongoing physical abuse by his Mother whereby this seemed less likely in terms of his Father by reason of his absence. It might also be that his Mother though more abusive was also more enmeshed and therefore reliable as an ongoing figure. The overall impact of the suggested projection of responsibility and feelings states onto others was that F. often talked about being devoid of emotion and seemed to slump into states of inertia to the extent of depression and self-harm.

### **Ecological perspective**

F.'s family circumstances were more known than the others in the cohort. Due to this it is easier to be reasonably definite that certain aspects of his childhood such as insecure attachments with his parents, direct abuse and neglect and the witnessing of the abuse of others had a definitive impact on his development of self. He seemed to react well to the chaotic ever changing richness of the school environment which provided a useful focus for his energies and perhaps a familiarity of experience. His relationship with the wider context was less clear, it did appear as family difficulties increased that the worries about him being involved in gang culture also escalated. In some ways there seemed a valid connection between his lowering mood and lessening engagement with legitimate activities such as school and football with a fuelling of the worries that he may be involved in gangs.

### **Difficulties in knowing**

There was eventually a substantial amount known about F. and his family. However what was known was often distorted, based on relational alliances, history and inner worlds. One thing which seemed difficult to know was the extent of the abuse in the household and it was not until the very last session that F. disclosed a long history of physical abuse. Although at least one similar allegation had been made by a sibling before it seemed impossible for this to be heard or acted upon. F. though obviously intelligent and very aware of allegiances and relational complexities found it difficult to think about others positions. Although he came to me wanting things to be different in his relationship with his Mother he found it unimaginable to conceive of how he or his situation could be different.

### **Difficulties in relating and the worker's response**

F. operated from a rather cut off, aloof and superior pseudo-adult position which at time could charm others such as the charity's worker in the last session.

However, if he felt the other did not warrant or could tolerate it this position became cutting and disdainful. There was a strong need to take him seriously as this earnest young man but also to find his softer self which required care and often slumped in a collapsed state in the room. What F. required was mainly the toleration of the powerful transference in relation to his Mother and the projection of anything negative or intolerable into the other.

### **Categorisation**

As has been intimated throughout this case study F.'s particular manner of 'hard to reachness' appeared related to an avoidant attachment state and a frequent state of hypoarousal, that is being cut off from his emotions. Being in the emotional space together was uncomfortable for both of us much of the time. F. seemed little able to know or share his feelings and would frequently collapse into states of 'no mood' of little thought, emotion or connection. Although on a person to person basis he was distant and hard to reach on an unconscious level he communicated powerfully projecting his sense of hopelessness and rejection into myself, this needed to be held and tolerated which was often very difficult.

<b>Neurodevelopmental Arousal state</b>	<b>Use of Projection</b>	<b>Attachment Style</b>	<b>Young Person</b>
Hyporousal/Flight	Into other, as if	Avoidant	F.

(Fig. 10)

## Chapter 5-Case Study G., H., O., and N.

### Introduction

This case study incorporates material in respect of four boys G., H., O., and N. as they appear to fit into a similar category of ambivalent, hyperaroused and projecting into the environment and activity. They appeared to be reliant on interactive and behavioural defences which although often unconscious in genesis would usually be viewed as wilful acting out by adult professionals.

### Physical descriptions

G. was a black African boy, not tall for his age but neither as obviously very short or physically immature like H. and P. He had an afro hair style which was a few inches long and never changed much. He was always clean and tidy but didn't seem particularly preoccupied by his appearance. My note of physical appearance when I first met him was average height, medium afro, dry lips.

N. was dual heritage with a black Mum and a white Dad. He had light brown skin with dark rings under his eyes. His hair was dark brown, short and straight. He was of average height and build and well presented.

O. was black and quite short for his age and of a slim build. He had a medium length afro hair style. Most remarkable about his presentation was his continual sense of movement and energy. He looked around the room repeatedly and quickly got up and into physical activity.

H. was pale skinned with dark hair and looked Arabic or Mediterranean. He was very short in stature with a slight figure, despite being in Year 9 he looked of primary school age. Unlike all the other boys in the group who were Black African or Afro Caribbean H. had a white Mother and an Arabic Father, he was Muslim and spoke often about his faith and its importance to him.

### Reason for involvement in research group

H. was the only young person in the group to refer himself directly to me. Like F. he had previously had input from the charity and had requested more support. G. like P. had been thrown out of the dramatherapy group for misbehaviours and I only saw O. once as he was still in this group which the charity privileged over the research project. I also saw N. only briefly, for two sessions, as he

was withdrawn from the school for family reasons and I was not aware of his return until he had been allocated to another worker.

The common factors on referral seemed to be that all the boys displayed at least minor acting out behaviour in school and were often in trouble. The other organising factor is that they all denied or minimised their transgressions and/or blamed others.

## **History and Current Context**

Very little was learnt about any of the boys either from the charity or during the course of my work with them. Some were more talkative than others but I always felt I was discovering snippets or skewed versions based on personal perspectives and little information.

What became known was generally about family relationships. G. spoke very little of his family bar his younger brother aged 6 whom he spoke of warmly mainly in relation to the films they saw together. I learnt of his older Brother who was placed in the same school very late in the sessions only because the school had called G. to inform him of his Brother's 'exclusion'.

*He had been told his Brother who was in year 11 was not being allowed back in school for fighting; he could just come back and do his exams. I was curious why they wanted to speak to G. when I asked him he was not sure why they wanted to talk to him. I noted that I didn't know he had a Brother, I did know about a younger Brother aged 6 who G. mentioned quite a few times but not about an older Brother in the same school as him. (G. S6)*

Parents were usually protected by at least neutral tones like G. and O.,

O *I've got a radiator and it's really hot but the windows like this (demonstrating with his hands), it opens on a bar and the bar's broken, so it won't shut.*

**JH** *Is there anyone in your house that's good at fixing things?*

O *Me, but I haven't got the bit- maybe my Mum needs to ring the council. (O. S1)*

and sometimes eulogised as in the case of H. and N.

N *I've been abroad a lot.*

**JH** *Gosh, have you? Where have you been?*

*N Spain, Canada, Florida, Tunisia. We stayed in Canada two days, no a week, on the way to America. My Mum said if we had to fly there, we might as well stop, so we went there a week and America, two weeks. But my Mum and Dad have been lots of places.*

**JH Oh.**

*N Yeah, my Dad was a rapper and he used to go all over the place. You know Brixton?*

**JH The Brixton Academy?**

*N Yeah, he played there and Amsterdam and America and all over the place and Mum went with him. My Mum's black and my Dad's white and all my Dad's family have gone to Australia. I want to go to Australia, all my Aunts are out there and my Grandad is young and I want to go but my Mum wants to visit first. (N. S1)*

*H. returns to talking about school and the one he used to go to in W. and that he was always in trouble for fighting and doing stupid stuff, such as smashing glass and he was always being sent home and excluded so his Mum looked for another school. His cousin had come here so H.'s Mum had asked for H. to come here and even though the list was long she talked to the Headmaster and he got to the top of the list. He was about to be permanently excluded and his Mum moved him here but he didn't want to come and didn't like it because he wanted to be with his friends. (H. S2)*

There was often a sense of secrecy and disassociated blankness where relationships and people were cut off or disappeared for G. This seemed linked to a history of domestic violence,

*I noted when the student social worker was checking G.'s whereabouts that a note on his details page said in bold letters- DAD NOT TO BE GIVEN CONTACT NUMBER. This added to my sense of frustration/not knowing. (G. S8)*

But in terms of H. not knowing why his Dad did not live at home this seemed less clear.

*In the pause I had a persistent thought, so I said H. I keep thinking what about your Dad. H. said he visits all the time, he's great but he doesn't live with us. I wonder why he doesn't live there, H. doesn't seem to know, but returns to him visiting and being really great. I'm wondering in my head about why H. doesn't stay with him and H. answers, saying that Dad's place is even worse it's a one bedroom flat and it's really tiny so it's awful. (Y. S2)*

What was learnt was often mentioned as asides in the context of other discussion.

*G. then went on to talk about an African football team who had played in England the previous evening. G. told me his Mum and Dad were from Africa and that he had been out there from aged 4 to 6 when his parents went back, but he couldn't remember much about it. He said he supports them at the football and this was clearly important to him. (G. S5)*

When more was said, as in the case of H., this seemed a rather stuck and limited narrative; such as his understandable upset and frustration at his overcrowded housing situation.

*He said there are 4 of them in one small bedroom and Mum and his little Brother in the other bedroom. I feel very sad and I say this to him and he says sometimes he cries because it's so awful and his Mum cries and he goes up to her and tells her not to worry and hugs her. He says he hates it at home, there's nowhere to be, he can't get 'no' privacy and they've been like that for about 10 years. So I say that's all he's ever known and he agrees and says he just wants to move because he gets so stressed and he doesn't want to go home but they won't move them. (Y. S2)*

It left him feeling powerless, hopeless and angry and resorting to acting out behaviour and involvement on at least the fringes of gangs including witnessing the stabbing of another of my research cohort. H. was often captivated by his external situation and the context in which he resided and spoke of gangs and gang culture and his knowledge and involvement in this world.

I got little sense of the boy's relationships or interests outside of school apart from football and the movies. Both G. and H. seemed to be popular in school with peers, if not with staff with whom they seemed frequently to fall foul off. G. was frequently in trouble usually for minor transgressions such as not being in class, speaking out of turn and breaking equipment.

*I saw G. outside the charity's room with about 5 friends messing about, pushing each other, play fighting, talking loudly. He was meant to be in inclusion all day for something 'he didn't do'. He sticks out his tongue in a sexually provocative way several times. A male youngish black teacher is gently shepherding them apart, alongside trying to find out where they are meant to be. (G.S11)*

He seemed to come under the scrutiny of senior and pastoral staff frequently with whom he appeared to trigger punitive and harsh responses for often apparently minor or perceived transgressions.

*Whilst we are walking back me holding the game, a teacher accosts us both criticises G. for not carrying the game and takes it off me and gives it to G. I wrote it up as "dreadful teacher plonks game on G. whilst we're walking back-aargh." (G. S12)*

*At one point when I am busy I see G. in corridor outside charity's room, he is accosted by the Headmaster who asks him why he's out of lessons. G. replies and then the Headmaster stands really close to G. and starts yelling in his face about him lying (feel quite distressed by what I observe). (G. S16)*

Both H. and G. seemed to enjoy wondering the corridors, neither complained about education but also seemed little interested or motivated by it apart from the additional activities which they did sometimes seem interested and excited by. They seemed more interested in practical subjects such as P.E. and technology. Both seemed rather out of touch with the school system and on occasion I had to inform them of changes which they seemed unaware of.

*G. saw his timetable which I carry around with me so I can find him. He asked if he could get a copy and I said I would get him one printed out at the end of the session. (G. S7)*

*We went together to the charities office to print out his timetable, he told me he was meant to write it in his planner but forgot. I said he was changing his timetable at half term to year 10. G. said this was good as he would do more cooking and he liked cooking. (G. S7)*

## **Use of the Therapeutic Space**

It is difficult to say much of N. or O.'s use of the therapeutic space in the one to two sessions I saw them. Like others within the group O. was more comfortable in action and was restless in the space he also seemed to communicate largely in metaphor. In contrast N. was largely intellectual and verbal and wanted to demonstrate a high level of understanding.

O *I play football with my mates sometimes, I like football (then talks about home). It's really cold in my bedroom- the rest of the house is really hot but my room's really cold. (O. S1)*

O *Well, they've got a really deep end (pointing to the ceiling), like higher than the ceiling, like 14 feet.*

**JH For diving?**

O *No, for swimming and I went down there once and I nearly drowned and I'd like to go back down there. (O. S1)*

Both H. and G. took a couple of sessions to settle in. H. who had asked to see someone regarding his housing situation spent the first two sessions talking about this at length explaining the details and his sense of hopelessness and

anger. G. had not volunteered to come and in the first two sessions seemed reluctant to attend and wanted to cut the time short or to bring a friend.

*Note to self I had completely forgotten how reluctant G. was to come at the beginning and that I felt very uncertain that he wanted to come and that he would engage. (G. S1comm)*

By the 3<sup>rd</sup> session both boys plunged into imaginative play with G. this was with figures and H. Plasticine. From this point they both seemed much more committed to and involved in sessions. Once H.'s housing predicament had received acknowledgement he moved on to using the sessions in a more creative way. He initially refused the use of toys which he responded to in horror as babyish.

*I suddenly thought about asking him what figure the council lady was like and pulled the toy box towards us and asked H. to pick a figure to represent her. He looked horrified and said **"I don't play with toys"**. He then said he had just picked up the dinosaur to see how his jaws worked and he put his fingers in its moving jaw, pushing it back and forth. He then put it back and pushed at a small spiky ball on the table. He said he just liked to fiddle with things like this, it's not playing. I remembered the team leader giving him a stress ball and he agreed it was like this. He reiterated "he doesn't play with toys- he's too big"- I said it's too babyish and he agreed. (H. S3)*

However he would use Plasticine as this was clay and they used this in art. There then became a thread through the sessions of him making and then playing with a Plasticine figure. The figure was striking to look at, about 4 inches tall, multi coloured with a very large round head. It took some time to construct correctly as initially it collapsed all the time until it was made shorter and a lolly stick was inserted as backbone. Despite this because of the heavy head he often toppled over or collapsed. The figure quickly became a surfer to which a surf board and life jacket were added the former for stability. The figure was then given a blue seascape in which to reside. There was little story or creative play with the figure but he was often the background for much fuller discussions of his family, friendship and community situation.

*He then walked over to a cabinet and got some Plasticine and said he liked it and it wasn't playing like toys and I said they used clay in art. H. then began to mould the 'clay' and made a 'man' with a very long body and a small head, legs and arms- it wouldn't stand up despite him trying several times so he broke the clay stick in half to make the body shorter and sat it down. I commented how that worked better and seemed in proportion, the figure then slumped forward and its head fell off. H. began to reshape it again, as he modelled he talked. (H. S4)*

It would be possible to suggest much in relation to this figure and there is certainly easy metaphor in the too large head, too full of stuff which continually over balances and collapses the figure. There is also the surfing, where one often falls over but with a sense of rescue and being rescued in the life belt.

*H. lies it on the flat side which makes him upside down which doesn't look likely, he does this a couple of times and then perhaps he's been leaning against the box, I said this seems more likely. He takes off his (the man's) lifebelt and puts it on the man's flat patch, he also puts him on the side of the chair which is quite slim, I say he has better balance this week- surfing better (feels a parallel with H. seeming sturdier). (H. S6)*

Like G. his creative play formed a backdrop for discussion of a variety of real and metaphorical issues. In both sessions three and four G. set up large pitched battles between a series of good and bad figures. The attribution of good and bad was usually clear but there was occasional confusion and changing of sides. Session 3 was marked by both an attention to detail and a level of violence and aggression, which was at once quite disturbing but also cut off in some way with no obvious emotion being expressed or felt by G.

*There were a few animals on the soldiers' side but most of them were on the dinosaurs' side along with snakes, giant frogs and a gorilla. G. then found a medieval horse as a mount for the Red Indian and took him off the tree and says he should be on a horse and places him on the soldiers' side. There was a big battle between the dinosaurs and the soldiers. The dinosaurs' ate the people and G. pushed the soldiers' heads into the dinosaurs' mouths. He crammed 3 or 4 soldiers into the mouths of several giant frogs. I noted I found it quite disturbing but at the same time found myself laughing but that I felt inappropriate doing so. (G. S3)*

G. offered no commentary or explanation to his battle and when time was up and he was packing up he asked to bring a friend. This was in respect of having someone to play with, perhaps my neutral stance had been too difficult or just not responsive enough?

*I remember feeling really shocked at how G. was in this session in terms of how engaged he was with the play figures making a hugely creative and emotional drama with quite a lot of disturbing violence. He doing this seemed in stark contrast with seeming so reluctant to come, asking if he had to come every week, could he bring a friend and the previous week working very hard to secure a shorter session. (G. S3comm)*

In Session 4 G. was excited at having a new set of figures I had collected for him. However, he tended to use the figures even more as 'objects' which he

tested out or examined. He again created two sides of good and bad and spent most of the time setting them up but then did not engage them in any action or battle. As he set the sides up we spoke about various issues, some related such as movies and others unrelated such as when the sessions ended. The sense of a disassociated objectifying was even more apparent. It was as if the week before at least I could experience the shock and horror of what was being enacted even if G. could not, but by the next week both of them had been drained of emotion and the tableaux of content and meaning.

*I wrote at the end of my notes. Most striking lack of emotion, colour/tone. Very flat- got out and arranged figures and tested them. Showed no emotion or reaction to interesting figures and never actually engaged figures in action just arranged them. I also note on looking at my recording how detailed my explanations were to G., like I was taking him really seriously. (G. S4comm)*

When I then discussed G. in supervision I was surprised at the level of emotion and upset I felt. The level of projection which G. manifested in the sessions seemed to be of a particular quality in that I experienced feeling both overwhelmed and cut off from the material.

*I remember being surprised at the level of emotion/upset I felt when discussing G. Talked about feeling upset and not knowing why, having no sense of this at the time. I remember an overwhelming sense of sadness and wanting to cry and being surprised as to the nature and strength of the emotion. I was encouraged to hold on to this and try to make links. Words that I jotted down in relation to the session and our conversation were "Dead-devastation; disorganisation-disorganised; chunky communication; battleground-violent-internal world danger; 1 side fence-conflict, battle, danger; too much to go there." (G. Sup24-3)*

Sessions 5 to 7 were characterised by a use of play as a background to heavily symbolic discussion. For example, G. talked about how Houdini had died and that he had been injured in a previous trick but decided to go on anyway despite being injured and against medical advice. He said that people had talked about the demons being on Houdini's side but they were not because the Doctor told him not to do it. My thoughts about one possible meaning are included below and link to my sense of dangerousness in G.'s direct environment.

*I was also struck by the possible analogy of his talking about Houdini having to perform for his audience despite the lack of wisdom in this, and with others advising him against and that the demons don't protect him and wonder if this is something of G.'s predicament with gang and youth culture, having to perform for the crowd against better judgement and*

*feeling that the demons will eventually turn on him and it will all go wrong? (G. S5)*

The other main theme of the session was about rich people and the world being unfair and how things should be changed to be fairer; as a black boy in a lone parent family in an area of high social deprivation and low prospects, one may not need to interpret very deeply to suggest a meaning and basis for this discussion. However there may be another layer of meaning in terms of a sense of projection leaving G. poor and empty leaving a few figures holding all of the good stuff.

*We then talked about Lego as G. was playing with it and I told him there were more pieces than there were people on earth. He wondered how this was possible and then thought about how much he had got; he said he had it all over the house. I said there were 6 billion people and they'd been making it for over 50 years. G. commented that the person must be very rich. I thought so too. He then went on to ask who the richest person in the world was, was it the Microsoft or the Virgin guy. I thought it might be the Microsoft guy Bill Gates but that he was giving a lot of it away; I said I thought Richard Branson wasn't one of the super-rich. I thought the Apple guy was also about as rich as Bill Gates but wasn't sure. G. went on to say that lower and middle class people shouldn't pay tax as rich people pay none and if they paid £1000's and £1000's it would make no difference to them. He thought the protests were good and there should be more (this was pre the London riots). I said that there were worries if we taxed rich people more they would go somewhere else, G. said there should be a world law. (G. S5)*

In session 6 the quality of the play returned to being quite troubling though more subtly so than in earlier session and had a disturbing sexual quality. In session 7 the destructiveness became more straightforward with G. dismantling one of the figures and removing its limbs and head. This play was accompanied by discussion on Tsunami's, 9-11, the blowing up of the twin towers and Afghanistan and his opinion that we should not be involved as soldiers were dying. However the final of the more creative sessions did show a literal glimmer of light in that G. concentrated on light emitting toys and holding them up as beacons in the darkness.

*G. then got a rubbery, spiky ball from the box, he threw it on the table and it lit up so G. got up and turned off the lights (again!) and waved the ball around and around in the dark and I said it looked like disco lights. G. turned the light back on and returned to the box of figures. He found a figure that blew out plastic flames which lit up, I called it a dragon and G. commented and said it was a dragon from 'How to tame your dragon'; he said it was a good film. He turned the light out again and turned on the dragon's flame he shone it close to the wall, we agreed it made a*

*nice pattern but wouldn't be much good to show the way, I said it was bright and people could find you like a flare and G. held it up shining above his head. He then turned the light back on and returned to his seat. (G. S6)*

It was directly after this exchange that G. asked to bring board games to the sessions and this became the focus for the remaining time, his play becoming gradually less symbolic and engaging; starting with Monopoly and the themes of winning and losing and having enough, through Battleships and ending with Scrabble.

It seems on reflection after a brief protest regarding engagement that G. fell into a deep level of metaphorical communication and exchange which he then gradually withdrew from. I was uncertain whether this was because something had been communicated or worked through or was related to the time limited nature of the intervention which G. often raised. Either way it seemed G. left me psychically before I left him physically.

### **The Hard to Reach State**

There was a fifty/fifty split about whether the boys were keen to come. H. had specifically asked to work with me and O. was enthusiastic about being involved in the research sessions. However both G. and N. initially denied knowledge of the sessions and were reluctant to attend.

**JH** *I checked he didn't know about me coming.*

*N* *Never involved with the charity- wonder if it's the other N, he is involved with the charity.*

**JH** *Not sure, can check it out.*

*N* *goes back to talking about it being the other N. (N. S1)*

*G. denied this; he said he hadn't spoken to T.L [Team Leader]. I said I knew another worker had given him a couple of consent forms one this week, G. acknowledged this but said he didn't know why. He again wondered how long we would be- I said I would make sure he didn't miss his trip (which I wasn't sure existed). (G. S1)*

As previously discussed G. did engage after two sessions. I never got the opportunity to see how this developed with N. who refused to attend his second session and was then temporarily removed from school. At first he said I had come on the wrong day and then he was busy on a project. This I think was largely circumstantial in that he was in a computer area with a few peers,

initially with no adult supervision and there was no one with authority to encourage his attendance. I also believe he was embarrassed in front of peers to be seen as needing help and therefore increased his kudos by messing about and refusing to attend.

*I said to N. it was time to come.*

*N. looked surprised and said was it the day and it wasn't today.*

*I said it was Wednesday, like last week.*

*I walked round a divider to go and collect him and when I got there, he had disappeared.*

*He then reappeared at the other end of the divider from where I had come, the others laughed.*

*N. then came and sat down and said it was the wrong day. I said it was Wednesday, like last week. He said he couldn't come as he was doing project work.*

*I asked him to come to his session and we could talk about this and I would look at his timetable. N. said he was busy and could he finish his work, he said I could talk to him there. (N. S2)*

N.'s withdrawal from the school and O.'s withdrawal from the research were some of the most extreme example of the physical difficulties in finding and engaging the boys. Despite H.'s enthusiastic start there was at least one occasion when it appeared from his demeanour (ignoring me) that he did not want to see me. I also often missed him at the start of sessions and usually found him wondering about the corridors on an errand, mostly unofficial ones. He generally seemed uncontained in the school situation, wandering the corridors not knowing where he was or should be. I said frequently that walking with him was like "herding cats". He would weave about, stray off, grab people, throw or kick things and try to engage in a friendly and energetic manner anyone we saw on the way.

*We arrive at the library H. sucking his juice and me aware he shouldn't be. I have to wait whilst the librarian sells a boy 5 pens as she doesn't have any change. There are other boys but I interrupt and ask for the key. In the meantime H. had got told off by the librarian, he had burped automatically answered it isn't me- and said to another boy how rude of you- he then dumps his bag and goes into the library to engage other boys. He starts to hand out sweets following one boy and offering him and another just takes one. I round him up and try to get him into the room and he suddenly says he's forgotten his bag and charges back to get it. I use the opportunity to return the key to the librarian and re round*

*him up (Mr Herding cat's as I call him when walking to and from lessons). (H. S6)*

His primary focus seemed to be on superficially, relationally engaging anyone he saw. I sometimes postulated whether this was a protective strategy as a very small boy in a potentially dangerous environment but it may also be something of a bottomless relational hole that multitudinous acquaintances can not fill.

*I felt I could interpret that of his needing to convince me of the housing plight and that for him it was all about housing like some great big projective hole absolving an absent Dad and parents who keep having babies with no space (both mental and physical?) (H. S2)*

This need for connectedness with others particularly peers had at times seemed to get him into quite serious trouble and place him at risk of getting involved with gangs and in trouble with the police.

*I said though that he used to get in trouble like throwing stones at police cars but he doesn't anymore. H. laughed, I wondered why, he said it seemed silly now. I said I thought compared to what other people do it probably did seem silly. I wondered why he stopped and he said because it was stupid, he had his group, he could ring people if there was trouble but he was not in a gang. I said I didn't understand the difference between gangs and groups. (H. S3)*

G.'s 'hard to reachness' was manifest on both a physical and psychic level. Although he was almost always in school he was very rarely in class. His absences seemed to fall into three categories, the first was 'special' activities, the second wandering the corridors and the third in some sort of inclusion for 'bad' behaviour. Once engaged around Session 3 G. seemed more interested in attending and always insisted that he did want to come. However I remained uncertain as to his commitment, it seemed sessions were viewed as the best chance or opportunity to avoid lessons or punishment and if something more interesting was offered he would choose this or try to make sessions more fun by asking to include a friend.

*I talked to him about his request to come with his friend and said my answer was no though I did want to discuss this with him. I wondered why he thought it would be better and he said he didn't know and then he said more people to play games. (G. S9)*

*I went to find G. from drama as I went to find him a few boys came out for dramatherapy G. following. I saw him and said hello, he grabbed hold of a teenage girl and hugged her, she said this is the woman you were trying to avoid, he responded what (puzzled) then no. (Reading it now I think it was very likely I was that woman!) (G. S10)*

One unifying feature with the exception of H. was that all the boys denied having any difficulties that might make them appropriate for the group. This was related to their inability or unwillingness to take any responsibility for any concerns in regard to their inappropriate behaviours.

*N Well I'm not good or bad, it's just that I'm bumpy sometimes.*

**JH Okay, so what are the bumpy bits?**

*N Well, it's not like it's one thing and it's not like serious, like bullying and stuff, it's kind of kids stuff.*

**JH Oh, like not getting on with teachers?**

*N Well not really, the last time it was fighting which is a bit serious and the time before, running about and I was sent home but it's all different stuff.....*

*N Yeah, like it's not that serious say if you put it out of 10, between 4 and 7 out of 10. (N. S1)*

O. provided a very clear example of this group's inability or reluctance to take responsibility for their behaviour.

*O School's okay.*

**JH Do you get on with teachers okay?**

*O Well, they say I do stuff but it's not me.*

**JH Oh, so they say you do things they don't like and is it never you?**

*O Well, sometimes it's me but not the serious stuff, just some kids stuff.*

**JH So you never ever do the serious stuff?**

*O Like one time this boy said I'd taken his phone and they said I did it but I wasn't even in school that day.*

**JH Okay, so how come they tend to think it's you?**

*O Don't know, they just do. (O. S1)*

G. took very little responsibility for anything, either his perceived misbehaviour or his general world or circumstances, him not knowing what was happening in school or having his timetable. He always described any mishap for which he had been blamed as not his fault in terms of it being an accident or someone else's responsibility. There are numerous examples of this, the following being some prize examples.

*I wondered why he thought the group hadn't worked out. He said people messed about- when I wondered why this was he said, they were the kind of group who messed about- that they had put the wrong group of people together. (G. S1)*

*I wondered why others might be worried about him, he said behaviour. I enquired what sort and he said getting up and moving about in class, that he didn't like to sit still and fighting.... I wondered if he was worried or bothered about his behaviour, he said he could still wander around and get on with his work (he wasn't aggressive in tone but quite laid back). (G. S1)*

*I got taken up to the Heads office G. was sitting outside the Headmaster's office fiddling with pieces of a laptop. The other child sat down next to G. and told me that G. had been told to fix a laptop he had broken. I thanked the other pupil and asked him to return to his lesson. I asked G. what had happened and he told me that the computer had broken and he had to fix it or he would have to buy another one and they cost a lot of money. I wondered how it had happened G. wasn't sure, but I got the sense from his perspective that the keys had just kind of fallen off. (G. S4)*

H.'s 'hard to reachness' seemed more difficult to see or perhaps less pronounced than some of the others in my research group. This seems linked to him not only asking for input but also picking me to work with, that is someone he had a sense of connection with however tenuous.

*Later in the day when I went into the charity's office I noticed 'the young man who had told me F. was away and had asked to take his place'. I checked out if he was the person I had seen earlier in the day and he said yes. I commented that he was in the charity's room and he said he used to come a lot. When the other Y.P. [young person] returned to class after lunch he stayed to see T.L. As we both waited for T.L. to be free he asked me if I took other people out and I said I saw a few people. He asked if I could take him out, the other boy in the room, asked if I could take him to Nando's. I explained I took people out of class but just to a room in the school. F.'s friend (H.) said he used to have a mentor but now she's pregnant- I suggested he talk to T.L. about having another one. H. then asked if I saw other people and I said a few and he asked if I could see him because I seemed nice, I said I was a bit full but perhaps he could ask T.L. about seeing someone else. (H. intro)*

It also says something of my connection to him that despite saying no to him twice I was persuaded to see him although I did not have any space and did not have many weeks left at the school.

H. often seemed rather a conundrum or paradox; superficially engaging and friendly with all but at the same time angry, disaffected and hopeless. It may be

that the fragile positivity and conviviality was a defence against the reality of his existence. He poured his fury and despair onto external agencies and contexts and protected and kept clean his parents and family as a shining and unblemished object. His acting out had to be externally focused towards his school and community as it seemed his family or his fantasy of them was too brittle to withstand his felt state.

*In terms of K's stabbing I think this is one of the reasons I said it was a dreadful week and I couldn't bear writing it up. I knew K. had been stabbed but not that H. had been with him. He actually provided me with a much more detailed description including something about being on a bus and that H. took K. to his Mums after he had been stabbed so she could patch him up, because she was a nurse but that it still kept bleeding, this still seems dreadful at the distance of time and space and I remembered K. was 13 when stabbed and H. would have been the same age. (H. S4)*

Further although he was enthusiastic about taking part in my research, he seemed to lack ability in expressing an opinion specifically in regard to his involvement and gave rather bland and meaningless answers to some of my questions seemingly lacking a capacity to express himself more fully in this regard. It was as if he felt he did not have permission to say what he wanted or needed. This was particularly significant in his case given his skilful use of metaphor to describe his situation and intelligent answers about the actual process.

In actual sessions G.'s internal 'hard to reachness' was experienced in several ways. He seemed a largely closed book. Though he did in earlier sessions share his strong views and opinions he shared little of himself, his life or interests. When I asked about some aspect of his life answers were usually perfunctory and minimal.

*I asked how half term had been and he said boring he's just been at home. (G. S10)*

G. was easy to be with and I enjoyed his company, I always looked forward to seeing him and did not find it difficult to engage with or be with him. But this was on his own terms and he engaged in sessions in which he took the lead and chose the activities with little reference to myself or the therapeutic space.

*He wanted a specific time and when I said it was already booked he told me to move that person. I explained that wasn't possible and I would try and find out what this project was.... (G. S1)*

G. was easy to manage on his own but the one final occasion when I saw him with another young person from the research cohort he was extremely difficult to manage and this was reinforced by him having been excluded from the dramatherapy group. Finally and most strikingly there was a strong sense of emotional absence and blankness like being in the pleasant company of someone who wasn't there.

*I wrote at the end of my notes. Most striking lack of emotion, colour/tone. Very flat- got out and arranged figures and tested them. Showed no emotion or reaction to interesting figures and never actually engaged figures in action just arranged them. (G. S4comm)*

*I couldn't face it, felt a dreadful week. G. in his own little world- pleasantly vacant, nice polite and not really there? (G. S11)*

## **The Transference Relationship and Attachment**

It is difficult to say much about this in respect of O. and N. The latter was initially reluctant to attend and quiet and sullen. He quickly became engaged and engaging and was quite charming in manner. This surface charm was something he shared with G. and H. He seemed to want to please and be liked but also to seem important and to impress me. In the second session he was really quite difficult and refused to come and left me feeling quite powerless and humiliated in front of his peers which may have been a direct counter - transference from N.'s own position and state.

Like H., O. seemed to attach very easily and quickly and to share quite deep emotional states and personal information. He seemed to relish the attention and may be said to have been rather too quickly and easily attached, showing none of the wariness or uncertainty of a first meeting with a new person. I remember instantly liking him and enjoying his company and was looking forward to working with him and was disappointed when this wasn't possible.

H. was generally easy to relate too, I liked him and found him easy company. He seemed to have more apparent social skills than others and was affable and friendly. I noted many times in my first session how much he smiled or gave positive cues and responses.

*H. smiling said 'that's fine', I get it. (I am aware I am quite animated, lively, bubbly though the write up doesn't reflect this, H. seems much more engaged than the other kids I've worked with and brings out my lively side). (H. S2)*

*I'm struck by how often I say about him smiling and also about his good eye contact. This is not in the others boys write ups and when I think of them I can't think of them smiling much. It makes me think about social and relational skills and also about what makes someone likable and easy to be with. (H. S2comm)*

However, his latching onto and securing so quickly and tenaciously my input, may say something of his attachment style in terms of its ease of relating to anyone but also a need, a hunger to be attended to. I sometimes doubted the depth and veracity of our connection but was always charmed by him and his lively use of sessions.

*I wondered how H. felt coming here, he said it was great really helpful- it feels a stock answer, like his stock smile. It doesn't feel great or helpful; I feel he doesn't want to be here. (H. S3)*

He of all the boys in the group apart from perhaps P. seems least interested in school and his education. He never mentions his lessons, what he does or does not like or his options which many of the other boys spoke about at length. His primary focus at school seems to be relationships not education which of itself could be seen as indicative of a rather ambivalent attachment style.

What seemed to be one of the functions of our relationship was to be a container for his anger and despair and sense of futility. It seemed that one of my roles was to be a witness and receiver to the darker aspects of his self and life. He was at times able to raise in me strong feelings of sadness, compassion and shock. There was something desperate about his predicament and heroic in his continual looking optimistically forward though his life and circumstances often seemed unbearable. It felt that my role was often to validate his actual and felt experience and to bear the pain and horror of it.

*I said that a lot of people in his area did go about with guns and knives though. H. said this was because they were so fed up, he could understand this, he was so fed up too. I wondered if there were other ways of dealing with being fed up and H. said yes and then said he was so fed up too he couldn't be bothered sometimes. (H. S3)*

Unlike other research participants H. did not seem to use me as a parental transference figure or to regress to his emotional rather than chronological age. We seemed to be in a person to person relationship, he as a whole self in the now relating to my whole self or being. He didn't use me 'as if' but 'as I am'. In this way the sessions seemed fuller and less constrained by a particular need or

aspect of his being or personality. What he required from me was my attention, care, concern, interest and humour. Perhaps some of these were naturally missing from a cramped household with 4 other children and a stressed mother and an often absent father.

As previously discussed the relationship with G. went through several stages. In the first he seemed reluctant or resistant to attend and I felt that he did not want to see me and was anxious to find ways to engage him. He then became much more involved and interactional having several in depth interesting conversations at his own instigation where I found him engaging and stimulating company and felt the establishment of a strong open relationship. However about half way through the sessions G. then gradually withdrew into being quiet, pleasant company, playing games but talking little, most conversation being instigated by myself. It is difficult to posit a clear understanding of these changes in behaviour and relating. My strongest sense as previously mentioned is that his withdrawal was related to the ending of sessions.

I found myself to be very fond of G. whom I found easy to be with, get on with and like. That is not to deny on occasion that I was left in touch with emotionally disturbing and upsetting material which G., himself seemed unable to access or connect with. Contrary to the aspects discussed in the previous section G. had several attributes which were not hard to reach. In individual sessions he could be engaging and interesting to talk to and he was always polite and helpful, tidying up at the end of sessions and on occasion being generous in his behaviour.

*He thanked me for handing him the box and again when I picked up a figure he had dropped and I commented how polite he was, he said yeah and seemed surprised. (G. S4)*

But this links to the overarching sense that I had of him of being like a good little boy. These was a strong idea of G. being like a well behaved 8 year old who enjoyed the undivided attention of the good Mother, aunt or older sibling who was available to him unconditionally and completely and in that way although the activities and interests were those of an 8 year old the emotional attunement which he required may have been of a much younger child. I felt that although one could argue that most of his sessions were just playing there felt something

reparative in attending to him at his age of emotional and social functioning as opposed to his chronological age. This may relate to his difficulty in managing his behaviour as soon as he was not provided with the soul attention of an attuned adult. Outside of such a situation he became excitable and unregulated wandering about looking for his friends and some enjoyment. He did not seem to have gained the emotional maturity to manage in the complex environment of a secondary school and the school did not adjust its expectations but instead punished and castigated G. for his inability to attend to that which did not interest him or he could not manage.

*Struck by sense of G. being a perfectly nice and good company 8 year old stuck in the body of a 14 year old with secondary school expectations. (G. S12 comm)*

## **The Worker's Style**

In the first session it was necessary to use considerable skill to help N. move from an initial state of sullen withdrawal to enthusiastic involvement. This was mainly achieved via explaining things carefully and taking his point of view seriously. I did not challenge him on his position that he didn't know about the research, but instead listened to what he said and took it into account.

*JH Okay, well you might not be the right person but I'll go through the research stuff and we'll see. (I started to go through the information and talked about the right sort of person). (N. S1)*

There was a mutual asking and answering of questions and the research process was explored in detail. Given N.'s postulated fear of being humiliated or being in the one down position, I was careful to answer all his questions fully and to seek his thoughts and opinions.

***JH Okay, so you know what research is- this is a bit different because it's part of a course and it's for a university- a Doctorate.***

*N So you get to call yourself Doctor.*

***JH Yeah, Dr J, but not like a medical doctor.***

*N Yeah, I know you call yourself Dr J, but not medical.*

***JH So then there's confidentiality which means I won't talk to other people unless it's serious, like someone hurting you or saying you're going to walk under a bus.***

*N I don't mind you telling anyone, you can talk about it.*

**JH** *Okay, but I won't do and I will write something but it will be anonymous.*

*N* You can use my name. Can I read it?

**JH** *Oh, I'm not sure, you might find it very boring and long but I might write a shortened version.*

*N* So what do you get out of doing this?

**JH** *Good question, I get to call myself Doctor.*

*N* But what could you do with it? What do doctors do?

**JH** *Well, some become professors and teach and some do research, but I don't think I want to do those things. (N. S1)*

In the second session when N. refused to attend I carefully explained things again, listened to what he said and attempted to negotiate. I was aware of not embarrassing him in front of his friends and also of my role, so did not take an authoritarian position and decided to withdraw on that day in order to preserve our relationship.

*N. then came and sat down and said it was the wrong day. I said it was Wednesday, like last week. He said he couldn't come as he was doing project work.*

*I asked him to come to his session and we could talk about this and I would look at his timetable. N. said he was busy and could he finish his work, he said I could talk to him there.*

*I said I didn't want to interrupt the lessons and the others, so I couldn't do that. (N. S2)*

I noticed and noted O.'s physicality and lack of focus from the outset and responded to this directly by commenting upon it and allowing for it in the space. I also responded to his need to be physical by playing ball with him whilst we talked.

**JH** *You seem like someone who is very interested in things around them.*

*O* I like exploring- I'm getting testing for ADD [attention deficit disorder] or something, they think I've got that.

**JH** *Oh, okay, well it's okay if you want to get up and walk around, it's not like being in class. (O. S1)*

I was also careful to respond positively to the interesting and intelligent responses he gave in discussion about the research with both praise and in taking his opinions seriously, O. appeared to respond with pleasure to this.

**JH** **Okay, so the first thing about research is what it is.**

O Yes, I know it's like when you want to find out about something and you go and ask people all about it and then you write it up in an article for other people.

**JH** **Gosh! Well that's a very good explanation. I don't know if I'd explain it so well myself.**

O (smiling and looking around) (O. S1)

It seems that there may have been something of my style or way of being that particularly appealed to H. in his asking to see me from a brief initial meeting. Although it could equally be argued that something about his relational promiscuity led him to pursue anybody who might be available to him. I did note from very early on that he was easy to relate to and I was much more easily able to be my natural lively, talkative and humorous self. I felt I had to adapt myself much less to him but this may have been because he was skilled in adapting himself to the needs and characteristics of others.

*H. smiling said 'that's fine', I get it. (I am aware I am quite animated, lively, bubbly though the write up doesn't reflect this, H. seems much more engaged than the other kids I've worked with and brings out my lively side). (H. S2)*

I was careful to treat H. with respect, to explain things carefully to take an interest in what he was speaking about. It seemed important to respond to his chronological age as a developing young man particularly as he looked so much younger.

*I asked H. if he knew what that meant and he said 'no'. I explained it means so no one would know it was about him, so I wouldn't put his name in, the school or the charity's name or anything so someone might work out it was him. H. smiling said 'that's fine', I get it. (H. S2)*

*I then talked about shutting up again and then said I needed to explain my rules- that were not like school rules, he can do anything he likes in here but he's not allowed to hurt himself or me, or break anything or climb the shelves otherwise he can do anything likes, shout, swear as long as it's safe, H. smiling says OK. (H. S2)*

It also seemed that H. was a good fit with my way of managing sessions. He quickly settled into undertaking a creative activity whilst talking about his family, context or community. He was often voluble and always able to fill the space with both his activity and his chatter.

*I commented how that worked better and seemed in proportion, the figure then slumped forward and its head fell off. H. began to reshape it again, as he modelled he talked. (H. S4)*

It felt important to take what H. said seriously and to validate and accept what he said rather than to judge or question it. Even when there were times where I doubted the truthfulness of what he said or felt his views muddled or distorted it seemed essential to recognise his view point and begin with this. This was partly to reduce shame (Cairns, 2002) and embarrassment but also to leave him feeling heard and understood. From this position I would accept his truth and sometimes suggest it might not be the only truth.

*He thinks they don't like them, and won't help them. I wonder why that is, he's not sure but later in the conversation says it's because they are Muslims. I say whether that's true or not it feels like they won't because they are Muslim. (H. S2)*

*He also talked about feeling he had to protect his sisters that he is the oldest boy in the family and he feels he had to keep an eye on them. He told me a man flashed his younger sister recently and someone rang him and he came and chased them away (I was not sure if I believed he did this- he is very small for his age and I'm not sure how he'd manage with a grown man). (H. S2)*

In relation to using me as 'I am' and us meeting in the now as complete people rather than transference objects H. asked a lot of questions about me in relation and comparative to his own experience. He sought both our similarities and differences and this required much in terms of self-disclosure. However, it never felt as if he was inappropriate or intrusive just that he was having a relationship with another human being and he would of course want to know something of them.

*H. then asked what films I liked and I said I doubt he had heard of them. I then said Good Will Hunting and he hadn't heard of it. He asked if I'd seen Boys in the Hood. I said no, he said he knew most of the people in it; they were from his area and included a boy who was a senior in one of the gangs but is not in it anymore, it's about aliens. I say I remember seeing something about it, boys from an estate tackling aliens, H. agreed and I asked if it was his favourite film, he said maybe he really liked Harry Potter. I said I loved Harry Potter, the films and the books, I said I'd booked my tickets for the next film... (H. S7)*

*He says he's going to get a provisional licence, his sister has one. He asked if I knew what they were, I said yes I had one, he asked if I could drive, I said yes. He then asked what sort of car I had and I said just a KA and he said that's ok, better than his Dad's which is a really old golf, like an original. I say they're meant to be cool and H. said that they do*

*last a long time. H. said he wished his Dad had a really big, cool car like a BMW and he could pick him up in this and H. would look cool. (H. S7)*

When asked by others about my success in working with this client group I often say that I do whatever is necessary to engage the young person in a relational process. I felt this particularly strongly with G., that I let him take the lead and fitted to his needs and relational style at any one moment and was primarily focused on creating and maintaining a relationship. In order to be successful in this I took a non-confrontational and flexible position. This was best demonstrated in two ways one was not becoming critical or punitive when G. deliberately broke something and the other around negotiating the length and timing of G.'s sessions in order to fit with his interest in other things.

*Whilst we were talking G. had taken off both of the large soldiers legs and I said to G. "You've taken the legs of my soldier." G. said he was trying to put them back on but that he needed something to prise him open with, he then went through the toy box. I said he seemed to need a screwdriver which we didn't have. G. found a plastic plane and pushed it in the hole left by the soldiers leg and twisted, he then pushed the leg back in and I said "now I've got a soldier with one leg" and G. pushed the other leg in, I said "that's better 2 arms, 2 legs and a head." (G. S7)*

*He did say he had a problem with his behaviour but then worried about time again. I agreed to cut the session to 30 minutes and finish at 2.30 he seemed relieved. (G. S1)*

I also let G. take the lead and decide upon activities and how things were to be organised and undertaken.

*We walk past the charities room and I ask him if he wants to get a game- G. goes in and picks up Monopoly. I say to him that is my least favourite game and he is very lucky because I wouldn't play it with anyone else. (G. S9)*

This extended in being non-directional around his play though I did wonder if I had become more involved in his early figure play, whether this would have been sustained for longer and become more dynamic. This flexibility and meeting G. where he was at, included meeting where he was at relationally and emotionally rather than chronologically.

*Go to the charity's room to get a game G. chooses Battleships and walks out and is accosted by a couple of other pupils who tease him. Aah your going to play games. G. ignores them and walks on. (G. S12)*

This is not to say that there was no boundaries kept or that I acquiesced to every request and demand. I refused his request to bring a friend along with

him and would negotiate a reduced time rather than just let him go when he wanted to. A sense of a negotiated relational space again seemed very important where G.'s needs could be privileged but not completely overwhelming for either party.

Overall I took the stance of being interested and engaged in what G. presented and this was from a genuine perspective of finding him good company. This led to interesting and also collaborative discussion and working in the playing of games. In the latter I was particularly aware of the need to be sensitive to G. in terms of not humiliating him by using my age to beat him and also not being patronising in just letting him win.

*I suggest some help a couple of times when he is stuck and also leave him some triple words to fill, aware I am trying to do words which will stretch the board and give him more letters to use. I'm trying to help him but not too obviously. (G. S13)*

*G. then talked about Japan and China and that they had experienced a Tsunami recently but they were able to cope, he wondered why they didn't need our help whereas Haiti does. I talked about Haiti already being a very poor country with poor infrastructure before the earthquakes so they didn't have the resources or structures to manage. (G. S6)*

## **Conclusions**

### **Different aspects of hard to reachness**

Physically all the boys were often hard to find, the table regarding attendance (see environment chapter) does not reflect the difficulty in locating them and I suggest I would have seen them a lot less if I had not gone and tracked them down. Even then I was sometimes defeated either by projects but more often in G.'s case by internal inclusions and other forms of punishment detail.

Relationally it could be argued that all the boys were easy to engage with and pleasant company as long as it was on their terms. However there was often a kind of bland blankness to this suggesting an internal 'hard to reachness'.

### **Projection**

All the boys were prime and often extremely conspicuous proponents of the school of the 'It wasn't me' defence (Shaggy, 2001). Everything was, as well evidenced, always someone else's fault or an accident or a mysterious occurrence. However, some of the boys were a focus of staff interest and I witnessed what I perceived as harsh or unfair responses to them at times.

In terms of projection of positive characteristics onto their parents they seemed to promote either an unrealistic faultless image or a rather dull and nondescript sense of their parents who were to be defended but not eulogised.

### **Ecological perspective**

The original worries were about whether the boys would follow their peers' culture and become involved in drug and gang culture. However though there was excited discussion about this and a psychic preoccupation the reality of anyone's involvement was never clear. The boys all discussed their parents at times but it was very difficult to get a true sense of family history or current functioning.

All the boys were seen by the senior school staff as ones to watch and were frequently in trouble. They did not seem to respond well to the schools chaotic and every changing environment instead using it as a way of being off radar and out of class.

### **Difficulties in knowing**

All the boys seemed to take little responsibility for their own world and circumstances, not knowing about important school changes and copying their timetable from me. There was either a positive seemingly unrealistic description of their lives or little discussion of family or context and much of this was bland and gave no sense of the family difficulties and the gang culture which encroached on their existence. I knew very little about any of them and some of what I was told got 'lost' and was only reclaimed when reading my notes at the end of the process.

### **Difficulties in relating and the worker's response**

Although appearing street wise with many age appropriate relationships the boys seemed to relate to me on a much younger level. G. was a particular good example of this; he showed most interest in his younger sibling aged 6 years and the cartoon films they watched together. He chose to play games in sessions and though some of these were older in age range such as Scrabble and Monopoly the need to play seemed central to his sessions, indeed he often requested to bring a friend to play with him. It seemed particularly important with G. to respond to his own needs and requests and to fit the session to him. He was also the clearest about what he wanted and was usually able to make

requests in a socially acceptable manner though sometimes this needed to be managed such as bringing a friend along. G.'s discussions around significant topics such as money or war were always treated seriously and his views encouraged and explored.

All the boys seemed keen to charm and engage me but often this was on a very surface level and definitely on their terms.

### **Categorisation**

These four boys seemed to coalesce into the largest grouping of those in the study. What was most marked about them was their minimal use of psychic defences and instead their tendency to use physical or concrete methods to manage their emotional states. This appeared to largely consist of generalised unfocused physical activity, specific acting out and charming surface level engagement. Little was communicated via inter-psychic transference or projection and they would concretely communicate how they felt through behaviour or relational exchange. Even when playing with toys these were used as concrete things rather than symbolic objects. This lack of use of psychic processes may link to their great difficulty with taking responsibility as they actively had to blame someone or something else rather than either manage difficult feelings themselves or rely on others to contain them for them. They could be viewed from neurodevelopmental perspectives as hyperaroused and with similar features to ambivalent attachments.

<b>Neurodevelopmental Arousal state</b>	<b>Use of Projection</b>	<b>Attachment Style</b>	<b>Young People</b>
Hyperarousal/Fight	Into activity/behaviour	Ambivalent	G.H.O.N.

(Fig. 11)

# Chapter 6- Case Study K.

## Introduction

### Physical description

K. was black African, large for his age both tall and stocky and looked older than he was and quite physically imposing. There was something rather loose or shambling about his manner. He had black afro hair which he kept very short.

### Reason for involvement in research group

K. was a young man who had caused considerable concern to both the school and the charity for a long time. There was a sense of them referring him to me as they did not quite know what else to do with him and they certainly could not give him to a student therapist due to his history of aggression. He certainly fitted my research category as he was initially not at home having thrown something at his Mum which hit her and then being asked to go and stay at his Mother's partners. He was also very rarely in school and quickly in trouble when he was.

K. was interesting as in total I saw him 3 times but despite this he always felt a part of my research group and was held in mind by me. He seemed on reflection to be in school about once each half term, to turn up, be quickly in trouble, excluded and then to return briefly the next term for this pattern to be repeated. He was undoubtedly the most troubled and troubling of my research group and it felt neither the charity nor the school quite knew what to do with him; this left him in a limbo like state of never being quite in or out of the school structure.

*I had not seen K. for many weeks as had been told he was not in school and alternative provision was being found by the T.L. [team leader]. I then went into the charity's room after break to be told that K. had just been in a fight, picking on a younger pupil. Student social workers were shaken up and feeling they are not managing the student group. One of them says about me seeing K., I said I am happy to but wasn't aware he was about, I will check with T.L. I spoke to T.L. who said there was a plan for him to go to another of the charity's provisions but this was abandoned due to worries about the other young people and what K. may pick up or get involved with. School is now looking for alternative residential provision but neither Mum nor K. are keen and there are funding issues, it may take some time to sort out. It was said that*

*someone needs to check out with K. [re seeing me] and also explain as it's been a long gap. (K. S2)*

## **History and Current Context**

K. seemed to preserve his Mother as a very positive, untouchable figure; he said he would hit people for disrespecting his Mother as she had always tried to help him. He had a very fixed story about both of them being good people. He said that she was unwell and unable to work and that there was something wrong with her legs and she was allergic to everything. He very much blamed the school for 'stressing her out' when they called her when they needed to exclude him for aggressive behaviour.

K.'s family situation seemed complex, when I originally saw him he was living at Mum's partners following an argument when he threw things at his Mother. He moved back after 3 or 4 weeks but I only knew this because K. told me. K. said he had loads of sisters and he didn't get on with them. He was not sure how many sisters he had, he first said seven or eight. He then said he had a little brother who he shared a room with and a big brother who had moved out. He said that eight or nine of them lived at home in a 4 bedroom house; his lack of certainty seemed related to some of his older sisters being at University.

His own sense of self was also rather confused with him saying he was a nice person who had been bad a long time. He talked about being excluded from nursery frequently and twice being permanently excluded from primary school.

Eventually towards the end of the research period and the finish of term, I was told by the charity's T.L. that it had been decided that it was not safe for K. to return to school due to there being members of other gangs in school and he being from a rival gang. It was not clear what the solution to his accessing education was to be. In terms of K.'s gang involvement he denied this and said he was not in a gang.

*He said people get it wrong and think they are pressured to be in gangs but it wasn't like that. He said he had been asked three or four times, then said three times, but said he was only asked again because the second person hadn't realised the other person had asked him. He said he didn't need to join a gang, he knew people who were involved in gangs but didn't need to join as he could go about and just speak to people. (K. S3)*

Despite him asserting he was not in a gang he had been stabbed previously and talked about this in a detailed manner with excitement and aggression. He also talked at length about people “screwing” which meant staring at him and about how violent he would be with them. He told me a long story of picking a fight with a group of boys and threatening them with a hammer and also picking a fight with an older man. It was not clear how much of these stories was fantasy or bravado but K.’s fixation with violence real or otherwise was very concerning.

*I said to K. that I am sure other adults had talked to him of the dangers of such violence/aggression. K. looked blank, so I said like going to prison, or him or someone else getting seriously hurt. K. said he wouldn't go to prison for fighting and I said what if someone got really hurt and K. responded he picked his fights carefully so it would be okay. I commented on K.'s smile and excitement in talking about this and K. responded that he liked it, he enjoyed fighting and one of the other guys he had fought had commented on his smiling. (K. S3)*

### **Use of the Therapeutic Space**

K. used the space to talk at length and in depth. He shared easily and quickly usually what was most pressing at the moment. This was often in relation to the school and how stupid the school was and the teachers in winding him up for no reason. He was unable to use the space for little more than spilling forth on what was overwhelming him at the point when I saw him. He could make no use of the play or art materials and found it extremely difficult to think about things beyond stuck ideas from his dominant narratives.

*I then asked what might go in the school's box, what they might say or think about him. K. went quiet and when I tried to get some ideas from him, he said I don't know. He was solidly silent and I felt he couldn't answer the question. I wondered if they felt they were fair, or if they would say they liked him. K. struggled for a long time but at last said they thought he was a nice boy but that he gets angry too quick. I wonder if he is bored but he said he is not bored and just doesn't know the answer to what school thinks. I just feel in that moment that he genuinely doesn't know and the only thing he put in the school's box was his view of himself, which he projected into the school and he hasn't had the opportunity to develop the capacity to know what the school/others think/feel. (K. S2)*

## The Hard to Reach State

K.'s relationship to school was paradoxical. He wanted to do well and was keen on being an architect and knew he had to get good exam results. In contrast K. talked about school and his work in an ambivalent manner. He described lessons as boring but denied finding them difficult though he was in bottom sets. He seemed focused in findings ways on getting round rules and boundaries in order to make things more interesting.

*K We have ways of working it out*

**JH you can get around it**

*K Yea, someone in my class worked how to get on Facebook. You go in on another language then you go through that page and it's English. (K. S1)*

Whether he liked lessons was very much related to whether he liked the teacher and this was again related to his model of the world. K. had a strong sense that he was a good and nice person and he was only ever not nice because other people were not nice or kind to him.

*K If the teachers are kind, I'll be kind.*

**JH Oh, so you like to be nice.**

*K If they're nice but if they're not, then I'll say something*

**JH and then you get into trouble**

*K Yeah. (K. S1)*

According to K.'s version of the world if people were not nice to him, if they did not treat him right and respect him then it was reasonable to respond in an aggressive and threatening manner. He had no sense of his own part or responsibility in any falling out and always said it was the fault of the other, drawing him out of his state of perfection. He had a very fixed and distorted world view which led him to respond to any emotional hurt or perceived threat with violence and aggression.

*K I shout at them, I threaten them.*

**JH Oh, I don't suppose that goes down well**

*K No, I told a teacher I was gonna smash her face and I meant it.*

**JH And do you ever do stuff- more than threats?**

*K Sometimes, not with adults mostly but with kids, not girls. Well, I might just smack them. I don't look to get into fights but I will. I tell people not to wind me up. My friends tell them not to fight me cos I have never lost a fight. (K. S1)*

He further went on to admit both liking and being in control of his violence and aggression.

*K Well, I smile if I'm going to hit someone, I smile coz it's not like I'm angry, I'm just going to do it.*

**JH How do you feel when you're smiling?**

*K I like it, I like the adrenalin, I'm not going to lie, I like hitting people.*

**JH Okay, that's straight, that's interesting. So how come you hit some people?**

*K Depends if I like them. If you're kind and I like you I won't hit you but if I don't like you and I walk past and someone's beating you up, I won't stop them if I don't like you, well maybe if they were going to stab you, I might help you, coz I'm bad like that. Wound up, I will hit you if you disrespect my Mother also. She's always tried to help me. (K. S1)*

Despite his long history of difficulties and his easy and swift resort to violence K. had an unrealistic sense that he could suddenly and easily improve. He was motivated by doing well in the future and it appeared to me, he had taken on the simplistic advice of others to look to a future career and to ignore others and behave in order to do well. This simplistic storying of his difficulties and their solution was of little benefit to K. who was left in a fantasy of being a good person trying to do well whose success was continually ruined by others.

*K I'm trying to be good, I'm just trying to ignore them and get on coz I'm not going to get good results and I want to get good results and be an architect. (K. S1)*

## **The Transference Relationship and Attachment**

K. made a connection with me very quickly and easily but in an unboundaried manner talking of his enjoyment of violence and aggression within minutes of beginning our first session. He seemed to very easily relate and use others and to just as easily separate and forget about them. The three times I saw him were very far apart but there felt neither this sense of distance or of his noticing my absence. It was like he could pick up and use another's presence instantly. In this way he seemed to view all relationships as equally impactful and that

anybody could quickly push him from a state of beatific perfection of being nice and kind to being failed and rubbished, leaving him needing to physically attack as well as psychically destroy the other and his connection to them.

**JH** *What happened?*

*K* *Well, this teacher kept pushing me and I don't like being touched and he kept pushing so I threatened him and I would have smashed his face in.*

**JH** *So he pushed you- miming*

*K* *No, he was trying to get me in line and it was a Maths test but I told him to stop pushing and threatened him and he told me to go to my pastoral head but they told me to go back to the test, so I went back into the hall and sat down and started on my test and then this other teacher came in and sent me out and sent me home but I'd been good all day till then. (K. S1)*

Despite being open about his aggressive and violent tendency and states I found K. easy to be with. I was never frightened of him but I was wary and I did check out very carefully how to keep us both safe in sessions. Perhaps one of the reasons our relationship survived is that I saw him very infrequently and in a contained and safe environment of which I took great care. I managed to maintain myself and our relationship in our fleeting and infrequent meetings as unblemished. I was able to be kind in my attendance to him and nice in that there was no necessity to challenge him which seemed to be correspondent for him with being not nice/ unkind.

### **The Worker's Style**

I remained calm and unshocked, at least visibly by K.'s tales of violence and aggression, remaining largely neutral whilst never condoning his behaviour. I tried to get a sense of how he understood the world and his relationships and would ask clarifying questions. I did at times attempt to help K. think about what he was saying, the impact of his behaviour and others' points of view. This had to be unpicked and visual images used to help him think about things as he found this very difficult. Unlike with others in the research cohort I tended not to use either humour or self-disclosure and kept the focus very much on K. and his world and his worries which I always took seriously and with genuine interest.

*K. looked a bit blank so I said about vicious circles about things going round and round because K. thought one set of things and school*

*thought another set. I got a piece of paper and drew two circles. On the first I wrote K. and the other I wrote school. I drew some jaggedy lines between the circles. In one box I put down what K. was saying and said it out loud and he agreed. (K. S3)*

## **Conclusions**

### **Different aspects of hard to reachness**

It is rather obvious to say that K. was the most physically hard to reach in that he was rarely in school. But further than this he seemed to slip out of the schools' and my awareness for long periods and was not held as being part of the school's community and responsibility during his long absences. When present K. was instantly relationally and internally available with a sense that everything came spilling forth as he was so little defended and contained he was constantly open to trigger and display.

### **Projection**

K. very clearly believed that he was never responsible for any of his misdemeanours; he was a nice person who people wound up and when they did this he become violently angry and any retribution was legitimate. In terms of idealised parental figures he was the only young person who did not speak of his Father at all. His Mother was portrayed as a sickly figure requiring his protection and who did a lot for him. It seemed that those who persecuted him also maltreated his Mother by association and this was seen as unfair as his own treatment. This representation of his Mother as fragile and picked upon may have also somewhat protected her from being a target of K.'s aggression.

### **Ecological perspective**

When I met K. in year 9 he was 13 years old and had already been stabbed. He talked knowledgably of gang culture and it was acknowledged in his final withdrawal from school that this was due to rival gang members attending and he being at risk from them. He was the only young man whose gang involvement seemed certain rather than a tantalising possibility.

### **Difficulties in knowing**

K. found it almost impossible to think about things particularly making any sense of others view point or to empathise with their position. When I pushed him on this he eventually gave his own view point as that of the teacher's with no sense

that he knew he was doing so. We knew little of his past but given what he said of being excluded from nursery school for aggressive behaviour one can reasonably assume a significant level of trauma. The not knowing was more extreme in K.'s case, it was not just that little was known of his past, equally little was known of his present and he would fall out of the system and people's heads for weeks at a time. Also, one could not trust what was said because there was a strong sense of much of K.'s stories of violence being heavily embedded in fantasy.

### **Difficulties in relating and the worker's response**

In a strange way although apparently the most troubled of the research cohort he seemed the most ordinarily adolescent in terms of presenting as neither immature or pseudo adult but with a teenage persona and working through this in extremis. K. was very straight forward and open and needed to be responded to in kind. His discussion of being quickly and easily violent was accepted and an honest conversation about mutual protection required.

### **Categorisation**

The most marked aspect of K.'s presentation upon reflection was that it was swamped with fantasy both in terms of his sense of himself and others and also in long and elaborate stories related as reality. He seemed to have little sense of reality and little capacity to mentalize either in terms of himself or others. He therefore presented as disorganised in attachment style and dissociative in terms of arousal relying on states of fantasy for everyday functioning. His projections seemed to be into or of a fantastic nature, replacing his overwhelming sense of fear and terror with a persona of a pure and unassailable figure pushed to continually protect himself from unwarranted assault and intrusion.

<b>Neurodevelopmental Arousal state</b>	<b>Use of Projection</b>	<b>Attachment Style</b>	<b>Young Person</b>
Dissociative/Freeze	Into fantasy	Disorganised	K.

(Fig.12)

# Chapter 7- Case Study P.

## Introduction

### Physical description

P. is of Afro-Caribbean extraction and black with very short afro hair. He was very short for his age and a bit stocky and looked of primary school age though he was in Year 9. He often looked a bit unkempt and crumpled. He tended to walk with a bit of a swagger and talked loudly and quickly.

*When he came into school X called him a Jamaican Oompa Loompa, a Jamaican Oompa Loompa and kept calling him names. I said that sounded awful did X pick on him a lot, P. said no he was like that with everyone, horrible with everyone. But he called P. a Jamaican Oompa Loompa. (P. looks very small for his age). (P. S1)*

### Reason for involvement in research group

Like G., P. had been thrown out of the drama group as the trainee therapists could not manage his behaviour. P. had a diagnosis of Attention Deficit Disorder (ADD) and a statement and struggled academically in lessons. His brother had died suddenly a couple of years previously having suddenly collapsed. P. was said to have been badly affected by this and got angry easily.

P.'s attendance at school was very poor probably the least of the research group, bar K. who could not really be said to be in school. P. was frequently not in school; if he was in he was habitually late and even then could be out as soon as he arrived for difficult, challenging behaviour.

*I went to the attendance officer and asked about P. I then apologised as I realised she was on the phone. She told me that she had sent him home as the Head had sent him home today. (P. S4)*

P. initially seemed very keen to see me and would come and seek me out at all times of the day, however, as time went on it became apparent that this was very much on his own terms and at his own behest.

## History and Current Context

I had some information in regard to P. before meeting him. This was primarily in regard to his brother's death after which he was offered support which he declined. Although this information was accurately held by the charity in terms of his brother dying suddenly in older adolescence from a previously unknown

medical condition, it was also assumed by other staff that it was or must be gang related which was totally inaccurate. P. talked about his brother's death in some detail in our second session.

*I wondered how that was for P. now. He said it was okay cos he thought it was a good way for his brother to die rather than be stabbed by gangs. (P. S2)*

P. was quite open about the circumstances in his community in terms of gang violence and overall aggression and fighting. In the first session he brought to me a situation which started with racist name calling and looked like it could spiral into violent conflict.

*He then told me people were telling him to fight X but that he didn't want to. I said this sounded very sensible, then P. said he was worried that X would be waiting outside school to fight him and he wanted someone to meet with him and X and sort it out. (P. S1)*

*I realise in retrospect that I wasn't yet aware of the levels of violence between kids and that suggesting a friend, or it be dealt with tomorrow was inadequate and I would have taken him to T.L. [team leader] at the end of the session to sort it out that evening, if it had been later in the placement. Also something about taking the risk adults place towards kids more seriously than the risks they place towards each other which are probably more serious in terms of likelihood of serious harm. (P. S1comm)*

P. was often interested or preoccupied with the gang situation in his community and would mention this in various ways in his conversation. As well as saying he was glad his brother died from a medical condition rather than being killed by gangs, he created a tableau of gang figures with some small soldiers but quickly and poignantly seemed overwhelmed by this.

*P. said there were a lot again and called them gang members, there's a lot in the gang, we kept placing them until the table was nearly full and then P. suddenly swept the whole table with his arm and swept the tiny figures back into the box saying there's too many/much gang, quite a few fell on the floor and I picked these up. (P. S11)*

At other times he seemed excited and 'hyper' at the idea of others in my research cohort being involved in gangs.

*P. looks at me and says X is in a gang, if I go to Brixton I'll see him in a gang. I say how does he know if his in Brixton. He says he's seen him on You Tube making a gang sign with a hoody and a bandana. I ask how does he know its X with a hoody and bandana. He responds that X is always saying he is in a gang. He then says that Q and Z are in gangs. (P. S13)*

When more easily engaged in earlier sessions P. talked unprompted about his family. He told me that he lived at home with four Sisters, one of the Sisters' babies and his Mum. He had his own room and they seemed slightly less cramped than some of the others in the research cohort. P. talked about his Mum being good in that she bought him stuff and did what she said she would. His Dad did not live at home and he said he was not always reliable but would sometimes buy him stuff. The provision of material objects and the reliability of this seemed to be the basis on which he rated his parents. Despite this he seemed rather independent of his Mother's care saying he stayed up until very late at night having locked his room and then he would be too tired to get up for school. He seemed easily to blame staff and peers for his upsets and less easily his nephew and his sisters. However he refused to see his parents as annoying or negative in anyway although he acknowledged they complained about his anger. He seemed to have a need to keep his parents as entirely good and unblemished objects whilst complaining about the unfairness of the world and others at length.

*I asked him about the point, 'when people annoy me'- which people. He listed students, teachers then stopped on prompting for anymore he said his Nephew and later his Sisters could be annoying sometimes. I asked about Mum and Dad he had said previously about them getting stressed and complaining about his anger. But he was clear Mum and Dad should not go on the list. (P. S2)*

P. talked mostly about his toddler nephew who lived at home and little about his sisters or parents. I wondered if he felt much more emotionally attuned to his nephew given the very immature emotional and relational world which P. appeared to present.

*When writing about the nephew and chewing on things I'm reminded of a later session when I interpreted P's behaviour as being like a baby who you try to feed and they just don't want anything and keep turning their head. I wonder about P. showing him his actual emotional age in the presentation of his 13 month old nephew. (P. S2comm)*

## **Use of the Therapeutic Space**

P. often seemed very uncertain what to do in and with the therapeutic space. In the second session we narrated a co-created ghost story but it was difficult to recapture the depth, intimacy and richness of this content in later sessions. The

story was of a boy living in a tall tower where there are ghosts who try to steal him and his little brother. I tried to create a 'happy ending' which P. resisted and this seemed more related to the dangerousness of his existence particularly given the sudden death of his older brother. Though captivated by the story whilst it was being created P. then instantly lost interest in the session.

*Then P. says but the ghost is part of a family of ghosts and a dog, and I ask a ghost dog and P., said yes and next week the next thrilling instalment and we clapped.*

*P. seemed quite flat again and lost interest asking the time and if it was time to go. (P. S2)*

In future sessions he went onto being rather fixated with his mobile phone and it felt a constant battle for me to capture his attention and be more interesting than the endless and myriad cyber universe. Sessions often seemed to be a battle for me to gain his attention and for P. not to lock himself away from me.

*P. then began to play on his phone- I asked him to put it away and he said he was playing a game and continued to look at his phone. I said it wasn't a good use of our time together if he was looking at his phone. P. said he could use his phone and listen to me- I said I wanted his full attention and it seemed rude of him looking at his phone when I was wanting to talk to him. I asked him to put it away again, he put it in his top pocket. I wondered how long he could manage without it and suggested 10 minutes he said no way and about a minute. He put it aside briefly and I began to suggest that we might make another story like the week before. P. then got his phone out again and began to text a friend he said he was going to 'ping' him. (P. S3)*

When he could be persuaded away from his mobile phone he did engage with some figure play. There was little imagination or creativity shown, rather a lot of aggression and competitiveness with figures set up against each other in games of football or skittles. He also at times played games such as Ker-Plunk. In games he again showed considerable immaturity finding it difficult to share or lose and often cheating in order to win.

*We play the best of 10 and P. is always in the lead and is desperate to win and cheats a couple of times, his shots are outside the goal posts and he picks up the ball when it comes close to his goal and I threaten him with a red card, he is very excited about winning. (P. S9)*

In general he seemed to like physically active games and interactions. He would show considerable dexterity and skill in playing with balls and Frisbees and seemed much more comfortable and competent in his physical body than he did in his relational or emotional worlds.

## The Hard to Reach State

As stated in the introduction P. initially seemed very keen and motivated to see me and actively sought me out. He would turn up at the charities room in search of me, often as soon as he got into school, which was often rather late. He had no pattern in his seeking of me either in terms of time or regularity.

*P. had come into the charities office to try and find me, he said he wasn't sure when his appointment was. I said I had come to find him earlier in the day but he wasn't there and no one knew where he was. He said he was late in. I said I could see him now but for only half an hour as that was all the time I had left in the room. (P. S1)*

*When I was walking to find another Y.P. I bumped into P. walking towards the charity's office. He had a green slip in his hand which he showed me which showed he had come into school late at 11.25am. He was coming to the charities office to find out when his session was, I decided to see him then. P. looked pale and was sniffing. He told me he had a cold and had been off school for 4 days, Thursday, Friday, Monday and Tuesday. (I suspected he had come in especially to see me). (P. S2)*

Much of his 'hard to reachness' seemed related to the very act of finding him or his ability to respond to boundaries and be in the right place at the right time which usually seemed beyond him. He seemed to be particularly badly impacted by the schools often chaotic and ever changing environment and would find the changes in rooms and timetable particularly difficult to manage. I was left often having to boundary things and manage conflict, for example refusing to let him wander the corridors or let another Y.P. join our sessions.

*A Y.P. in the room opposite came out of his session and came into our room. I was very surprised at this. P. then said can he stay and I said no it was P.'s time and P. said he was in the same class and they could go back together. He said he didn't have much time left so couldn't he stay and they both started saying loudly and in an exaggerated fashion 'please Miss, please Miss' loudly and repeatedly begging that he could stay. At first I tried to reason with him that it was P.'s time and it wasn't for someone else to be in it and that his friend needed to go and he could see him in a little while. The boys responded by continuing to argue and repeating please miss can he stay. In the end I opened the door and stood holding it and gestured with a waving motion, raising my voice and told the other Y.P. to leave. He then reluctantly got up and dragged himself out of the room whilst P. continued to protest and ask for him to stay. (P. S3)*

The world turned on P.'s own personal axis and he appeared and disappeared

as he wished. There were many weeks when I simply could not find him, he was either not in school or sent home before I could locate him (sessions 4 to 8). As sessions went on and our relationship became more real and less idealistically perfect he was often reluctant and resistant to attending and to being present in the sessions.

*Go to find P., no P. Later I find P. in a corridor whilst I was looking for G. He looked surprised in a 'who me' way when I called him over. He began to complain and said he had P.E. I said I thought it was theory not practical and he responds, a bit of theory and then practical. I say for half an hour a couple of time and he comes, begrudgingly. (P. S13)*

P. seemed to find it difficult to relate to others and was often and easily in conflict with peers, teachers, and sometimes myself (which is fairly difficult to achieve). In his first session he arrived having got in quite a serious conflict with a peer, looking to me to sort it out even though this was not my role.

*But he called X a Jamaican Oompa-Loompa (P. looks very small for his age) so P. called him racist names including a terrorist. P. then said a teacher got involved and told P. off but not the other boy. I asked if the teacher had seen X call him names, P. said yes but he only told P. off and P. was annoyed, very annoyed. He sat hunched up spinning his hat looking forlorn. (P. S1)*

It seemed in wanting my involvement he needed someone who was entirely on his side and did not see any of the others boy's position in terms of P.'s inappropriate retaliation. It also seemed that this exchange was indicative of P. not being able to take responsibility for his own behaviour, always seeing others as entirely to blame and as he being innocent and in the right. When we talked about why he wanted sessions P. said it was because he got angry and wanted to talk about that. When asked what made him angry he responded, "When people annoy me, when I get in trouble for stuff I didn't do and when I can't do the work.(P. S1)" Much of his judgement around teachers he did or did not like was based on whether they told him off for things he didn't do or not.

*Then the ever repeated theme of being treated unfairly- he told me off but not the other boy. What one doesn't say is as important as what one says. I find it unlikely that the teacher saw an incident of racist bullying and only told one of the parties off, did I say this, no I did not. (P. S1comm)*

P. seemed easily irritated and frustrated and prone to conflict and the expression of this. However he seemed less able to discuss or think about his

own feelings and motivation. He could complain quickly about others but seemed to find it very difficult to think about his relationships and feelings in any more sophisticated way. He seemed reliant on a very narrow set of feelings states, mainly annoyance or frustration with a similarly limited vocabulary and seemed to find it impossible to think things through or explain things.

*I asked about the teachers he didn't like he said they told you off for stuff you didn't do and the stuff they handed out wasn't right for the thing you did. P. couldn't think about anything else and seemed to find the questioning really difficult, he put his head on his hands resting on the table and closing his eyes. (P. S2)*

*Lack of prefrontal cortex thinking, lost when asked questions involving reasoning, thinking things through or verbalising emotional states or triggers. (P. S2comm)*

This included being less available and in touch with other emotional states which was particularly notable in his discussing the death of his brother.

*I wondered what it was like for him losing a brother and being the only boy, he said it wasn't a big thing; he had cousins and his nephew. I said maybe there were some sad feelings too but it felt best not to think about them too much. (P. S2)*

## **The Transference Relationship and Attachment**

P. either seemed to be hugely interested in me and demanding, wanting to see me now and for me to attend to him and his problems instantly or not interested at all. He did not seem to understand my role and wanted to take me outside the room in inappropriate ways such as attending to the conflict with a peer. He was rarely deeply interested or involved with me, our relationship or shared narrative but mostly he seemed to want to be entertained and I simply was not enough for him. In his ignoring of me and fixation on his phone he often seemed to treat me as an annoyance and invasion, something to be swatted off with derision. He either seemed to want all of me or nothing and in the latter state I became nothing to him. He was like a very hungry baby ever needing feeding and never satisfied, who then turned his head away from the bottle in retaliation for it not being ever present and ever full.

*P. then disappeared down his phone and began fiddling with it. I said in a light voice and feeling the humour that P. was an odd/strange creature, he would come and find me and wanted to see me and then disappear in his phone- which did seem very odd to me. He said 'yes' in a little voice- and I said it being a little mouse voice. He then continued staring at his*

*phone grinning broadly- it felt like the grin or the enjoyment was in keeping me out. I commented on the grin and the enjoyment and P. remained glued but kept a straighter face. P. then looked up and smiled at me, I said hello it's good to have you back from phone world. (P. S11)*

I remember feeling very irritated by his behaviour and particularly that he would not put his phone away. It felt at times like I handled this badly as I wanted him to put the phone away and engage with me. I felt this was the beginning of a downward spiral in our relationship of his blocking me and me handling it badly and feeling irritated.

I often felt in an impossible situation, the second session being the best example. In this we were placed in an alternative room with no resources but plenty of distractions, including being interrupted twice and also having a senior politician parading outside whilst trying to stop P. banging on the glass and getting me and him in trouble. This seemed the epitome of how impossible the situation in the school was and it left me feeling inadequate, having failed to manage the situation without being forced into teacher role or the unsympathetic critical parent. In very simple T.A. (transactional analysis) terms (Berne, 1964) I felt P. was always in an 'adapted child' state and a very young one at that which demanded a 'nurturing parent' who was usually felt as inadequate or insufficient and easily transformed into 'critical parent'. This sense of frustration and failure may be indicative of a transference exchange and P. re-enacting his experience of not feeling adequately met as a baby and very young child. It was unusually difficult to get beyond the transference, counter-transference exchange to something more considered and digested for both of us.

However, on occasions it felt I was able to make fleeting contact with both his concrete and unconscious selves and to make some real interpretation of his inner world and difficulties. He felt like someone who was really difficult to access and connect to on a conscious level and it was only in moments of unconscious contact and elucidation that it felt we really met.

*I talked about P. and his phone and I asked if it was new or if he had a new cover, I said I was thinking of getting a new phone. He ignored me I joked re P. being in the world of the phone, that he had been snatched away by the evil demon and wondered if it had a name, what should we call it- then in the quiet I had an 'aha' moment and said it isn't evil, it's a safe place, it's a good place for P. to go- I have a sense of a smile but I'm not sure if that's so. (P. S11)*

*I feel a great tenderness towards him. I say he reminds me of a little baby, I think he had little Brothers or Sisters and I say sometimes whatever you feed a baby they are not in the mood and they spit it out and whatever you do they don't want it. P. shrugged and resumed balancing his phone on his face. (P. S15)*

## **The Worker's Style**

P. felt the most difficult of the research group to interact with. My way of working is to find a way to connect to and relate to a young person in any way that suits or interests them. I will be who and what they want and need me to be. On occasion P. and I could negotiate a platform or interface, a place where we met together and experienced a connection or interchange. However, a lot of the time I think we found each other mutually irritating, he wanted to be with his ever present and ever responsive phone and I could not find a way to be more enticing or appealing than it.

I struggled on in terms of trying to distract and engage but often felt that I failed to really connect with him. I ended up feeling that P. wanted to be responded to as a very little and needy baby and although my way of playing and interacting probably goes down to 18 months or so, his need for a maternal object was not present enough in my style or available enough in the situation. However, despite finding my time with him challenging, it did demonstrate a lot of skills in terms of how to work with unhappy, irritable toddlers at one point I wrote,

*Aware of doing lots of the techniques you use with small irritable children, distraction, humour. (P. S11)*

Further my sense of irritation and failure, does not seem to be supported by the notes in that often I was able to find ways to be with or make sense of things for P.

## **Conclusions**

### **Different aspects of hard to reachness**

P. was often not in school and if he did come in was usually late and then sometimes sent home for misbehaviour before I had an opportunity to see him. At the beginning of our relationship he usually came to find me when he was in and wanted to be seen instantly even though it was not his time. He was relationally capricious starting off by being demanding and intensely engaged,

but quickly becoming frustrated and treating me with derision and as an annoyance to exclude and protect his self from. There was something though to be understood on an internal unconscious level of his need and frustration in terms of being met as a very small child which I occasionally interpreted.

### **Projection**

Again P. did not see any of the trouble or difficulties he got into as being his responsibility, he was responding to unfair and outrageous provocation and only he got punished, or it 'wasn't his fault' at all. P. seemed reliant on a very narrow set of feelings states, mainly annoyance or frustration and these were always in relation to his conception that others had created them within him.

P. talked about his parents in a blandly positive manner, his Mum being good this being related to buying him stuff and his Dad being ok but less good as he did not always buy the things he said he would. He refused to see his parents as annoying or negative in anyway, he seemed to have a need to keep them as entirely good and unblemished objects whilst complaining about the unfairness of the world and others at length.

### **Ecological perspective**

P. was the most preoccupied by the surrounding gang culture and spoke of this frequently and in an excited manner. This included accusing other members of the research cohort of being involved in gangs. P. seemed to be particularly badly impacted by the school's chaotic and ever changing environment and would become excited and uncontained requiring me to boundary things and manage conflict.

### **Difficulties in knowing**

P. was quick to complain about others but seemed less able to discuss or think about his own feelings and motivation. There was limited knowledge of his past or present circumstances. The historical perspective was dominated by the death of his brother which seemed to exclude all other narrative or storying, bar the death being distorted and assumed to be due to gang killing rather than a medical condition as it was in reality.

### **Difficulties in relating and the worker's response**

P. appeared to be the least mature of the research cohort. He demanded instant and sole attention rather as a baby expects the world to revolve around the immediate meeting of his needs and reduction in his frustration. When this was not possible he quickly became irritated and turned away. I noticed myself using metaphors or interpretations related to young babies and that P. was more responsive to more maternal members of staff. It felt due to the realities of the situation but also possibly due to my style difficult to meet his need for a very young sense of holding and responsiveness in sessions. This led on occasion to me displaying a much more boundaried controlling aspect of myself in contrast to the nurturing which was probably required.

### **Categorisation**

P. was the most difficult young person to categorise as he exhibited aspects of two of the groups. He could be seen as extremely ambivalent in both demanding attention and being derisive of it in equal measure, the latter adopting quite an avoidant quality. In his use of projection he did tend to use me as the failed and inadequate Mother, as a projective object but equally acted out to disperse his sense of frustration and upset. In terms of arousal state he could go from hyper arousal, demanding and difficult, to cut off and flat both within the blink of an eye. I therefore placed him across two categories which seemed the most pragmatic, accurate outcome. It is interesting in having no fixed attachment, arousal or projective style P. was most difficult to attend to and I was continually wrong footed and felt unable to construct a stable relationship with him. I also felt that his immaturity, which was most significant in his case and the lack of development of his schema's rather than their specific nature, were the most prominent features.

<b>Neurodevelopmental Arousal state</b>	<b>Use of Projection</b>	<b>Attachment Style</b>	<b>Young People</b>
Hypoarousal/Flight	Into other, as if	Avoidant	F.   P
Hyperarousal/Fight	Into activity/behaviour	Ambivalent	G., H., O., N.

(Fig. 13)

# Chapter 8-The Environment

## Introduction

The direct context in which the research project was based and the community in which this was situated proved to be of huge significance for the research process, data and outcomes. In this chapter I will attempt to describe this environment and convey the impact of these circumstances upon myself, the research endeavour and the young people who are situated within it ongoingly. I will demonstrate that the 'hard to reachness' lay as much in the organisations and the environment in which the young people were located as it did in the individuals themselves. This may be indicative of some sort of parallel process (Searles, 1955) or organisational defence (Menzies-Lyth, 1960) and could be viewed as a trauma organised system (Bloom 2010). This will be discussed through reference to my experience within this setting in terms of interactions with and observation of professional adults, young people and the wider setting as well as interviews and research in regard to the local environment.

## The Setting

I approached a national charity that specialises in working with vulnerable and marginalised children and young people to act as a base for my research project. This is in keeping with the work of Benoit et al. (2005) who suggests working with community organisations is the best way to gain access to hard to reach populations. I was offered the opportunity to undertake my research work in one of the charity's projects in an inner city secondary school. This school had an approximately 80% BME population. In an Ofsted inspection undertaken two years before I began my field work it was highlighted that two thirds of the students were boys and 75% of the school population was eligible for free school meals. One in ten started at a point in the year other than the beginning of term and one in five was refugees or asylum seekers. 50% of students were deemed to require English language support and 50% identified with a learning difficulty or disability. The inspection report also talked about an unusually large number of students, especially boys, living in very challenging circumstances with an overarching negative impact on their school attendance and attainment. The area in which the school is based is one of the poorest in the country being in the lowest 10 to 15% of social indices.

## Setting up the Placement

The setting up of the project was indicative of some of the difficulties to follow. It took a very long time and this was due to the need to meet various different people in the hierarchies of both the school and the charity, meetings were often delayed or postponed and various staff members left or moved post, some without informing me. There were also misunderstandings and miscommunications around the process which left me waiting for things to happen. It eventually took over one year from initially approaching the charity to starting the research project. In a meeting with two members of the charity's in house research team they shared that even being within the organisation they found it difficult to set up research. They said that although young people were generally keen and interested it often took many months to get access and gain consent, they gave a particular example of it taking them 8 months. They thought this was because staff in the field did not see facilitating research as part of their role and did not value it.

When I eventually met the T.L. and the Deputy Head of the designated school and discussed the research the Deputy Head looked at my research criteria with despair and asked me to be more specific, when asking why she intimated that it would apply to a large proportion of the school's population. She eventually selected white boys in Year 9- Year 9 as being within my designated age group but not in exam years (which took priority for the school) and white boys being in her experience their hardest group to engage, which would match national understanding and awareness and is currently the theme of an enquiry by the Education Select committee in parliament.

The Education Committee is conducting an inquiry into Underachievement in Education by White Working Class Children, specifically the Committee is examining the reasons and factors for white working class pupils' educational underachievement, including the impact of home and family and what steps can be taken to improve the educational outcomes and attainment of white working class pupils. (<http://www.parliament.uk>)

This was one of the first moves away from the research design as I had hoped to have a mixed gender and age group. It will also become apparent that I never did have referred or see any white boys and all the referrals were of BME boys.

## **The Research Cohort- The Lost boys (Barrie, 1904)**

Having negotiated my placement I eventually had four young people identified with the relevant consents, they were all Year 9, male, BME students. In the first week I found and saw three of the four boys who had been identified for me. I then spent the following few weeks turning up and being unable to find any of my research cohort. It transpired that O. who had been very keen to meet with me was already attending a dramatherapy group and that this took precedent so I 'lost' him. I had also met K. and N. who seemed interested, and then found out N. had been taken out of school due to family issues and K. who was very concerning was awaiting specialist provision. It became confused about where K. was and where he might go, but he was not in school. K. did occasionally return to school and I eventually saw him three times over two full terms. The fourth boy M. I never did find, I would go to his class but he was never in school, no-one seemed to know where he was or to go to much identifiable effort to find out and eventually he was given up on as 'lost'. In an e-mail from the charities T.L. he summarises the situation as follows;

*I wanted to update you about the list of kids we have as it feels like there has been a lot of change.*

*N. - not in school so off your allocation list.*

*M. - we've decided to offer his space to others as not attending and we've given it a good try for half a term now.*

*K. - Also not being educated on site at the moment. There is a plan he may move temporarily to offsite provision. If so, it may be possible for you to see him there if you are prepared to travel down on a Wednesday afternoon? On hold for now until we know what is happening.*

*Last term we added:*

*G. - he has verbally agreed but hasn't returned his consent forms. We will chase. In meantime though meet to do an introduction on Weds?*

*P. - has returned consent forms and ready to go.*

*We would now also like to add*

*.....A. F. and L.*

*We will get back to you re these. (e-mail from T.L.)*

This sense of 'losing boys' was further reinforced right at the end of the individual sessions when I arranged to interview the Deputy Head about her thoughts on the group and my project. When discussing the 'white boys', whom

she had initially identified as being of highest concern, she shared that they were not generally in school and I would have had to structure my research process differently to have attended to them. I remember feeling absolutely stunned that she had not mentioned at any point that these boys were still of concern and that I would need to have taken a different approach to have engaged them. However, the process of losing boys had also been projected into me as I had never enquired as to why I had not seen any white boys, but had just assumed the young people referred to me were of most need or concern.

*Different groups within it hard to reach- some harder than others- physically not present...white working class boys under perform in this school- low attendance- very hard to reach in this category. Year 10, two boys never come to school. White boys don't come to school- not doing that much outreach- different approach [required]. (End interview with Deputy Head).*

### **Where is Everybody?**

Eventually three other boys were identified P., F. and G. in addition to K. from the first group. However my difficulties continued, on the second week with my new research group I noted;

*None of the kids were where they were meant to be, when they were meant to be- F. was on a project, found him in the 4<sup>th</sup> room. P. was meant to be in the 2<sup>nd</sup> room I tried but he wasn't there, then I found him walking to the charity's room, he had just come in at 11:25, 3 hours late. G. wasn't in his room either nor in project room but was in options session in hall and I didn't feel I could interrupt that. (gen notes 9-3)*

On another occasion I wrote;

*I couldn't find F. initially; I went to three different D.T. [Design and Technology] classes before the last teacher told me that F. was in a special project and to go upstairs to find him. I looked in a couple of classes and saw him. I opened the door; the teacher continued and didn't look round. I caught F.'s eye, he got up quietly and walked out. There was little eye contact and he didn't respond to my initial greeting. I asked him about what he was doing and he told me that it was careers advice. (F. S2)*

There are numerous other similar notes of not being able to find anyone where they were meant to be. This was partly due to inaccurate timetables and room changes.

*Went to pick H. up to be told its Monday week A even though it's Wednesday!! Look at timetable- go and pick up H. take him out of English.....*

*Break time bump into T.L. asked me how it was going, told him it was Monday week A and that kids had assessments- he responded- just do the best you can as he disappeared off in the opposite direction. (gen notes, 25-5)*

It was mostly due to two processes which I called positive and negative that meant the boys were rarely in their timetabled class. I noted 29 different reasons or circumstances which had prevented me from meeting with my young people (see Fig. 14). The 'negative' reasons included exclusion, inclusion, pastoral office, Head's office, off sick, late, sent home. This was exacerbated by the school privileging their use of such sanctions over therapeutic support, such as refusing to let me see a young person as they were sitting outside the heads office or sending them home just before their appointment time.

*I got taken up to the Heads office G. was sitting outside the Headmaster's office fiddling with pieces of a laptop.....I went into another pastoral office and asked the member of staff if G. could come to a session with me. She said he was in punishment and went to ask the Head. She returned and said the Head said 'not right now' and I said did that mean the whole lesson and she said she thought it did. (G. S4)*

In addition to the 'negative' reasons there were a whole host of 'positive' ones such as activities, sports, projects, fairs, the BBC, Radio 1, senior politicians, trips, committees, groups, etc.

Reasons young people were not in class	
'Positive'	'Negative'
Coaching for success	Outside heads room on punishment
Careers advice	In pastoral
Options talk in the hall	Excluded
Special project- addressing crime in area	Fake stabbing- had appendix out
Preparing a lesson to teach in a primary school/teaching in primary school	Unauthorised absence
Peer mentoring	Not coming in- unsafe due to threats from members of other gangs
School trip	Withdrawn from school for family reasons
Art project fortnight	At home awaiting organisation of alternative provision
Exams	Sent back to family in Africa
BBC filming	Internal exclusion
Visit by leading politician	Sent home for the rest of the day
Radio 1 broadcasting from the school	Late
School Council	Off sick
Playing football for the school	Not attending school at all-reasons unclear
Health fare	

(Fig.14)

This culminated mid project with a tirade from me which I repeat in full. It communicates not just the difficulty in locating young people but also the impact this had on me as an experienced and I would say generally robust worker.

*Went to pick G. up from Science, the class seemed small and I couldn't see G. The teacher noticed me and asked "can I help you miss"- I said I was looking for G. He said he was in a creative project, I asked if he knew where this was, some of the children chipped in, the teacher grimaced, shrugged and said art, music- not sure and shrugged again.*

*I met the charities T.L. in a corridor on the way to the charity's room, he asked if I was okay I said that G. was in an art /music project and I didn't know where those rooms were. T.L. showed me the way to music saying he wasn't sure where the art rooms were and left me to have a look in the music room, no G. I then went downstairs to the art room and then upstairs. I looked through all the doors some rooms looked empty, some had notices about exams and others did have Y.P. [young people] in but no G. I decided to see another of my boys now so I could see G. after lunch. I went to Science where both K. and P. should be and the entire class was empty. I felt a rising rage and f\*\*\*'s. They are never where they're f\*\*ing meant to be F,F,F, - also thought of the kids internal chaos being mirrored with the external chaos. F,F,F. I went to the charities room and decided the first thing to do was to find if any of them were in. K., P. and F. all had unauthorised absences. The social work student*

*checking for me said that he had seen P. and F. in school together the day before; I said perhaps they were bunking off together. G. was in school and the social work student checked and said he was in Science, I said I know but he wasn't there. Another volunteer I didn't know chipped in "was he in year 9" I said "yes"- she told me year 9's were in a project all week, all week F!F!F!-(Thinking particularly directed at the T.L. in room who hadn't told me/didn't seem to know?). The volunteer then told me she's been tracking them down and they were either in art upstairs, drama, textiles or the hall. I said I had looked and couldn't see G. and didn't feel I could barge into innumerable classrooms when I didn't know where he was F!F!F!- I also thought I wondered if 3 out of 4 weren't in because it was project week and they decided it was a 'waste of time.'*

*I decided I could take no more without saying something rude. I said I would try and find G. after lunch and left the building to get my lunch as I needed some time out. (Session 8)*

Interestingly in my ending interview with the Deputy Head she acknowledged and also justified the chaotic environment. This meeting was scheduled for 8am at the Deputy's insistence as she said she was so busy and it was the only time she was available. I then stood outside her room for 45 minutes whilst the Head teacher walked in and out consistently ignoring me whilst undertaking various tasks including brushing his teeth in the corridor. I then eventually saw the Deputy Head running down the corridor and literally had to chase her (having the strong fantasy that I needed to rugby tackle her to the ground to get her to stop). She did at last acknowledge me and said we could not meet in her room as she had leant someone her key and did not know where it was so could not gain access. She said she would come and find me in the staff room which she eventually did an hour late. She then talked at length about detailed paper processes, which she would not let me see but she said were very organised. Her argument seemed to be that this organisation on paper balanced the lived experience of chaos.

*Lots going on- lots going on- makes me dizzy. Immediate response to crisis- might feel for an outsider chaotic- ability to react quickly- let things run, no good- immediacy, manic/hectic-sanity in it all. So many layers... Parallel very reactive- this document- organised- very organised daily basis- 2<sup>nd</sup> strand have to react. (End interview with Deputy Head).*

How then do I construe this paper fantasy of organisation and the reality of acknowledged chaos? Given what I understood about the individual trauma of many of the young people in the school and the community being situated within a significant and serious gang organisation and culture I would intimate

the school was 'trauma organised' rather than 'trauma informed' (Bloom 2010). This concept is based upon and developed out of ideas in respect of parallel processes (Searles 1955).

Just as the lives of people exposed to repetitive and chronic trauma, abuse and maltreatment become organised around the traumatic experience, so too can entire systems become organised around the recurrent and severe stresses that accompany delivering services... especially when there still exists vast social denial about the post-traumatic origins of so many mental health, substance abuse and social problems (Bentovim, 1992). As a result complex interactions that we refer to as "parallel processes" often occur between traumatised clients stressed staff, frustrated administrators and pressured organisations that result in service delivery that often recapitulates the very experiences that have been proven to be so toxic for the people we are supposed to treat. (Bloom, 2010, p.2)

Bloom goes on to specifically discuss how such trauma organised systems can become both hyper-reactive or hyperaroused and also dissociated. This relates to the Deputy Head talking of the need to constantly react, seemingly dissociated from the reality of the situation and projecting the fantasy of calmness and containment into hidden and seemingly ineffectual paperwork.

Exposure to recurrent, systemic violence and chronic stress creates an atmosphere of recurrent constant crisis which severely constrain the ability of staff to: involve all levels of staff in decision making processes; constructively confront problems; engage in complex problem-solving; or even talk to each other.....Atmospheres of chronic stress and fear contribute negatively to poor services.

Organisations that are crisis-driven become hypersensitive to even minor threats and if there are a sufficient number of crises, may become chronically hyper-aroused. (Bloom, 2010, p.7)

Another useful idea is that of Organisational Defences, which Menzies-Lyth (1960) postulated from a psychodynamic perspective. Here, organisations construct themselves to prevent the workers within them from having to be in painful contact with the distress of their clients and the intimacy of personal care. In this environment the young people were kept constantly moving or 'spinning' as I came to term it. It appeared systems were constructed to keep workers and children from maintaining sustained, intimate, reliable contact and relationships.

A blow to the basic tissues of social life that damages the bonds attaching people together and impairs the prevailing sense of communality. The collective trauma works its way slowly and even insidiously into the awareness of those who suffer from it, so it does not

have the quality of suddenness normally associated with 'trauma'. But it is a form of shock all the same, a gradual realisation that the community no longer exists as an effective source of support and that an important part of the self has disappeared... 'I' continue to exist, though damaged and maybe even permanently changed. 'You' continue to exist, though distant and hard to relate to. But 'we' no longer exist as a connected pair or as linked cells in a larger communal body. (Erikson, 1994, p.233)

The manic activities allowed the school to view itself as enriching the young people's lives and they were praised for this in their Ofsted report, whilst at the same time reducing the amount of sustained and reliable contact any young person experienced. This may protect staff from creating relationships and getting in touch with young people's predicaments. It may also have the benefits of responding to young people who have poor concentration and a lack of interest in formal lessons by making sure they are not in them long enough to become bored and act out. Enrichment may be a successful strategy with more able or less troubled pupils and indeed the schools results had improved exponentially year on year. However, it would seem to counter much of what is currently known and understood about addressing the difficulties of troubled and traumatised young people that concentrates on the importance of providing containing and stable relational responses (Perry, 2001) (Cairns, 2002) (Hughes, 2006) (Schoore, 2012).

It is particularly important that those working with the most troubled have a way to process, understand and contain such projections and stresses. If they do not then the establishment of unconscious organisational defences, parallel processes and trauma organised systems is very likely as a way of maintaining organisational and individual functioning or 'disfunctioning'.

## **How to Find a Lost Boy**

I soon found out that no one in the adult professional group knew where the young people were or could help me find them. However, other pupils generally knew where the pupil I was seeking was and were interestingly often very motivated and interested in helping me find them. Students would often call out where they were or I would ask them. The pupils then gave directions or got permission to show me where my 'lost boy' was and they were usually correct or would have a few attempts if unsuccessful with their first effort.

*F. not in D.T. (Design and Technology)! I walked two floors upstairs. On the first floor one of the kids knew where F. was as usual- not staff. F. was sitting with 2 girls working on computers. F. went to teacher to explain. (F. S4)*

*I went to pick G. up from his lesson. G. wasn't in the music room, they suggest I try drama. I found the drama room G. was meant to be in there but wasn't. One of the other pupils said he knew where he was and got his teacher's permission to take me to G. We first went to the pastoral office but he wasn't there. I got taken up to the Heads office G. was sitting outside the Headmaster's office fiddling with pieces of a laptop. (G. S4)*

I actually gained another 'hard to reach' young person, H., when he took a shine to me when I asked if he knew where his friend was.

*I went to find F. and as the teacher was as usual ignoring me I asked a small group of children if he was in and they said no. One of the children who I later discovered to be H. engaged me in conversation and asked if I worked for the charity. I said yes and he asked if I would see him in F.'s place I said this wasn't possible but if he wanted to see someone to go to the charity's office and speak to T.L. Later in the day when I went into the charity's office I noticed 'the young man who had told me F. was away and had asked to take his place'. I checked out if he was the person I had seen earlier in the day and he said yes.....H. then asked if I saw other people and I said a few and he asked if I could see him because I seemed nice, I said I was a bit full but perhaps he could ask T.L. about seeing someone else. (H. pre S)*

It did seem to me that the teachers were so exasperated with constant interruptions and alternative provisions that they either did not want to co-operate with me or were as perplexed and confused by the moving around of pupils as I was.

*I went to pick F. up; I was slightly late because of room set-up. F. saw me as I walked past the computer area and caught my eye. I felt he had been waiting for me. He closed up his workbook as I walked over to him and made to come with me. A T.A. [teaching assistant] (black woman) came over and said to F. about him missing too much of the lesson and that he was not able to leave. I said I was from the charity and perhaps the teacher needs to raise the issue with T.L. from the charity. The T.A. agreed to this. F. put on his coat to come and the T.A. asked if he was coming back before the end of class. I said no. The T.A. said F. needs to pick up his bag from the main class. F. was reluctant to go in as he says the teacher will complain. F. and T.A. walked back to the class after a minute or so, I followed in order to pick him up. The class teacher came over and asked how long I am taking F. for, I said for the rest of the lesson. He said this is the problem as this is every week and he is not getting any work done. I suggested again he liaises with T.L. from the charity and he said he would send him an e-mail. (F. S5)*

Although the teacher's frustration is easily understandable the pupil's enthusiasm to be helpful is not so obvious and it is interesting that they learnt to operate in a system which neither I, nor their teachers could fathom. This might be another parallel process in terms of them being accustomed to relational and systemic chaos which they are adept at navigating and being hyperaroused or reactive themselves, they were always quick to respond to any opportunity to be in action.

As well as using the other pupils to find my cohort I would ask the attendance officer and if they were thought to be in, visit the 'usual places' or find them during break or lunch. If I had sat in a traditional style 'holding the space' waiting for young people to turn up, I would have very rarely seen anyone.

*I went to look for G. over lunch. I couldn't see him in the courtyard, canteen, hall and corridors. I went back to the charity's room but he wasn't there. I went to look for G. again and saw another place outside- I found him leaning on a girl. I said hello, G. looked shocked, I told him he wasn't in trouble and he patted his head as if recovering from a shock. I explained I had been trying to find him, he told me about being in projects. I asked about seeing him after lunch and he said he had to go back to the project. I asked if he could have half an hour out he said no because he had to put something on the computer to present next week. I said that was fine, I just wanted him to know I had tried to find him and I would find him next week. (G. S8)*

The other practice I developed was what I termed 'guerrilla therapy'. If I saw one of my young people in the corridor I would grab him and see him then. I quickly gave up on the usually important and much cherished therapeutic ideal of seeing a client at the same time each week. I did have a nominal time for each boy and I would go and look for them at their appointed time but if they were not there I would go and find another of the young people. This was because the person who was not in could well come in later and then there would be no slot for them, or if I did not see the person who was available in the morning they could well be gone or impossible to find later.

*I realise I need to go and find F., he is not in the library, I am not sure if it is week A or B so also check History but it is a younger age group. I ask a worker on return to check if F. is in the worker says F. was in last Wednesday though I couldn't find him and the attendance officer said he wasn't in according to her records. Today he is not registered at all as anything. Later sitting in the charities room I see F. walk past the window*

*at the end of break. I rush out and catch up with him. I followed him and a friend, the friend looked round, I called F.'s name softly but he doesn't respond so I come alongside him and say his name again, when he looked at me I beckoned with my finger and he looked really fed up but followed me silently; some way behind a couple kids call out to him in the corridor. (F. S18)*

## **Defending the Space**

In a school which was always moving pupils around and providing multiple additional activities and inputs space was always paramount. I often saw mentors or social work students carrying out sessions with students in corridors or the back of the library. The charity also had a yurt, therapy room and briefly a mobile therapy van all of which I was offered and then had withdrawn and I eventually ended up in a small 'cupboard' off the library initially with broken chairs and then furniture and fittings which changed on a regular basis with no discussion or warning.

*Whilst sitting writing the librarian came in and asked to swap tables, took out the large one. I offered to help but she said it was fine and dragged it along unaided. She brought two smaller tables and asked where I wanted them; I said out of the way, she explained someone had asked for them as they didn't have enough space. She then took out two broken chairs that had been there all term. I thanked her- she said she had kept meaning to do this but forgets unless she sees them. Felt the room more full of table but grateful for the two broken chairs being removed, helped me feel positive/happy, even like something good had happened. (Gen notes 25-5)*

The room was poorly equipped and I spent one week between sessions visiting pound shops and car boots to fill a plastic box with enough suitable figures and toys to undertake some more creative therapeutic work.

*When we got in there he instantly went to the box of figures and exclaimed in pleasure. I said I had got them cos [sic] I knew he had liked them in the therapy room and we couldn't usually use the therapy room.*

*As G. arranged the figures he asked if they were my figures or the charity's. I said it was a bit of a long story and did he want to hear it. I then explained that he had enjoyed using the figures last week in the therapy room and we can't usually use it so I spoke to T.L. and agreed I would get some figures to use so I got lots of things in the last week, so it was partly the charities, partly mine and partly G's though other people might use them. (G. S4)*

I was not given the room for the whole day and had to be out by mid-afternoon as they had fitted in another therapist. Even when I had the space I frequently

had to defend it from other people who wanted to use it and sometimes insisted they had booked it though I had a two termly tenancy.

*Attack on the room- round 2, with T.L. talking about F. and K. and this very smart pushy black woman marches in with papers and an entourage peeking at the door and saying she's booked it for a meeting. T.L. explains the charity always has it on a Wednesday. Senior staff member disputes this and says she's had it on a Wednesday before. I say I've been here all year- T.L. queries usual time, 10.30?? Says I've been here since January and always use it. Teacher asks what about room next to the charity several times. T.L. says it's busy and we also have connexions room on Wednesdays and always have- not sure what happened to booking system. Bad tempered staff member and entourage say that she will have to ask X to vacate his room and use this- leaves with entourage. Glad T.L. there to hold the gates. T.L. says if I'm going out to lock it so it doesn't get repossessed also moves a couple of chairs out of the room. Why are there always too many chairs? (Gen notes 22-6)*

Often when I had no one to see I felt guilty about staying in the room to write my notes and not giving up the space to one of the sometimes 4 social work students and other workers who were crammed into a small office with nowhere to see their own clients.

*Charity's room at lunch time, lots of adults, not many kids, all holed up in there- not reaching out- locked down...End of sessions not sure if I'm meant to stay in my room or not, didn't want to give up 'my' space, hate trying to work anywhere else, too many distractions and I like my safe space. (Gen notes)*

At other times my room was given over for the whole day to some 'project', again with no warning and I was given another room to work in. On one occasion this left me managing a hyperactive pupil, with no resources, in a glass fronted room overlooking the entrance to the school whilst awaiting the arrival of a very senior politician and trying to prevent him from banging on the glass to get his attention.

*I had to use another room because of filming in the library.... P. said he wanted to go on the computer, I said he couldn't do this and I didn't have the codes. He then went over to the computer and pressed some keys, the computer came up as locked and I confirmed we couldn't use it as we didn't have the code but P. pressed some buttons then came away complaining. I asked if he knew Mrs X's computer password and he said no so I said we were a bit stuck then.*

*We were then interrupted by the usual inhabitant of the room who came in without knocking and expressed surprise that we were already there. She said she just needed to get her things and got her bag and coat and*

*then left. I commented to P. on the interruption and that we should be ok now.*

*I asked P. if he knew a senior politician was visiting the school, P. looked at me vaguely.....P. asked if we'd see him. I said I wasn't sure if he would come in the front way or via the car park at the back. If he came in the front way we had the best view in the building (a large plate glass window on the first floor directly over the entrance). P. looked out the huge plate glass window and said we might see him. (P. S3)*

The idea of a safe place, which I noted in one of my records as finding in my usual room, is noted by Cairns as being crucial in order to help those disregulated by traumatic experience or environments. Therefore the securing of the space for both myself and the young people was crucial in helping us both feel safe and to enable me to be a more stable person for those I was working with.

At least one safe place, at least one safe person. When hyper-aroused, people need a soothing environment and they need to attune to an attachment figure who can self-regulate stress even in the presence of trauma. Identifying and naming the need for safety helps. (Cairns, 2013, p. 2)

## **Chaotic Communities- Gang Land**

The impact of the direct environment of the charity and the school on my work has to be viewed within the context of being located in one of the most seriously gang impacted areas in the country, as confirmed during interviews with two nationally recognised experts in the field John Pitts and Simon Harding. Simon Harding stated that this area had one of the largest crime reduction teams in the country and gave the example of when he used to manage this team that 3 teenage boys were shot within 500 yards of his office. According to Pitt's, *Reluctant Gangsters* (2008) this kind of youth gang culture has only been experienced in England for the last 10 to 15 years.

In 2007, a survey by the Metropolitan Police (MPS) identified 172 youth gangs in London alone, many using firearms in furtherance of their crimes and estimated to be responsible for 20 per cent of the youth crime in the capital and 28 knife and gun murders. (Pitts, 2008, p.4)

This is therefore the first generation that have grown up in a community saturated with the trauma and stress created by living in a culture of constant violence, threat and fear. Simon Harding said that young people,

*...live in a landscape of risk....[with] heightened levels of stress, hyper-vigilance, constant P.T.S.D. [Post Traumatic Stress Disorder]- staring*

*100 yards into distance living in constant fear/terror. (Interview notes Simon Harding)*

*Families now at risk- used to be a beef with just that person- now if a beef with that person the family is an open target- fear in wider community. (Interview notes Simon Harding)*

I found that the whole environment of the school was saturated and fixated on their experience of violence and particularly gang violence. The talk between adults and young people was often about who was or was not in gangs, what sort of gangs and how seriously they were involved.

*P. looks at me and says F. is in a gang if I go to Brixton I'll see him in a gang. I say how does he know if his in Brixton. He says he's seen him on You Tube making a gang sign with a hoody and a bandana. I ask how does he know its F. with a hoody and bandana. He responds that F. is always saying he is in a gang. He then says that K. and H. are in gangs. (P. S13)*

There was a lot of mystery and bravado. For young people the sense was that they could not say they were in a gang as adults were not meant to know, but they had to hint all the time they were in a gang otherwise you were 'uncool' and possibly unsafe. Both Simon Harding and John Pitts emphasised this aspect of the gang culture. Simon talked in terms of street capital and that young people were constantly,

*...trying to generate street capital, tool self-up operate, everything they think of is to generate street capital, less likely to be a victim. (Interview notes Simon Harding)*

*F. then went on to talk about Mum not believing him and arguing about him going out. He said that this was because she believed he was involved in gang culture because he hangs around in the areas with gangs and knows people involved with gangs. I said I could imagine lots of parents in this area were worried about this and F. nodded. I wondered why Mum worried, F. said it was because he did go to the areas and did know some people. I wondered if he hung around with them and he said no, he just waved and said hi and moved on. I asked if he felt safe because I knew a lot of young people who did not feel safe in gang areas and he said he was one, he was safe and he just wanted his Mum to trust him. (F. S2)*

The young people were preoccupied with their own safety and their 'reputation', who you know; who would protect you, where you could go, where you couldn't go.

*I wondered why he was so keen to see me, he told me he had been picked on today by a boy called X. When he came into school X called him a Jamaican Oompa-Loompa, a Jamaican Oompa-Loompa and kept*

*calling him names. I said that sounded awful, did X pick on him a lot, P. said no he was like that with everyone, horrible with everyone. But he called P. a Jamaican Oompa-Loompa (P. looks very small for his age) so P. called him racist names including a terrorist. P. then said a teacher got involved and told P. off but not the other boy.*

*He then told me people were telling him to fight X but that he didn't want to. I said this sounded very sensible, then P. said he was worried that X would be waiting outside school to fight him and he wanted someone to meet with him and X and sort it out. I said this sounded like a good idea, P. got up and said I'll go and get him. (me very surprised) I said I wasn't sure how these things were dealt with so I wouldn't be the right person but I would talk to T.L. at the charity to get someone to sort it out. I talked to him about what he could do if X did try and find him today- I asked did he go home with a friend. He said yes but didn't seem to think it would help. I suggested if he saw X just to walk away P. seemed very uncertain about this so I said brave thing to do (I felt when writing up the notes that I had minimised his concerns). (P. S1)*

The air crackled with it; it seems K. eventually left the school because he was in a gang and members from other gangs attended the school and he would not be safe. He had already been stabbed at age 13 and he talked of the boy who stabbed him later being stabbed, much more seriously. There was talk of knives, hammers and guns.

*He went back to the subject of screwing (staring) and that he was in the road getting chicken and chips with his ex-girlfriend and this boy started screwing him and this really wound K. up, so he went out of the shop after the boy but he ran across the road and only when on the other side with lots of cars between him, did he start to shout at K. to come and get him. K. said the boy then called a load of friends and K. thought they would rush him. K. put his hand under his shirt to look like he had a knife and told them to come on; they had their hands behind their backs as if they had knives. K. ran off to a 99p shop around the corner to get a knife but there weren't any, so he got a hammer and he went back with his hammer and had it in his waistband and lifted up his shirt so they could see what he had. A police car came around the corner, but it had only one "billy" in it, so it kept going. K. thought they were going to stab him but they were "moist" (weak) and didn't and when the police came back K. had to wrap up and hide his hammer though he pretended to the others he still had it. K. said he was most angry because he had his family with him (ex-girlfriend and Sister) and it was disrespectful to start something with someone's family there. I said like a kind of code. K. said even if the boy who stabbed him came by if he was with his family, he wouldn't do anything because that would be disrespectful. He said he wasn't bothered in doing anything anyway and he (the boy who stabbed him) had been stabbed by a gang in a crew and they stabbed him in the neck and left the knife in. I asked if it was anything to do with his attack and he said no. (K. S3)*

Children told me they heard gunshots at night and one of my young people who disappeared for a couple of weeks was reported to me by both the Deputy Head and the T.L. as having been stabbed- the pupils all knew this. I spoke to the attendance officer and discovered he had had his appendix removed. I only found out more recently that he had texted everyone to report his stabbing, swearing his worker and mum to secrecy.

*Go to I.T. [Information Technology] to pick up H. I ask the teacher re H., he said he should be there, he asks the other pupils and they say he is not in I return to the charity's room to try and track him down. The Deputy Head comes in the charity's room and asks to borrow the Connexions room, I say I'm using it and am trying to track down the kids and if I can't find them that's fine. Asks which kids and I tell her and she says there's a rumour that H. has been involved in a stabbing. T.L. enters and joins the conversation he has also heard that H. has been stabbed. I go over the corridor to see the attendance officer about my 3 missing boys. She thinks she knows something about H. and says she thinks she has an e-mail that he'd hurt his arm. She goes into her computer and eventually finds an e mail saying that H. had an appendix operation and may be out some time.*

#### *Comments*

*Well this is legalised stabbing but it is astonishing that both the Deputy Head and T.L. thought a pupil had been stabbed when the school knew otherwise. (H. S8)*

I remember coming in one morning and the social work student who lived locally told me about a shooting down the road where a young child had been caught in the crossfire. She talked about how she would never take her young children out locally so late.

*Student social worker came in and began talking about the shooting of a 5 year old girl last night at 8pm. She was saying what sort of world is it when people are shooting at 8pm on a main road... Doesn't feel the area is dangerous- but doesn't go out. Talking of why a 5 year old girl and Father 35 gets shot in a shop at 8.30pm and no one calls police till 9pm. Speculation about why this was. JH and another worker talk about living an hour away by tube and things being a different world. Talk about gang culture and postcode/area gangs. (Gen notes 30-3)*

Although there was a lot of informal discussion during my time there, neither the charity's team nor the school ever talked with me about the gang culture and how to manage or understand this. In discussion with Simon Harding he was very surprised that I had managed to get into one of the schools at all. He had always found this impossible during his many years both as a worker and a researcher in the area

*Schools not on top- not in partnership. Ostrich approach, do what we do- worried re stats/Ofsted, deny gang involvement. Partnership work- leaves schools out- wouldn't play didn't want to get involved, couldn't get in- unique autonomous states. Don't play the partnership game. (Interview notes Simon Harding)*

This is important because it was only with later research did I make sense of much of the behaviour I was experiencing and managing within this environment. This was particularly in regards to many of the boys being obsessed with their mobile phones and my being left to interpret this as some sort of block or resistance to relating. Although this may not be entirely inaccurate I am now given to understand that this obsession with phones and computers is due to a constant need to be aware of the gang landscape in terms of peoples 'beefs', 'capital' and the most recent incidents.

*Phones permanently in classrooms- can't grab attention, monitoring what happening- credit up/down- schisms, conflicts. ....*

*Constantly on mobile phone- obsessive, 24 hours Reuters news room, need to know who talking to who on a minute to minute basis, immediate reality. (Interview notes John Pitts)*

*Hyped up, made worse by social media- 20 years ago took 2 days to know someone stabbed now in 60 seconds, full details in half an hour, 100 texts multiple variations. Ramps up the emotional attachment/distance, immediate. (Interview notes Simon Harding)*

This left me, particularly with P., unable to fully understand or connect, first downplaying the incident of P.'s reports of name calling as I was not aware what the implications of having a dispute with someone might be, and also becoming irritated by his constant phone use.

*P. said he wanted to go on the computer, I said he couldn't do this and I didn't have the codes. He then went over to the computer and pressed some keys, the computer came up as locked and I confirmed we couldn't use it as we didn't have the code but P. pressed some buttons then came away complaining. I asked if he knew Mrs X's computer password and he said no so I said we were a bit stuck then...*

*P. then began to play on his phone-I asked him to put it away and he said he was playing a game and continued to look at his phone. I said it wasn't a good use of our time together if he was looking at his phone. P. said he could use his phone and listen to me- I said I wanted his full attention and it seemed rude of him looking at his phone when I was wanting to talk to him. I asked him to put it away again he put it in his top pocket. I wondered how long he could manage without it and suggested 10 minutes he said no way and about a minute. He put it aside briefly and I began to suggest that we might make another story like the week*

before. P. then got his phone out again and began to text a friend he said he was going to 'ping' him. (P. S3)

**JH** *So I'll see you every week after break- what do you think of ICT [Information and Communications Technology], do you like it or not?*

**K** *Both really, I like it and don't like it.*

**JH** *So what do you like?*

**K** *I like going on the internet.*

**JH** *I could guess what you don't like- that you can't get on what you like.*

**K** *No, I don't like the work.*

**JH** *Is it hard?*

**K** *No, it's not hard, just boring.*

**JH** *You can't get on what you want.*

**K** *We have ways of working it out.*

**JH** *You can get around it.*

**K** *Yea, someone in my class worked how to get on Facebook. You go in on another language then you go through that page and it's English.*

**JH** *Like you log onto Facebook in Italy and it's Italian and you go through it to the English.*

**K** *Yea, but someone told a teacher.*

**JH** *Someone grassed you up.*

**K** *Yeah, a swat but it wasn't a girl. (K. S1)*

How do you trust, how do you relax, how do you relate in a community which is constantly fearful, on guard and also excited and hyperaroused by that violence? The experience of living in environments of heightened tension, violence or anxiety as children would have a direct impact on brain development and neurochemical pathways. Alertness to and responsiveness to threats and perceived threats become hard wired into neurological systems (Perry et al., 1995) (Schore, 1994). There is a much greater reliance on the limbic system and primitive flight, fight responses, levels of adrenalin and cortisol are generally a lot higher leaving children and young people on continual alert. This left children, and it also seems, the systems in which they reside little able to

think about emotional situations and experience and reliant on automatic and autonomic primordial reactions.

## Endings

The difficulties in negotiating the system, to connect with and protect the relationship I had with 'my boys' is most vividly demonstrated by its successful efforts to prevent me from ending my involvement in a planned and thoughtful manner. It had always been part of the research design to undertake some small group work after the individual sessions had ended. They were all interested in the idea of meeting as a group though not necessarily in the subjects for discussion.

*I said I was planning to come back next term possibly to see him in a group for a few sessions. P. was keen on this and he asked who else would be in the group. In the end I decided to tell him as I think if I am going to see them in a group I can't not let them know who the others are, so I tell him, K., F., H., and G. P. smiles. (P. S13)*

I had initially planned to undertake this work with a research assistant but as this never transpired I negotiated with the charity to provide me with a co-worker, a new practitioner working with older hard to reach boys and my entire cohort were on his client list. After some difficulty arranging to meet I eventually met with him in the charity's office. His appearance was striking; he had multiple piercings and tattoos and I found him quite intimidating. I felt that a kind of expertise was being owned which I could not have because I was not of the culture.

*Hard to reach worker from the charity. Things get into me- leave me feeling holding stuff. Status cool/not cool. Front, kudos. Seductive part of club. Cliché- scary/grunt. Outside/appearance can't dismiss not irrelevant. Sense of inadequacy versus the real deal. Piercings- me afraid. (Sup 14-7)*

Nevertheless, we shared an interest in the gang culture and talked about following this up together as part of the group work. However, the T.L. who had been stretched, exhausted and over worked decided to leave his post. I followed up with the youth worker in the autumn but he did not respond to telephone messages, texts, or e-mails. At one point when he did respond he said to my complete astonishment that I must have the wrong person as he didn't know who I was or what I was referring too.

*Asked for phone number- involved in meetings map out gang territory. Previous- had not responded ignored e-mails- lost phone number 'pretended?' he didn't know who I was, what research was. 25minutes late. Blanked me at school- completely ignored me. (Gen notes)*

Having contacted the acting T.L. and gotten no further I used a senior contact in the organisation who insisted on an appropriate response. I was then approached later that day by the worker who was having to rush off and told me his charity e-mail did not work and even the C.E.O. (Chief Executive Officer) of the charity had complained of not being able to get hold of him.

*She [the senior manager] took it on herself to ring the new T.L. at the school to explain the situation and I ended up speaking to her explaining the issues, she agreed to chase the worker. When I went into the school that evening ..the worker came into the staff room dressed in bike gear saying he had to rush off- I explained I had been trying to get hold of him for weeks, he said his charity e-mail was not working and the CEO had been trying to get hold of him for weeks. (Gen notes)*

We did organise a meeting to discuss the group work and he attended half an hour late with tales of what he had to deal with in the school in terms of the boys acting out. We had a reasonable meeting and set up a time and day for me to go into school and undertake a group with him.

*I checked the day before arrangements still ok- no response. Went into school at 10 as arranged...worker was not in the office- when I asked after him I was told he was in a professionals meeting with a lot of different people and listed them all and it was only arranged yesterday and she didn't know when he would be out. I said I was pretty unhappy as I had come all the way from Essex having arranged to meet him and the boys from my research. (Gen notes)*

The T.L. had expected me and made some attempts to find 'my boys' for me but two of them were not in school. There was nowhere to see the two boys who were in so I was allowed to use a shed in the grounds. The boys were not expecting me, the setting was inappropriate they soon started to act out and I cut the session short. I left with no apology or efforts to repair the damage which had been caused. The only communication I got was from the T.L. later in the week complaining there had been sand left on the floor of the shed and if I did want to come in again I'd have to meet the boys in the library or corridor. This was the point at which I became absolutely distraught, with fury, but more so of having left 'my boys' in a situation that cared so little for them, treated them so badly and then complained at the consequences whilst taking

absolutely no responsibility. Again I communicated with my senior contact in the organisation; she was totally appalled and apologetic and attempted to sort the situation out. I asked that I see the boys individually in the room I usually used to say goodbye but the T.L. could not or would not find a suitable time when it was available for me. At this point I admitted defeat and wrote to the boys explaining the situation (without blaming anyone) and saying goodbye.

## **Conclusion**

This experience of endings and my overall experience of working with the charity in the school setting for me brought up a particular issue. This charity is renowned for working with the most troubled and troubling children and young people in some of the most difficult areas. It gets involved in the lives of the young people and the issues of their neighbourhood. It complains as I did earlier of many services preciousness and defensiveness in their unwillingness to see and set themselves up as available to such young people and groups. However, the question that is left for me is to what extent in working with such young people and groups and getting involved in their environments does one have to mirror and live in that chaos. I felt that I was trying to be within but not of the chaos, to create relationships, which were not completely swallowed and corrupted by the system but in the end the system was stronger than I was.

*Hi T.L., Thanks for clarifying unfortunately I have regular commitments on Wednesdays and Friday mornings. I think I am going to have to admit defeat.....*

(e-mail to T.L.)

# Chapter 9-Findings

## Introduction

Much of the writing in the findings chapter is based on theories about the significance on the long term impact of early childhood experience, from a psychodynamic, attachment and neurodevelopmental perspective. This is particularly in respect of the impact of misattuned care giving and developmental trauma created by relational difficulties in the first few years (Hughes and Baylin, 2012). It is recognised that the individual evidence for such early relational issues are largely constructed from working from the young people's presentation backwards rather than detailed and accurate histories. However, the centrality of early relational experience for later emotional, social and psychological functioning is well evidenced.

From the view point of developmental psychopathology and its psychosocial treatment, this is a barren picture which ignores the central role of the child's emotional relationship with the parents in fostering the capacity to understand interactions in psychological terms. (Fonagy et al., 2004, p.30)

The concerns about early relational processes are placed within the context of poverty and social exclusion which have been postulated to have a long term negative impact on attachment (Baruch et al., 2007) and long term health including mental health (Lanius et al., 2010). It has been demonstrated that there was definite evidence for the whole environment being traumatic in terms of gang culture and trauma organised systems. When 'my boys' were in primary school the following was reported.

In London in 2007 28 young people under the age of 20 were killed in 'gang-related' murders. Moreover, between April and November 1,237 young people were injured in gun and knife attacks: 321 were shot, 39 'seriously', 952 were stabbed, 188 'seriously', There were 12 armed rapes and 88 'gun enabled muggings'. (Metropolitan Police Service, 2007)

Throughout the findings chapter I am highlighting issues which it could be argued many adolescents struggle with, such as capacity to take responsibility for their behaviour, ability to put feelings and thoughts into words and the facility to negotiate with others particularly adults (Coleman, 2011). However as previously discussed most adolescents' negotiate adolescence with little difficulty so the issues described should not be conceived as being typical.

In this study some 33.5 per cent of adolescents surveyed reported no symptoms of psychological distress and another 39 percent reported five or fewer symptoms (a mild level of distress). On the other hand a significant 27.5 per cent reported higher levels of psychological distress. For the majority the adolescent transition may be relatively smooth. However for a minority it does indeed appear to be a period of stress and turmoil. The large majority of adolescents appear to get on well with adults and are able to cope effectively with demands of school and peer groups. They use their resources to make adjustments with environmental stressors with hardly visible signs of psychological distress. (Siddique and D'Arcy, 1984, p.471)

I am therefore attending to the 27.5% who have specific and marked difficulties and attempting to postulate what these are, where they come from and how best to intervene.

### **The cohort**

In discussing my research it is acknowledged that these findings are based on work with a very particular group of young people, which are Year 9, BME, boys. I think gender may be a particular issue as it is argued both that boys react less well to insensitive handling (Trevarthen et al., 1999) and disruption in care giving (Sander, 2007). Further that they are much more likely to externalise their distress and difficulties.

Boys seem to be more affected by poor-quality childcare, especially if the poor care is both at home and at nursery (Hungerford et al, 2000) and they are also more vulnerable to the effects of Mothers being away at work, showing more **externalising** behaviours, defiance and poor self-regulation. (Music, 2011, p.139)

One must also conclude based on the environment chapter that issues of race, racism and social exclusion were significant for this group (Baruch, 2007) (Lowe, 2006). It therefore appears that further study with a larger, more diverse ethnic, age and gender group would be required before it could be determined how generalisable the findings might be.

## Organisation of Findings

Initial Question	Final Section or Paradigm
<ul style="list-style-type: none"> <li>• Historical, Contextual, Familial Factors</li> </ul>	<ul style="list-style-type: none"> <li>• Aspects of 'hard to reachness'</li> <li>• Groupings of presentations</li> </ul>
<ul style="list-style-type: none"> <li>• Inner Working Model</li> </ul>	
<ul style="list-style-type: none"> <li>• Manner of Intervention</li> </ul>	<ul style="list-style-type: none"> <li>• Domains of intervention</li> </ul>

(Fig.15)

To answer my three broad questions about hard to reach adolescents it has been necessary to create three different paradigms which map onto my initial questions which were; the link between historical, contextual and familial factors and their impact on the developmental of the presentation; the inner working model; and the manner of intervention.

The last area, manner of intervention maps straight forwardly onto domains of intervention. However the first two questions are addressed in both, aspects of 'hard to reachness' and groupings of presentations. Although the groupings could be seen as a summary of the inner working models. Therefore in reading the findings the questions are seen to be answered by their corresponding sections.

Each data set has its own structure and there is also an overall table (Fig. 20) which brings all these concepts together. In creating such a model, I am attempting to proceduralise something which is fluid and interconnected. Despite the neat structures the neurological, social, relational and psychic processes described cannot be viewed separately and act in constant interrelation. This connects to earlier discussion about the use of complicated models to understand complex systems (Cooper and Wren, 2012) and the idea of crystallisation (Richardson, 2008) in structuring ideas. It should then be seen as an attempt to begin an exploration and dialogue, not as a fixed and absolute solution.

## **Aspects of Hard to Reachness**

Firstly, the case notes were analysed to create a variety of subheadings describing manifestations seen in all the young people and it was around these that the case studies were organised. These factors were seen to coalesce in fields described as Neurodevelopment, Unconscious, Relational and Environmental/Contextual factors under which the various subheadings have been organised (see Fig. 16).

### **Neurodevelopment**

#### **Setting of HPA axis**

- a) Arousal states

### **Unconscious processes**

#### **Projection**

- a) Incorruptible parental figures
- b) Responsibility

#### **Difficulties in Knowing**

- c) Feelings and expression
- d) Lack of and distortion of history

#### **Transference and Countertransference**

- a) Different uses of the therapist

### **Relational**

#### **Meeting them where and how they are**

- a) Emotional and relational maturity
- b) Difficulties with reciprocity

### **Environmental/Contextual**

#### **Ecological Perspective**

- a) The direct research environment
- b) Family past and present
- c) Community and society

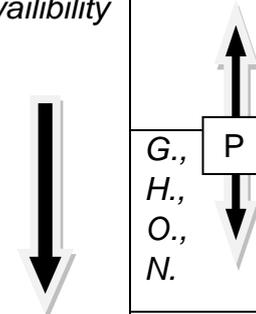
(Fig.16)

## **Groupings of Presentations**

It became apparent upon a second level of analysis against various bio-psycho-social factors that the young people and their presentations could be assigned to one of three categories, though one of the young people, P., did encompass two categories and I believe there is movement and interrelatedness between all the categories. I have termed these three groups Chameleon's, Reactors and Fragmentors and these categories are related particularly to projective processes which is the original part of the model. I am uncertain how confidently to attribute arousal states and attachment styles to a particular

group's projective style. Although these did seem to relate to each other in the research group further research with larger more diverse groups is required to clarify this possible relationship.

All of the categories can be seen as being hard to reach or engage but I will go on to argue that it is the Reactors who I would view as being classically hard to reach and the other two groups as somewhat different in presentation and required interventions.

Group	Neurodevelopmental Arousal state	Use of Projection	Attachment Style	Social Factors	Young People
Chameleons	<i>Hypoarousal/Flight</i>	<i>As the situation dictates- Transference Charm Acting out</i>	<i>Avoidant</i>	<i>Current impact and availability</i> 	<i>F.</i>
Reactors	<i>Hyperarousal/Fight</i>	<i>As their needs dictate- Acting out Charm</i>	<i>Ambivalent</i>		<i>G., H., O., N.</i>
Fragmentors	<i>Dissociative/Freeze</i>	<i>Into fantasy</i>	<i>Disorganised</i>		<i>K.</i>

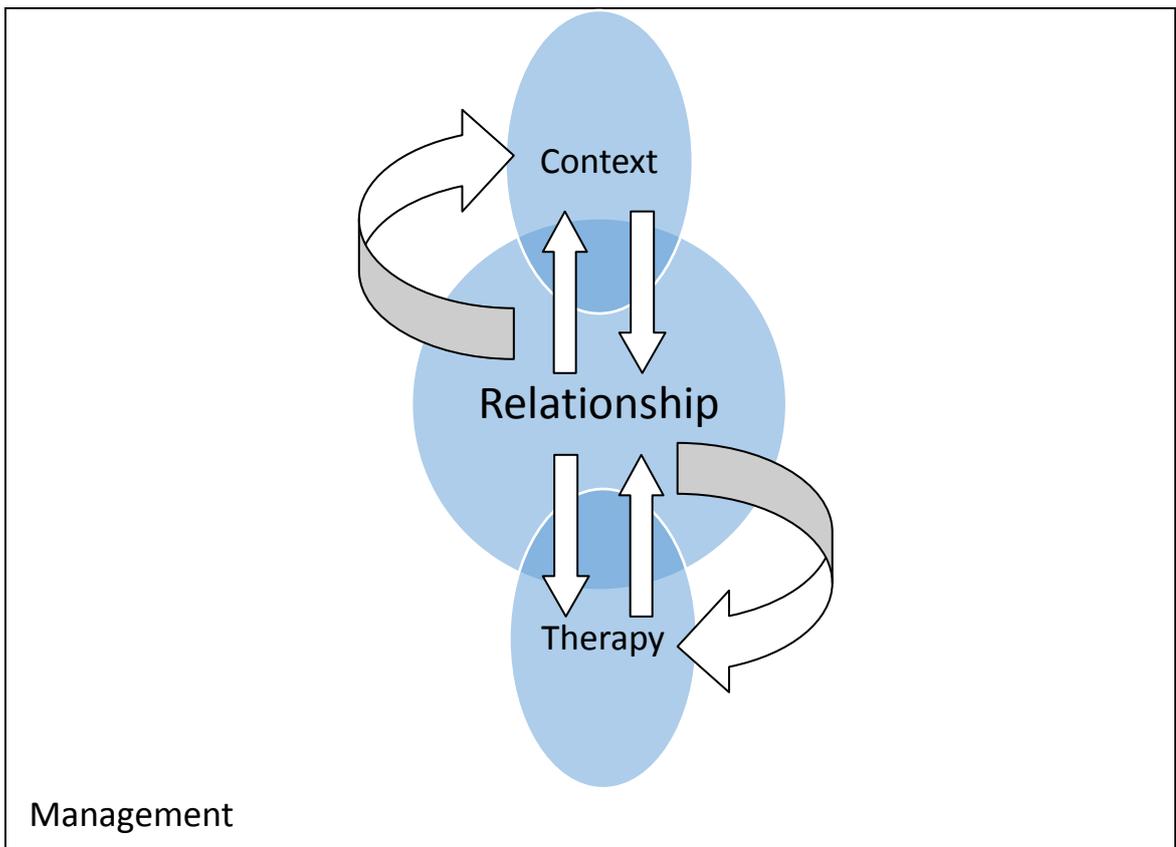
(Fig. 17)

### Domains of Intervention

The four aspects of 'hard to reachness' map onto four corresponding domains of intervention which are termed Management, Therapeutic, Relationship and Social/External which will be discussed in terms of how theoretical concepts and understandings can be used to impact upon practice.

Aspects of Hard to 'Reachness'	Domains of Intervention
Biological/Neurodevelopmental	Management and Safety
Unconscious	Therapeutic
Relational	Relationship
Environmental/Contextual	Social/External

(Fig.18)



(Fig.19)

### **The Model**

Central to the model is the assertion that hard to reach presentations need to be understood and intervened with on four different levels that is biological, unconscious, relational and environmental. Although I am reasonably confident that all four concepts require consideration the precise content of each field requires further study and refinement and are as yet possibilities rather than probabilities.

For each young person the impact of each of these various factors will differ and this may help to explain the great variety of the group and the needs presented.

Below is an attempt to bring the four paradigms and interventions and three groupings together to suggest how they might interrelate.

<b>Hard to Reachness</b> 	<b>Biological</b> 	<b>Unconscious</b> 	<b>Relational</b> 	<b>Environmental/Contextual</b> 
<b>Group</b> 	<b>Neurodevelopmental Arousal state</b>	<b>Projection</b>	<b>Attachment Style</b>	<b>Social Factors</b>
<b>Chameleons</b> 	<i>Hypoarousal/Flight</i>	<i>As the situation dictates- Transference Charm Acting out</i>	<i>Avoidant</i>	<i>Direct involvement with context:  Family, School, Social Network, Gang Culture, Community, etc</i>
<b>Reactors</b> 	<i>Hyperarousal/Fight</i>	<i>As their needs dictates- Acting out Charm</i>	<i>Ambivalent</i>	
<b>Fragmentors</b> 	<i>Dissociative/Freeze</i>	<i>Into fantasy</i>	<i>Disorganised</i>	
<b>Domains of Intervention</b> 	<b>Management</b> 	<b>Therapeutic</b> 	<b>Relationship</b> 	<b>Social/External</b> 

(Fig. 20)

## Four Aspects of Hard to Reachness and their Sub Categories

### Biological

The biological or neurodevelopmental construct was the last data set to evolve. It largely became apparent through the second layer of analysis against the actual case studies. The neurodevelopmental factors of arousal states were initially highlighted via the environmental chapter and ethnographic work where the neurobiological features of anxiety and stress regulation were more apparent.

Brain development and neurochemical functioning is use and relationship dependent and created within early primary caregiver relations. The neurodevelopmental impact of implied attachment and relational trauma is increasingly viewed by researchers as interconnected, that is that attachment relationships are laid down in and integral to brain patterning and functioning (Hughes and Baylin, 2012) (Perry, 1995, 1997, 1999, 2001) (Schorre, 1994,

2001, 2012). Therefore poorly attuned and emotionally uncontainable parenting can impact on the development of capacities for social, emotional, relational and linguistic skills which create a blue print for future development and a template for understanding and functioning in the world.

Children whose carers are the cause of their fearful states and children who do not have access to a sensitively attuned carer at times of distress, are left acutely and chronically dysregulated. In these situations, the brain feels overwhelmed. It therefore copes defensively. But there are psychological (and developmental) consequences when defensive strategies are over-used. In their attempt to reduce anxiety, defences distort reality and lay down partial, incomplete memories and dysfunctional behavioural sequences which become reactivated whenever similar situations are met. (Howe, 2005, p.46)

Such patterns cannot be easily changed or altered and have an impact on resulting functioning throughout childhood and into adulthood.

The neural connections that result in defences shape our lives by selecting what we approach and avoid, where attention is drawn and the assumptions we use to organise our experiences. (Cozolino, 2002, p.32)

The hypothesis is then that presentations of hard to reach adolescents are a result of the interchange of genetic and environmental factors which lead certain genotypic possibilities to become phenotypic realities. However, these realities are not fixed and can be impacted upon by later experience including therapeutic interventions.

Studies using human subjects have also indicated that quality of care in infancy can moderate the expression of genetic characteristics in the development of psychiatric symptomology (Caspi, et al., 2002; Kaufman, et al., 2004). Particularly relevant here, Suomi (2005) has advanced the notion of “maternal buffering” in which responsive early care buffers the otherwise genetically vulnerable offspring from the development of high stress reactivity and later maladaptive behaviour. (Bureau et al., 2010, p. 52)

There is much that could be said about the impact on right brain and limbic system functioning through early attachment and contextual experience but I will concentrate on the management of stress and anxiety via the HPA axis as this was most apparent.

### **Setting of HPA axis**

The HPA axis stands for the hypothalamic-pituitary-adrenal axis. It is a key neurochemical pathway in responding to stress. When faced with basic threats it sets off a chain reaction which produces adrenalin and cortisol which prepares the body for fight, flight or freeze. It is an unsophisticated response which babies and young children are reliant on as they have not yet developed more sophisticated thought responses and behaviours to perceived risks. If babies and infants are not responded to in their distress they will pump more cortisol and adrenal (hyperarousal) and eventually to avoid burn out it will cut down levels (hypoarousal) and in extreme situations will freeze and dissociate.

...children with poor early experience may only be able to resort to the alternatives underpinned by the sympathetic nervous system that is fight or flight. As Schore emphasises, when neither of these prove possible the parasympathetic nervous system takes over, shutting down the over activity produced by the sympathetic nervous system, leading the child into the shut-down, frozen state that mimics death. (Wilkinson, 2006, p.48)

These processes are important as they impact on a large area of functioning including digestion, the immune system, mood and emotion, sexuality, energy storage and sleep patterns.

The cortisol puts brakes on his immune system, his capacity to learn, his ability to relax. In effect, the cortisol is having an internal conversation with other bodily systems which goes a bit like this: Cortisol: 'Stop what you're doing, guys! This is an emergency! Don't waste time fighting the bugs. Don't waste time learning or connecting to new pathways. Don't relax! I want all your attention on this problem. (Gerhard, 2004, p. 62)

Further, early experience becomes set and will mean that those exposed to early unmediated stress become more reliant on limbic system responses to stress and are easily triggered and then become either over aroused, or cut off or dissociative.

Alterations in HPA system regulation and problems with emotion and behaviour regulation have been widely associated with later psychopathology. Moreover, there is clear evidence that the development of these systems is strongly tied to the quality of early care. (Fisher and Gunnar, 2010, p.134)

In the three groups of boys it could be seen that F. was usually under aroused and that the group of boys termed Reactors tended to get easily over reactive and were generally continually physically unsettled and active. They were

easily triggered into non thought action and neither themselves nor others were aware of the anxiety behind their perceived acting out. In the case of K. his behaviour was often bizarre and dissociated from conscious knowing or awareness.

## **Unconscious Processes**

### **Introduction**

Unconscious processes will be explored using two key psychodynamic concepts of transference and countertransference, and projection (Klein, 1975). I will suggest that for hard to reach young people that something may go wrong with the process of projection as it becomes characterised by the subjects need to banish any negative unconscious phantasy or thought as far away from themselves and their primary carers as possible to reside in some other person, group, institution or activity. This left the young people populating a universe in which they and their parents could do no wrong but their environment was both in phantasy and reality hostile, attacking and misunderstanding. The nature and characteristics of these projections were often extreme and violent and this seemed to leave many of the young people with a lack of emotional expression and capacity to be emotionally in touch.

As far as the ego is concerned the excessive splitting off and expelling into the outer world of parts of itself considerably weaken it. For the aggressive component of feelings and of the personality is intimately bound up in the mind with power, potency, strength, knowledge and many other desired qualities. (Klein, 1946, p. 8)

This excessive projection may well link to the further subcategory which was difficulties in knowing. There was both a difficulty in thinking about things and a lack of history or information. Even what was known was often possessed only briefly to be lost or distorted. This defence against the reality of their lives could be linked to several concepts such as dissociation and mentalisation. Central to unconscious processes are the use of transference and countertransference as a relational and communicative tool which meant for some young people that their inner worlds were much more or less available through these mediums. The employment of the therapist as an unconscious object showed great variations to the extent of its operation and how tolerable it felt for both the worker and the young person and this will be discussed further.

## Projection

### a) Incorruptible parental figures

In all of the subjects there appeared to be some idealisation of protected parental figures whereby the parent/s were defensively preserved as an unblemished person or symbol and all 'badness' personal and familial projected outwards. This varied from a bland painting of the figures, to eulogies and protection of this image from my questioning and queries;

*I said Mum had talked about the history of Dad, about the drugs, alcohol and violence, F. said it was nothing to do with him (Dad) and he doesn't know why she included him because it's nothing to do with him, just him (F.) and Mum. (F. S18)*

It is suggested (Klein, 1946) that from earliest existence the child splits thoughts and feelings both conscious and unconscious into good and bad and projects these out into the world usually into their primary care giver. With attuned enough care these projections are held and processed and reintegrated by the child in a more 'digestible' form. In this way small children can manage overwhelming emotional states and become able through containment and interpretation by others of their emotional states and needs to manage and understand their own emotional worlds.

Projection .....helps the ego to overcome anxiety by ridding it of danger and badness. Introjection of the good object is also used by the ego as a defence against anxiety. (Klein, 1975, p.6)

However, the boys in my group never seemed to get to what Klein would term the depressive position, realising the world, others and themselves are constituted of both good and bad which can be held together within one 'object'. Instead they continued to split everything into good and bad holding the good for themselves and their primary care givers and assigning the bad to everything and everyone else.

The projection of good feelings and good parts of the self into the Mother is essential for the infant's ability to develop good object-relations and to integrate his ego. However if this projective process is carried out excessively, good parts of the personality are felt to be lost and in this way the Mother becomes the ego ideal.....when persecutory fear is too strong, the flight to the idealised object becomes excessive and this severely hampers ego-development and disturbs object-relations. (Klein, 1975, p.9)

One might postulate that the reason for this veneration is to protect the child from the unbearable reality of not being psychically contained, protected and attuned to enough. In Fraiberg's (1982) work on infants with parents' with severe attachment and attunement difficulties the defences of transformation of affect and reversal may be particularly significant. In the former, children respond to overwhelming anxiety and pain in parental exchanges by becoming enthusiastic, excitable and laughing partners in 'sadomasochistic games'.

But for each of these children ...the theatrical laughter and the foolish grin on the face are most certainly defences against intolerable anxiety. (Fraiberg, 1982, p.628)

In reversal it was observed that infants being unable to share and express aggressive impulses against and with their primary care givers would turn aggression against themselves and this was observed from as young as one years old.

The straightforward explanation is that the child's fear of a parent and of parental retaliation inhibits the expression of aggression toward the parent. Aggression is then turned back upon the self. But pain should then be the inhibitor of self-directed aggression. It should be, but the next puzzle appears in our observations that these children seem not to experience pain in their self-inflicted injuries, or not until pain crosses high thresholds. (Fraiberg, 1982, p.631)

#### b) Responsibility

From the outset one of the most marked characteristic of the group was their extreme difficulty in taking any responsibility for their problematic behaviours both at home and in school life. They maintained a steadfast position that they did not do most of the misdemeanours they were accused of and further if they did do them their behaviours was completely justifiable due to the insensitivity, stupidity or provocation of others.

O *School's okay*

**JH** *Do you get on with teachers okay?*

O *Well, they say I do stuff but it's not me*

**JH** *Oh, so they say you do things they don't like and is it never you?*

O *Well, sometimes it's me but not the serious stuff, just some kids stuff.*

**JH** *So you never ever do the serious stuff?*

O *Like one time this boy said I'd taken his phone and they said I did it but I wasn't even in school that day.*

**JH** **Okay, so how come they tend to think it's you?**

O *Don't know, they just do. (O.S1)*

The denial of responsibility or guilt appears a further protection of the self as a good object and a projection outwards onto non-parental relations of all bad characteristics. This excessive splitting and holding onto an idealised sense of self may be related to the concept of excessive shame. Lansky (2007) discusses how splitting can be a protection against feelings of shame, powerlessness and self-doubt.

Splitting, instigated by shame conflict (i.e. the anticipation of unbearable shame due to awareness of a massive discrepancy between one's view of oneself and one's ego ideal, one's sense of the conditions for self-respect and self-approval before others... (Lansky, 2007, p.578)

Cairns' (2002) explores the management of shame as an integral part of attachment processes at the age of 9 to 18 months. Where parents are unable to appropriately manage shameful experiences for their children this can lead to experiences of disintegrative shame for the child. Shame can become a core part of the child's identity (Hughes, 1998) so they do not experience themselves as having done a shameful thing but as being a shameful or bad person. In this way anything that is likely to lead to experiences of shame or wrongfulness need to be excessively defended against.

Children who experience this level of disintegrative shame are likely to be controlling of others and chronically angry.... children who can be so readily hurt and so little comforted are almost always children who need to at any cost be in control of others and their situation, though they lack appropriate control over their feelings and behaviour. (Cairns, 2002, p.63)

### **Difficulties in Knowing**

c) Feelings and expression

As could be expected with excessive projection into others this left the boys with an emptiness and lack of emotional scope. For some, like F., they seemed at times devoid of almost everything, energy, thought, connection and emotion.

*I noticed F.'s demeanour had changed a lot when we were discussing this, he yawned a lot and put his head on the uncomfy arm of the chair and closed his eyes. I commented on F. seeming more tired and offered him a pillow as the arm looked hard, he declined the pillow. I said he*

*seemed more tired now we were talking about Mum and it was as if his brain was saying it had had enough and had switched off and that brains did that sometimes. F. said no and I checked out he understood what I meant; he said he did but he didn't think it applied to him. (F.S7)*

For others like H. and G. there seemed a pleasant nothingness and blandness to many interchanges; a sweet nothingness which seemed characteristic of the Reactor group where affect was hidden all together or wrapped up in acting out rather than unconsciously projected.

*....With an unassimilated idealised object there goes a feeling that the ego has no life and value of its own... (Klein, 1946, p.9)*

A cardinal feature of states characterised by excessive splitting is the fact that people in such states lack the capacity for curiosity about their state of mind. (Lansky, 2007, p.577)

The young people appeared to struggle with what they thought or felt and often wanted to avoid and deny any such states. One must first be known by the other (Bowlby, 1969) and this knowing translated and returned to you in an understandable form as an early and essential part of emotional development. If you are not known accurately by another one cannot "know thyself" and one cannot know others correctly and this fault line runs down the emotional, relational and psychological functioning.

*I asked F. about me being curious about him not saying no- met by silence- I said I thought he didn't want to come- he agreed. I wondered about how he felt, he became silent again. I suggested some feelings words, frustrated/disappointed. F. remained silent- I wondered if he had feelings or just couldn't find words. F. said he had feelings but didn't know the words. (F. S9)*

This not knowing oneself or the other may link to the concept of mentalisation which Fonagy (2008) aligns to several areas where empathy is an issue such as autism, forensic mental health and hard to reach populations.

Whereas autism is associated with relative stable, neurobiologically based deficits in mentalizing capacity, BPD reflects more transient, dynamic impairments in mentalizing associated with perturbed attachment relationships.

The phrase 'holding mind in mind' captures the gist of mentalizing; more elaborately, we define mentalizing as 'imaginatively perceiving and interpreting the behaviour of self and others as conjoined with intentional emotional states'. Thus mentalizing encompasses a large territory, including not only self and others but also the full range of mental states, from desires, feelings, thoughts, beliefs, and dreams, through to hallucinations, delusions, dissociative phenomena and so forth.

(Fonagy, 2010, p.247)

One feature of mentalisation is termed the reflective capacity, it can be seen that all boys struggled in this regard. Mind-mindedness or mentalisation in parents impacts on verbal ability and mind mindedness in their offspring (Meins et al., 2002). Lack of early attachment and language experiences can also impact on difficulties in labelling and expressing feelings which impacts on emotional regulation (Hariri, Bookheimer and Mazziotta, 2000) (Winsler, Fernyhough, and Montero, 2009).

Another concept often used in both psychological and neurodevelopmental fields is that of dissociation, this is again related to early attachment and developmental processes. Perry (1999) suggests that unregulated stress can lead to states of dissociation which protect the brain from becoming overwhelmed by automatically splitting off awareness of unbearable experiences. Through early experience, this capacity can become a state of brain function which remains a patterned response throughout life and the characteristics described have many parallels with this concept (Schoore, 2012) and seemed particularly relevant in regard to K.

d) Lack of and distortion history

It is the nature of trauma to elude our knowledge because of both defence and deficit....To protect ourselves from affect, we must, at times avoid knowledge. We defend against feelings of rage, cynicism, shame and fear by not knowing them consciously. (Laub and Auerhahn, 1993, p.288)

This lack of knowing often became a lack of knowledge. The young people denied basic knowledge of such things as why their Father was not living at home or they would talk about things in a way that disowned reality; G. talking about his Mum and Dad as if they were still together; F. as if he was never seeing his Mother when she took him to football most evenings.

*I talk about getting confused. H. says he doesn't have a timetable and never knows where he is meant to be. I ask how he works it out and he says he asks someone before lessons. (H. S1)*

*We then went on to talk about the Olympics. He said he would like to go and would get his Mum and Dad to go on the computer to get some tickets. (G. S5)*

It was as if things were not known or distorted until they become more bearable or compatible with internal belief systems. These difficulties in thinking and

memory are again linked by Perry (1999) to early experiences of trauma which impact on the way information is both remembered and reproduced. This is related to overreliance on the limbic system which can lead to a lack of transference of information to the hippocampus and thus to the cortex so things are not remembered as narrative memory but often stored as somatic whole experiences. These can then be triggered and misremembered or only accessed unconsciously (van der Kolk et al., 1996).

Children who are traumatised also find it harder to put feelings into words or to organise their memories. It is possible the lack of the kind of parenting that gives rise to narrative capacities in children intersects with the impact of trauma, leading to even less likelihood of forming and processing memories. (Music, 2011, p.120)

This lack of knowledge and inaccuracy of information was also experienced in the agency and school in which I was located. The charity had a system of assessments and files but most of the young people I saw had neither. They were known and understood by the short hand narrative, P. and his dead Brother, H. and his housing situation, K. being stabbed. There was no recognition or access to the more complex picture bar in F.'s case where my involvement in the wider family led to a gradual revealing of the story which got murkier and more distressing the more one delved. One could argue that the not knowing by the agencies was an organisational defence against unbearable psychic pain (Menzies-Lyth, 1960) and a symptom of a trauma organised system.

Organisational learning depends on a constant flow of information but under conditions of chronic stress, communication networks tend to breakdown. As people are laid off, key employees leave and long-time leaders retire or move on. Explicit knowledge maybe retained because it is in tangible form- policies, paperwork, records. But the critically important implicit knowledge- that which is experiential, intuitive and that is most effectively communicated in face-to-face encounters- is lost (Conklin, 2001; Crossen, Lane, and White, 1999; Lahaie, 2005; Othman and Hashim, 2004). In this way, organisational memory is lost, organisational amnesia affects function and service delivery becomes increasingly fragmented. (Bloom, 2010, pp. 6-7)

### **Transference and Countertransference**

#### **e) Use of the therapist**

It is suggested that people unconsciously transfer their feelings and expectations onto others, particularly their therapists, based on previous, often

early childhood experience, thereby treating the other 'as if' they were his Mother, Father, sibling etc (Freud, 1910). The therapist will experience countertransference in respect of the patients' transference which gives them a sense of their clients' own emotional world and how they are being perceived or experienced in the transference (Kegerreis, 2010).

In regard to the transferential paradigm both P. and F. related primarily through the medium of a maternal transference. This reliance on a transferential relationship seemed to limit outward emotional and relational flexibility. However with the Reactors their inner world seemed largely unavailable and they appeared to use the worker little as a transferential object. Allen et al. (2010) warn against the use of transference based interpretative approaches when working with those who lack mentalising capacities.

We are most concerned that patients with precarious mentalizing capacities could respond adversely to interpretative interventions that fly in the face of their conscious experience. Such interventions leave the patient with two options: dismissing the interpretation (the better option) or taking it in as an alien presence within the self (the option consistent with responses to invalidating or non-mentalizing attributions in early childhood). (Allen et al., 2010, p.250)

## **Relational**

### **Introduction**

In the relational field it was experienced that the young people varied in terms of how easy they found it to relate in a person to person manner and how comfortable they seemed in the workers presence. Many of them struggled to meet basic social expectations and skill levels. They often lacked 'age appropriate' social skills and emotional understanding of themselves and others. In respect of all the boys it was not that they could not understand or work with the understandings or expectations of a therapeutic relationship; they could not manage or work within the basic precepts of any relationship. They may, as was shown in the case notes; not be able to take turns, demand to be seen at their convenience, want to do only what they want to do, exclude the other, treat the other with disdain or with a threatening manner. These facets are linked to two specific areas one of emotional and relational maturity and the other their low toleration of others expectations.

a) Emotional and relational maturity

Richardson (2002) 3<sup>rd</sup> chapter of *Working with Challenging Youth* is titled, 'Meeting young people where they are- Individually, developmentally and culturally'. Maturity or development level varied with each individual. For those whose unconscious processes were channelled into their behaviour such as G.H.O.N. and in this respect P. their activities in sessions appeared immature. Whereas both F. and K. who presented as pseudo adult showed significant limitations in emotional and relational understandings of themselves and others which may be linked to concepts of pseudo-mentalising (Midgley and Vrouva, 2012). Perry's (2013) Neurosequential Model of Therapeutics (NMT) is based on a model of brain functioning which is built bottom to top, where one cannot develop later more sophisticated social, emotional and cognitive abilities and functioning if there are earlier neurological gaps in development.

NMT is grounded in an awareness of the sequential development of the brain; cortical organisation and functioning depend upon previous healthy organisation and functioning of lower neural networks originating in the brainstem and diencephalon. Therefore a deregulated individual (child, youth or adult) will have a difficult time benefiting from educational, care giving and therapeutic efforts targeted at, or requiring, "higher" cortical networks. (Perry, 2013, p.1-2)

Given this the worker takes the approach of working with the young person where they are, whilst continuing to treat them with respect. This meeting of the young person as and where they are rather than where you want them to be allows them to feel heard and related to and successful in encounters. It also protects them from shame and humiliation which has been postulated as key to acting out behaviours.

b) Difficulties with reciprocity

It could be argued that this group has both little skill in fitting with adult expectations and conversely too much experience of this being demanded of them. They certainly showed little of the social niceties in their social exchanges with the worker and those who did relate more easily did so very much on their own terms.

*We then tried to sort out session times. G. was still keen not to miss his special project though he was still no clearer what it was. He wanted a specific time and when I said it was already booked he told me to move that person. I explained that wasn't possible and I would try and find out what this project was....We then finished and he seemed relieved to go, taking himself back to his class. (G. S1)*

Beebe and Lachmann (2003) and Tronick (2007) have both shown the importance of responsiveness of primary care givers to their infants. Significant interactive mismatches have been shown (Fraiberg, 1982) to lead to the development of early defensive behaviours and patterns,

the baby avoided the Mother through every system of contact he had available to him in a complete reversal of the social patterns that normally are exhibited at each developmental stage.....where the normal baby seeks eye contact and gaze exchange with his Mother, these babies never or rarely looked at their Mothers.....Wherever there should be "seeking," there was "avoidance." Avoidance, in fact, was the first defence which I can identify in this chronology and it occurs as early as three months of age. (Fraiberg, 1982, pp. 616-7)

This may be linked to difficulties in the development of empathy or mind mindedness. This capacity is developed via the process of attunement of the parent to the child's emotional states both positive and negative (Trevarthen and Aitken 2001). It is the process of understanding and modulating emotion which Bion (1967) described as containment. Failures in accurate reflection in the attunement process, as described by Fraiberg, leave infants with a distorted sense of themselves and others. Further, a difficulty in recognising the state of mind of the other such as happy or sadness created difficulties in developing shared understanding, meaning and interactions (Fonagy et al., 2004).

Such mind reading skills do not just automatically develop, but depend on having other minds attuned with one's own. Children... might not have been sensitively attuned to, yet need to pick up the intentions of others for self-protection, albeit with far less genuine appreciation of the others point of view. Such mental-state understanding tends to be superficial, watching for behavioural signs and consequences, rather than genuinely or emphatically understanding the other. (Music, 2011, p.50)

## **Environmental/contextual**

### **Introduction**

One of the most marked things about my experience of the research setting was the huge impact the current context had on each of the boys' way of being and their psychic and physical availability. Each of the young person's 'hard to reachness' needed to be placed within his environment and circumstances and these were the direct research environment of the charity and the school, immediate familial relationships and broader community and cultural influences.

Since youth are greatly influenced by their families, communities and social environments, it is imperative that helping professionals appreciate this context and attend to systemic considerations. (Richardson, 2001, p.141)

### **Ecological perspective**

#### a) The direct research environment

There were in each of the case studies numerous examples of the challenges that the direct physical environment posed to the worker. This began with the selection of young people, several of those who were originally referred never being seen or disappearing after one or two sessions for organisational reasons or absence.

Even those who did engage for more than one or two sessions were regularly difficult to find or absent. In some way the school environment seemed to conspire to make it as difficult as possible to see young people. I listed 29 different reasons young people were unavailable (see fig. 14) of these 15 were classified as positive, internal and external projects, celebrity visitors, school responsibilities etc and 14 negative such as lateness, exclusion, inclusion and absences. Most of the boys said they liked the additional activities and it was only at these times that they occasionally refused to attend. However, they also said that they never knew where they were meant to be or what was happening.

*I say I am a bit late as I had trouble finding him. I ask how comes it's Wednesday and they are using the timetable for Monday week A. H. says it's stupid, the Head Teacher likes to do it the hard way, it's never simple if he was in charge it would be simple. I talk about getting confused. H. says he doesn't have a timetable and never knows where he is meant to be. I ask how he works it out and he says he asks someone before lessons. (H. S1)*

These activities seemed to remove and move about disruptive and disengaged pupils so they were not in one lesson or activity consistently. This appeared to provide the opposite of containment (Bion, 1967) and instead seemed to be a parallel process mirroring the external chaos of the family and community environs and also the boys' internal worlds (Bloom, 2010). Not only did the school fail to provide a containing environment (Cairns, 2002) it also seemed to undermine any attempt to provide one. My room was changed without notice, children removed or placed on alternate activity and there was a concerted albeit unconscious attack on a planned ending which eventually defeated me. I

think this can be understood as an organisational defence (Menzies-Lyth, 1960) and also as a trauma organised community (Bloom, 2010). The moving about of the children meant that no member of staff or part of the organisation needs to be in touch with or manage the practical or psychic realities of any child's presence and experience for an extended period. It is an attack or defence against attunement and containment, (Bion, 1967) of becoming in touch with painful emotional fields.

b) Family past and present

There were two ways in which family circumstances appeared to add to 'hard to reachness'. One was in terms of physical availability; certain of the boys were rarely in school or were consistently late. For some family circumstances and difficulties led directly to known absences such as F.'s usual regular attendance being disrupted by a breakdown in family relationships.

The more complex contribution of family circumstances and relationships to the boys hard to reach states and presentations were in terms of the development of relational and emotional styles formulated in their early and ongoing relationships with primary care givers. It is acknowledged that with the exception of F. the evidence for early and ongoing attachment difficulties were limited though all the boys presented with difficulties in basic affect regulation and social and emotional relationships to self and others which were indicative of such factors.

c) Community and society

How a child is parented is intimately connected to issues of culture, poverty and deprivation as is repeatedly highlighted in studies on 'hard to reachness' and physical, mental and intellectual health and functioning (Baruch et al., 2007). The three key social factors which seemed in play and interplay in respect of the research cohort were poverty, race and gang culture. The exponential rise of violent gang culture in urban areas of high social deprivation provided a focus for the violent projection of fury and upset and also a substitute family and relational environment which applauded rather than sanctioning the violent, chaotic and uncontained behaviours of the young people (Pitts, 2008).

Increasingly, those least well served by society were most criticised and undermined. Lack of opportunity is conjoined with unsympathetic critique of the undeserving poor and this dynamic appears to be growing during a time of

economic downturn and increasing financial hardship (Wynne-Jones, 2014). For the young people in my research group the impact of marginalisation through poverty and deprivation was further compounded by being from black minority ethnic groups whereby the impact of organisational racism makes their life chances even less and their exposure to negative images and stereotypes even greater. Further both their mental health and access to services are adversely affected by their ethnic background (Lowe, 2006). Within this cultural milieu all the boys appeared to be influenced and many entranced by the gang culture. Those like K. were heavily involved for others such as H. the impact of poverty and overcrowding left him furious and hopeless seeing little relevance for him in mainstream society and education, see-sawing between minor acting out and a hope for something better.

## **Groupings**

### **Introduction**

The groupings and their labels are specifically linked to the unconscious aspects of the young people's presentations. These characteristics which were observed and intuited in sessions and ethnographic studies and were crystallised using the work of Selma Fraiberg and more specifically her paper on 'Pathological Defences in Infancy'. This postulates that behavioural defences are created and used from as young as 3 months, before their psychological equivalences are possible.

The early defences- avoidance, freezing and fighting- were apparently summoned from a biological repertoire on the model of "flight" or "fight". It is concluded that before there is an ego, pain can be transmuted into pleasure or obliterated from consciousness while a symptom stands in place of the original conflict. (Fraiberg, 1982, p.612)

I believe all the boys in my study demonstrated a use of maladapted very early behavioural defences as a response to postulated poor attunement and attachment experiences. I think it has been established that all the boys were concretely or physically hard to reach. This would include the continued use of early defences such as turning away and avoiding eye contact, which were supplemented by running away and 'mouthing off' as their physical and verbal prowess developed. Therefore what I am postulating is that before psychic defences were possible physical ones were created often as an adulterated

version of standard attachment behaviours and patterns and that these corrupted patterns persist and indeed modify as the child gets older.

The baby avoided the Mother through every system of contact he had available to him in a complete reversal of the social patterns that normally are exhibited at each developmental stage.....where the normal baby seeks eye contact and gaze exchange with his Mother, these babies never or rarely looked at their Mothers. Where the normal baby smiles in response to the Mother's face and voice, these babies never or rarely smiled to the Mother. They did not vocalize to the Mother. At an age when a baby is motorically capable of reaching, they did not reach for her. If the baby was capable of creeping or walking he did not approach his Mother. In circumstances that we could read as need or distress, these babies did not signal the Mother for comfort. Wherever there should be "seeking," there was "avoidance." Avoidance, in fact, was the first defense which I can identify in this chronology and it occurs as early as three months of age. (Fraiberg, 1982, pp. 616-7)

Significantly, Fraiberg's very good work with the parents of the young children she worked with, transformed the majorities of the parent child dyads and allowed a development of more harmonious parent child relations and consequent more 'normal' infant functioning and behaviour. This leaves the question as to what would have happened if these difficulties had not been resolved.

This leaves us with the unanswered questions regarding the fate of pathological defenses in infancy. We cannot know what the course of these defences might have been if treatment had not taken place. But from our point of view as psychoanalysts we will call this the happiest of insoluble research. (Fraiberg, 1982, p.634)

I pursued whether any research had been undertaken as to how these early defences would look or manifest in adolescence and what had been done to explore this. Fraiberg's paper was published posthumously but I managed to make contact with a colleague of hers, Douglas Davies who is based at the University of Michigan where they both worked. To his knowledge (and in keeping with my investigations) there seems to have been no specific research done tracing the development of behavioural defences over the course of childhood. However Doug's response to my question about the manifestation of these defences links very well with my assertions and I reproduce key sections of his responses with his permission.

*I'm not familiar with follow-up research on pathological defenses in infancy. I think, however, that many of the concepts she articulates can be translated into current understandings of disorganized attachment, early relational trauma, and the effects of trauma/neglect on early brain development and the stress-response system in the brain. (Davies e mail 09/05/14)*

*Regarding your own work on adolescents, I agree that we see the outcomes of these early defenses in the maladaptive behavior of adolescents, including aggression, dissociation, and self-harm. A couple of key points: 1) helplessness is at the center of trauma, and adolescent "acting out" can often be understood as a post-traumatic defense against feelings of being helpless and unprotected, as both a result of and a defensive adaptation to experiences of helplessness in infancy and early childhood; 2) In infants and toddlers, it is always easy to see the relational aspects of trauma. Neglect, abuse, witnessing violence, etc. occur in relationships with caregivers. These experiences evolve into disturbances in the capacity for trust in future relationships and the extreme self-reliance we often see in adolescents who act out. But by adolescence the relational aspects are far less observable, and instead the adolescent may be seen simply as an aggressive individual.*

*It is interesting that you and I started at different places, but have come to similar conclusions in our clinical work. I began with infants, toddlers and parents, and could see the relational aspects of early trauma and its defensive adaptations clearly from that vantage point. But I also did a lot of work with adolescents in the Dept. of Psychiatry at the University of Michigan, as well as privately, and gradually realized, as I learned about their histories, that their current difficulties often reflected adaptations to trauma and disturbed attachments in the early years. (Davies e mail 16/05/2014)*

Finally in identifying the three different presentations or groupings I was interested that these groupings are not that dissimilar to the ones that Bowlby (1944) identified in his paper on 44 Juvenile thieves. The Reactors are rather similar to his Hyperthymic group and the Chameleons seeming to share characteristics with both his depressed and affectionless groups.

### **Reactors**

I would argue that the group I think of being classically hard to reach are the largest group who coalesced under the term Reactors. They appear to continue to rely mainly on to physical behaviours and relational interactions to communicate unconscious drivers. As a group they are under defined, under resourced and generally misunderstood. They are as a colleague described, experienced as being 'a nuisance', their difficulties are expressed not interpsychically but interactively and behaviourally. Unconscious

neurodevelopmental processes are triggered and lead to acting out behaviours which are often viewed as deliberate and within the protagonist's conscious control. They seemed to demonstrate least capacity to use psychic or symbolic defences or processes and were most reliant on the neurobiological defence of 'fighting' that is to respond to any felt anxiety by falling into 'aggressive' acting out.

They are also children who avoid their Mothers, but no one refers to them as avoidant children. They are variously described to us as "little monsters," by their parents, or "holy terrors," or "stubborn," "mean," "spoiled," and they are very often carry a label "hyperactive" which by turns out not to be true. (Fraiberg, 1982, p. 625)

They appeared to use systems which were similar to Fraiberg's concept of reversal in turning this rage against themselves in the face of perceived unsafe adults and also to use affect transformation to conform charmingly, both of which served to preserve an image of beatific parents and create a bridge to relate with them.

These young people appeared stuck in a teleological (Fonagy et al., 2004) or physical experience, adaptation and understanding of the world. They would therefore understand and react to things in a very concrete often negative manner and showed limited capacity to use an understanding of themselves or others by using a reflective or mentalising capacity. I would argue that the boys I often see and who are amenable to my type of bio-psycho-social approach are in this middle category of unconsciously acting out into either consolatory or aggravating behaviour and making poor use of the interpsychic aspects of the therapeutic process. It is therefore suggested that they are more typical of those who would be assigned as being hard to reach and a specific group requiring more study and understanding.

### **Chameleons**

I am not saying that the boys in the other two groupings were not hard to reach but perhaps that they could be better termed and understood through other terminology and perhaps other interventions. In Fraiberg's and Bowlby's terminology Chameleons would be seen as avoidant.

Wherever there should be "seeking" there was "avoidance". Avoidance, in fact, was the first defence which I can identify in this chronology and it occurs as early as three months. (Fraiberg, 1982, p.617)

Although their mentalising capacity was also impeded and often distorted they did demonstrate more of an ability to use psychic defences in terms of projection or fantasy. Those like F. and sometimes P. could express their difficulties in the countertransference, they moved between this and other more concrete or manipulative presentations dependant on the setting and the audience. What seemed particularly marked about this group was their adaptation to their environment.

But if we look closely at the behavior I will describe (and the videotape is near indispensable here), we will see that the avoidance of the Mother is selective and discriminating. The baby avoids the Mother, for example, and may not avoid his Father or even a stranger. (Fraiberg, 1982, p.618)

In their periodic use of psychic processes they may be seen as suitable for psychotherapy but one would have to be careful that the presentation in sessions could be generalised to their other contexts and was not just a sophisticated ability to conform to the presenting environment.

### **Fragmentors**

For this group there seemed to be greatest dysfunction in capacities for mentalisation or Reflective Function (RF), lacking in the abilities as described below,

RF involves both a self-reflective and an interpersonal component that ideally provides the individual with a well-developed capacity to distinguish inner from outer reality, pretend from “real” modes of functioning, and intrapersonal mental and emotional processes from interpersonal communications. (Fonagy et al., 2004, p.25)

They would be analogous with the group that Fraiberg (1982) describes as ‘freezing’.

...the tensions between the biological systems that ward off external danger and the systems that regulate internal stress cannot be resolved. Both systems break down, and the infant succumbs to a state of total disorganization. (Fraiberg, 1982, p. 623)

Those like K. who are largely dissociative and disorganised need a lived contained intervention of a multi professional network or specialist provision. Such young people will often end up in Tier 4 services whether that be PRU, prison, children’s home and secure or psychiatric unit as their needs are such that it is difficult to address them in a community setting.

## **Domains of Intervention**

The domains of intervention are illustrated in Fig. 18 and 19. Management and safety contains all the other three domains as nothing can be done without a sense of 'safe person and safe place' (Cairns, 2002, p.123). All interventions are seen as being based in and upon a relationship formed with the young person and that progress will flow from and be created within the relational field and this domain is therefore discussed first.

## **Relationship**

All therapeutic modalities work within the context of a relationship and many would argue that the nature of this is highly significant in the success or otherwise of such treatments.

- ◆ The therapy relationship makes substantial and consistent contributions to patient success in all types of psychotherapy studied (for example, psychodynamic, humanistic, cognitive, behavioural, systemic).
- ◆ The therapy relationship accounts for why clients improve (or fail to improve) as much as the particular treatment method.
- ◆ Practice and treatment guidelines should address therapist qualities and behaviours that promote the therapy relationship.
- ◆ Practitioners should routinely monitor patients' responses to the therapy relationship and ongoing treatment. Such monitoring leads to increased opportunities to repair alliance ruptures, improve the relationship, modify technical strategies and avoid premature termination (Lambert, 2010).
- ◆ Efforts to promulgate best practices or evidence-based practices (EBPs) without including the relationship are incomplete and potentially misleading.
- ◆ The relationship acts in concert with treatment methods, patient characteristics and practitioner qualities in determining effectiveness. A comprehensive understanding of effective (and ineffective) psychotherapy will consider all these determinants and their optimal combinations.
- ◆ Adapting or tailoring the relationship to several patient characteristics (in addition to diagnosis) enhances effectiveness. (Norcross, 2010, p.1)

Relationship is particularly significant in working with hard to reach young people who struggle in relationships and may have little experience of nurturing and successful connections. Therefore it was seen as the primary task to

create a relationship in which the young people could manage and be successful (that is not being excluded or disengaged from).

However, because young people in this group are so easily shamed and reactive to any sense of blame it is often argued that these young people do not want or cannot manage therapy.

Going to see a therapist and sitting down with them in the room with the explicit remit of 'talking about my problems' may then prove to be too challenging for traumatised young people whose need to defend against an experience of helplessness and vulnerability has become imperative. (Lemma, 2010, p.2)

Lemma then goes on to argue for the importance of key working for such young people given their difficulties in accessing therapy. Whilst absolutely valuing the input and impact of key working I would argue that it is possible to offer therapy in a formal therapeutic space to such young people. The focus becoming on simply being together with faith that such a relationship will in itself provide a reparative function (Clarkson, 1990) (Fairbairn, 1952, 1958) (Winnicott, 1965). Indeed one of Lemma's findings was the centrality of the relationship.

Staff firmly believed that if these young people could experience a relationship in which someone listened, took their concerns seriously, and tacitly gave them permission to be autonomous and pursue self-fulfilling goals, these reparative emotional experiences could change lives. (Lemma, 2010, p.7)

Given the argument that the creation and maintenance of a relationship with such young people can be therapeutic and reparative, how can this be successfully achieved? Looking to Norcross's work (2010) on differential features of service users one can identify several significant features. That these young people are likely to be 'reactive', that is to be easily provoked, in a 'precontemplative state' that is not acknowledging that they have a problem or difficulty and also 'externalising' in terms of seeing any problem as the fault or responsibility of another. Given this the relationship needs primarily to be on their terms and allowing them to set the activities and exchanges. It needs to be non-problem focused both in terms of current behavioural manifestations or difficult histories and instead concentrated upon connection and interaction. In this way triggers are minimised which leads to lessened acting out or resistance.

The two key emotional or relational positions taken in this interchange are usually termed by myself as, 'love' and 'for heaven's sake'. As Freud wrote to Jung in 1906,

'Essentially one might say the cure is affected by love.' (McGuire, 1974, pp.12-13)

The importance of liking and caring for those with whom you are working is further reinforced by writers in the field who state the most important features of those working with challenging youth are that they care, are genuine in this and able to communicate this to the young people they work with (Long et al., 1996) (Sommers-Flanagan and Sommers-Flanagan, 1997) (Rogers, 1957).

1. In general, do I find myself liking challenging youth?
2. For the most part, do I enjoy working with challenging youth?
3. Do I genuinely care about at-risk youth- even the ones whose behaviour makes them difficult to work with at times? More importantly, am I able to effectively communicate that I care?

I firmly believe that only when you answer "yes" to these questions can we begin to maximise our potential to work with this incredibly challenging population. (Richardson, 2001, pp. 18-19)

## **Management**

A sense of safety is primary for the beginning of any work with these young people.

These social structures may be provided from anywhere within the social milieu, including the safety of a committed therapeutic relationship, but there must be minimal stability before the child can progress. (Cairns, 2002, p.123)

This would include offering clear boundaries and expectations and tackling issues of concern. These young people need to feel contained (Bion, 1962) in regard to both their negative and positive emotional states. Without containment they will continue to feel anxious and will not gain a true and accurate picture of themselves as seen by another. Difficulties therefore need to be recognised and discussed but in a manner which is not shaming, which links to the other aspect of the therapeutic relationship previously mentioned, that is 'for heaven's sake'. One cannot be authentic or congruent (Rogers, 1961) if one only offers positive feedback and affirmation. Often matters are

dealt with using a tone of curiosity or humour rather than blame (Hughes and Baylin 2012). Meaning and understanding are sort rather than sanction. This balance between support and challenge is of crucial developmental importance. From within this safe space one can gradually address emotional, psychical and relational issues however this is not possible if safety is not created.

## **Social**

One of the most significant aspects of the social sphere and how it impacted on the boys and my work was upon their availability. There was an extensive discourse in the environment chapter on the boys being both lost and hidden and the huge efforts I had to go to in order to find them. This involved tenacity, creativity and a determination, not to be defeated by the institutions which marginalised the boys and sent them spinning off in so many different directions. I think one crucial finding of the research is that you have to find the young people you want to work with as they and their systems do not have the capacity to attend as requested on your terms. If this is not understood then nothing can be done or achieved.

Both institutions and families want young people to stop doing whatever is frustrating or concerning them often with little reflection on the environmental context they are providing within which the young person is misbehaving. The person and their manifestation are created through interaction with their direct and wider relationships, culture and context. Therefore any intervention from the point of assessment onwards needs to include their direct and wider context in both understanding and supporting the young person.

Working out of the relationship one can attend to the context either in discussion in the session or in going outside of the room and engaging with any part of the network, relationships or community as required. Inherent in this is the gaining of consent and a shared understanding of what might be useful beyond the sessional walls and what might be shared in terms of confidentiality. But a psycho-social position is just that, not just in the thinking about but also in the doing. So interventions might include meeting with parents, families, liaison with other agencies, attending meetings, advocating on the young person's behalf and so on. Interventions can be multi modal and based upon a wide

range of theoretical paradigms including most obviously social pedagogy (Cameron and Moss, 2011) and systems theory (Minuchin 1974, Tolan et al., 2002) and move between individual, parent-child and whole family meetings. This does not mean that all this has to be done alone by the individual worker and it might be that co-working or working as part of a team is most useful. It is also suggested as the best way of working with complex and challenging cases (Bomber, 2007) (Selekman, 1993).

In situations where it is the system or network that is part of the difficulties as I would argue was my experience in the research field then one may need to consider interventions within the child's broader system. Indeed the recent modalities which have been created to intervene in similar young people's lives focus on intervention in the child's systems and networks such as Multidimensional family therapy (Liddle et al., 2001), Multisystemic therapy (Littell et al., 2005) and Adolescent mentalisation-based integrative therapy (AMBIT) (Bevington and Fuggle, 2012).

In this regard work on trauma organised systems by Bloom (2010) would suggest that,

...the idea of "trauma-informed" care to include the individual staff members of our systems of care as well as each organization and the system-as-a-whole. It is based on the parallel process notion that analogous relationships exist between each organizational level and that therefore the maximum gain and the potential for true transformation lies in instituting individual and systemic change simultaneously. (Bloom, 2010, p.13)

Psychotherapeutic approaches which focus on interventions in the system include those of Emanuel (2002). In a project providing services for looked after children she found that there were three levels of deprivation,

The first deprivation is inflicted by external circumstances and is out of the child's control; the second derives from internal sources as the child develops 'crippling defences' (Henry, 1974) which prevent him from making use of subsequent offers of support, for example, by foster-carers or a psychotherapist. The third refers to the ways in which, as Britton described in his 1981 paper, 'the profoundly disturbing primitive mechanisms and defences against anxiety' used by children and families get 're-enacted' in the system by care professionals, who are the recipients of powerful projections. These defences, including unconscious attacks on linking, can interfere with the professionals'

capacity to think clearly or make use of outside help with their overwhelming caseloads. A social services department may then replicate these children's original experience of neglect, allowing them to fall through a hole in the 'net'-work. This form of 're-enactment' as a substitute for a thoughtful response by professionals within an organization, combined with the 'double deprivation' described by Henry, can result in a 'triple deprivation' for children within the care system. (Emanuel, 2002, pp.163-164)

Understandings of this complex system led her to focus on the conscious and unconscious processes being enacted in the professional system and in intervening in these in order to allow professionals to provide a more thoughtful and containing service for young people and to facilitate young people's use of the provision of psychotherapy.

As a result of this experience I changed my approach, redefining my role, with a strong emphasis on consultation, joint work, regular support for foster and adoptive parents and a service particularly geared towards children in transition, laying the least stress on the individual psychotherapy vacancies (which in time were filled). (Emanuel, 2002, p.166)

## **Therapeutic**

When discussing the importance of relationship in interventions with hard to reach young people I was aware that one challenge could be why provide therapy at all. If a relationship is what is required and a key worker can do this why provide a specific therapeutic space or approach. I would suggest three reasons why providing therapy as opposed to a relationship which is therapeutic has advantages. Firstly it appears that many of the processes which lead to the behaviours manifest in adolescence begin in early preverbal processes which are then unconsciously or somatically stored or known. Such unconscious processes can become known through dreams, via transference and countertransference and via metaphor (including behaviour) or symbol such as play or art. Therefore young people's early patterns of relating may best be worked with and understood by a worker who has the training and experience to understand unconscious processes and communication. However, the traditional approach of the interpretation of such unconscious material often appears too threatening or like mystical mumbo jumbo to such young people.

Many authors (Alexander, 1950; Fairbairn, 1952, 1958; Ferenczi, 1928; Kohut, 1984; Winnicott, 1965) have stressed the importance of non-

interpretative elements in psychotherapy that support the therapeutic process...Clinicians who subscribe to this view propose that a treatment model based primarily on interpretation and insight applies mainly to conflict states, whereas non-interpretative and relationship factors are more important where there is a structural deficit. (Lemma, 2010, p.7)

Therefore a mixed approach is taken whereby the worker is aware of the possible unconscious communications presented in behaviour, play, art and the transference. These are generally kept to and by the worker as a means to better understand and empathise with the young person.

...the necessity, with certain patients for the analyst to contain projections at certain moments without returning them to the patient. (Alvarez, 2012, p.11)

On occasion metaphor, story or symbol is used to highlight what may be unconscious processes but in a way which is within the general language or conversational culture of the young person not the therapeutic modality.

Secondly unconscious processes can have a major impact on the person and responses of the worker. If the worker does not have a high level of self awareness and understanding they may confuse personal countertransference with those related to the other. They may also become overwhelmed by the strength of the countertransference emotions and react out of these rather than being able to hold, digest and manage these on the young person's behalf. Misunderstandings of countertransference reactions can also lead to taking things personally, seeing the young person as disliking or treating you badly as an individual rather than a general representation. The use and value of supervision is particularly important in managing and understanding such processes.

Finally, I would suggest that the therapeutic space offers something important and useful in itself. It promotes a one to one, adult/young person time which of its nature is seen to be safe or containing and socially sanctioned. For adolescents these are rare opportunities and for a group where a reparative relationship may be required can be particularly significant. For young people with poor affect management and regulation it vastly reduces the number of stimuli and potential triggers and distractions in the environment particularly those created by shame or anxiety. This does rely on going beyond the experience or idea that therapy is anxiety making or shameful which links to the

previous discussion re the importance of a caring and boundaried relationship. This space or place can in itself provide a container through the provision of the same time, space and materials though as has been shown the space and place may needed to be fought for both in the external environment and in the experience with the young person.

## **The Worker**

It is difficult to be clear about the personal and professional qualities of my work. What makes a therapeutic exchange and relationship valuable is about the nature of ones being not ones doing. One has to start with Richardson's assertions that in working with hard to reach young people you must like them and be able to communicate this to them. As was said earlier a balance of love and challenge must go hand in hand, to be a safe person and place, with an ability to be authentic, to share ones emotional reactions without either the worker or young person becoming overwhelmed by this. As a social work student in this field once termed it, it is about, 'keeping it real'.

Things such as respect, humour and acceptance are important; the closest model I can find to this is Hughes (2012) who talks about PACE which are playfulness, acceptance, curiosity and empathy but his work is focused on parent-child dyadic attachment.

However, these characteristics though admirable do not necessarily make an exchange or relationship therapeutic. This links to what has been said by Schore (2012) about work of this nature being largely based in a right brain to right brain unconscious to unconscious exchange between the worker and the service user. It also links to Alvarez (2012) on the state of mind of the young person and the analogous response by the therapist. For many of my young people there was little sense of meaning or aliveness in their experience and much of this needed to be provided by the therapist.

I have tried to identify moments when it was useful for the therapist to slow down the work to a more purely descriptive level, in order to try to offer understanding. *(Alvarez, 2012, p.24)*

How one has any real certainty as to what one is doing it is hard to know apart from in the evidence of the usefulness of the process. That I have extensive experience of a psychotherapeutic relationship and a strong and developing

sense of personal insight is undoubtedly useful but again one could have this and not necessarily be drawn to this particular type of work.

I believe that taking a bio-psycho-social perspective has brought to my work and research something that would not be experienced or understood from a perspective and a profession which does not potentially cover all three. This would include the willingness to actually go out into the social to locate the young people which most psychotherapeutic interventions would deem at best counterintuitive.

If one is to work in such complex environments with such powerful psychic and practical attacks on the being and the mind of the worker then consideration needs to be given as to the worker's support structures and network. There were certain omissions in the actual setting which made the researcher's work particularly difficult. These included a lack of regular staff meetings or other structure to facilitate discussion between the individual workers and the organisation and to share practical worries and considerations and improve communication. It would have been helpful to have more regular access to senior staff and for them to have had more time to address the needs and concerns of the worker. Ideally a reflective practice group space would also be provided on a set basis to provide a thinking space for staff to consider the dilemma's and pressures they face facilitated by someone with an understanding of psycho-social processes and ideas. In this way both practical organisational issues and unconscious drivers and dynamics could be addressed ongoingly.

In addition to structures within the organisation or placement there needs to be and was available the provision of regular individual supervision from a practitioner experienced in this area of work. This provided a number of functions including, the sharing of overwhelming emotional material and states; a better understanding of unconscious processes and dynamics and consideration of some practical strategies and approaches to manage in the environment.

Lastly is the issue of therapeutic input for the worker themselves. This is standard in the training of all counsellors and psychotherapists but not within the education of social workers, at least in the UK. The worker has herself had

extensive experience of personal psychotherapy which she would view as crucial in the development of herself as a practitioner.

The surest way for social workers to understand therapeutic development, to know that using help is not a sign of weakness, inadequacy or pathology, is to have received therapeutic support themselves. It is a sad paradox that while it is routine that counsellors and therapists should themselves have received therapy as part of their training, attitudes are often very different about social workers, who deal with the most troubled and disturbed individuals in society. (Sudbery 2002, p.160)

## **Conclusion**

I believe this research has been useful as a rare attempt to comprehend a little studied and poorly understood group. The model I have developed has been heavily reliant on, psychodynamic, neurodevelopment and attachment theory and their ever developing interface. This project has hopefully begun to identify and explore some of the specific difficulties such young people experience and what challenges this creates in the helping encounter and how this might be best approached.

A group has emerged who have been termed Reactors as a specific entity and these were identifiable by their lack of interpsychic defences and their reliance on behavioural strategies of acting out or charming or cheerful engagement. The seriousness of the aetiology of their difficulties and the psychic trouble they are in is often missed as they are simply seen as deliberately naughty or badly behaved. The manifestation of their anxiety is responded to in a similar surface manner with often short term interventions which leads to surface compliance as this is all that is possible when neither the worker nor the young person has any real understanding or awareness of the underlying difficulties. This indicates it is crucially important to move away from agencies obsession with behaviour to focus compassionately on aetiology and hidden processes. When one moves away from behavioural intervention or classic psychoanalysis one is left with a reparative relationship in the now which provides some experience of what was unavailable or faulty in early attachment experience. This over a considerable period of time can allow the young person to rework some of their inner working model of themselves and others and provide a greater capacity for affect regulation and mentalising capacity.

There is obviously much more that could be done in regard to this work both in terms of the dissemination of the findings and the development of the research. In regard to the former I intend to publish papers in regard to individual and group characteristics and to continue to speak on this area as a lecturer and trainer. As suggested earlier there may well be some value in undertaking a study of the suggested different groups of presentations with a larger more diverse cohort. I am also interested to further develop my understanding in respect of the workers' skills, self and characteristics which I am aware has not been particularly attended to in the piece but is of particular importance in terms of further work and understanding.

### **A Final Word**

If I could communicate nothing else to services it would be that these young people are lost and we have to go and find them. If I was to write a recipe for working with hard to reach adolescents the first line would be, "First find your young person." If we do not then all our training and resources will be to no avail. We will be left sitting in our rooms for ever waiting or sending letters saying that we assume they do not want a service on the basis that they have not attended. Engagement is possible though often not easy and the responsibility is ours. We can no longer blame young people for not having the capacities to engage with us. We need to develop the capabilities and services to find and connect with them.

## Bibliography

- Abraham, K. (1919) 'A particular form of neurotic resistance against the psychoanalytic method', in Bergmann, M. and Hartmann, F. (eds) (1976) *The Evolution of Psychoanalytic Technique*. New York: Basic Books.
- Ahmed, S., Hussain, M., and Vournas, G. (2001) *Consultation with 'hidden' and hard-to-reach groups: Methods, techniques and research practice*. Available at: [www.laria.gov.uk](http://www.laria.gov.uk) (Accessed: 10 August 2011).
- Ainsworth, M. (1985) 'Attachment across the lifespan', *Journal of Urban Health*, 61(9), pp. 792-812.
- Alderson, P. (1999) 'Disturbed young people: research for what, research for whom?', in Mayall, B., Hood, S., and Oliver, S. (eds) *Critical issues in Social Research: Power and Prejudice*. Buckingham: Open University Press.
- Allen, J., Fonagy, P., and Bateman, A. (2010) 'The role of mentalizing in treating attachment trauma', in Lanius, R., Vermetten, E., and Pain, C. (eds) *The impact of early trauma on health and disease: The hidden epidemic*. Cambridge: Cambridge University Press.
- Alvarez, A. (2012) *The thinking heart: Three levels of psychoanalytic therapy with disturbed children*. Hove: Routledge.
- Anastasopoulos, D., Laylou-lignos, E., and Waddell, M. (eds) (1999) *Psychoanalytic psychotherapy of the severely disturbed adolescent*. London: Karnac.
- Anderson, J. (2003) 'The mythic significance of risk-taking, dangerous behaviour', *Journal of Child Psychotherapy*, 29(1), pp. 75-92.
- Anderson, J. (2006) 'Well Suited Partners: Psychoanalytic Research and Grounded Theory', *Journal of Child Psychotherapy*, 32(3), pp. 329-348.
- Anderson, R., and Dartington, A. (1998) *Facing it out: Clinical perspectives on adolescent disturbance*. London: Karnac
- Anisman, H., Zaharia, M., Meaney, M., and Merali, Z. (1998) 'Do early life events permanently alter behavioral and hormonal responses to stressors?', *International journal of Developmental Neuro-science*, 16(3-4), pp. 149-164.
- Arnett, G., and Taber, S. (1994) 'Adolescence terminable and interminable: When does adolescence end?', *Journal of Youth and Adolescence*, 23, pp.517-538.
- Attride-Stirling, J. (2001) 'Thematic networks: an analytic tool for qualitative research', *Qualitative Research*, 1(3), pp. 385-405.
- Barlow, J., Kirkpatrick, S., Stewart-Brown, S., and Davis, H. (2005) 'Hard-to-reach or out-of reach? Reasons why women refuse to take part in early interventions', *Children and Society*, 19, pp. 199-210.

- Barrie, J. (1912) *The adventures of Peter Pan*. Available at: <http://www.literature.org/authors/barrie-james-matthew/the-adventures-of-peter-pan/> (Accessed: 7 July 2013).
- Baruch, G., Fonagy, P., and Robins, D. (2007) *Reaching the hard to reach: Evidenced-based funding priorities for intervention and research*. Chichester: John Wiley and sons.
- Baruch, G., Vrouva, I., and Fearon, P. (eds) (2009) 'A follow-up study of characteristics of young people that dropout and continue psychotherapy: Service implications for a clinic in the community', *Child and Adolescent Mental Health*, 14(2), pp. 69–75.
- Bateman, A., and Fonagy, P. (2004) *Psychotherapy for borderline personality disorder: Mentalization-based treatment*. Oxford: Oxford University Press.
- Bateman, A., and Fonagy, P. (2008) 'Co-morbid antisocial and borderline personality disorders: Mentalization-based treatment', *Journal of Clinical Psychology*, 64(2), pp. 181-194.
- Batmanghelidjh, C. (2006) *Shattered Lives: Children who live with courage and dignity*. London: Jessica Kingsley.
- Beebe, B., and Lachmann, F. (2003) 'The relational turn in psychoanalysis: A dyadic systems view from infant research', *Contemporary Psychoanalysis*, 39(3), pp. 379-409.
- Belsky, J. (1996) 'Modern evolutionary theory and patterns of attachment', in Cassidy, J. and Shaver, P. (eds) *Handbook of attachment: Theory, research and clinical applications*. New York: Guilford, pp.141-161.
- Benoit, C., Jansson, M., Millar, A., and Phillips, R. (2005) 'Community - academic research on hard to reach populations: Benefits and challenges', *Qualitative Health Research*, 15 (2), pp. 263-282.
- Bentovim, A. (1992) *Trauma-Organized Systems: Physical and Sexual Abuse in Families*. London: Karnac Books.
- Beresford, B. (1997) *Personal Accounts: Involving disabled Children in research*. London: The Stationery Office.
- Berne, E. (1964) *Games people play: The basic hand book of transactional analysis*. New York: Ballantine Books.

Bevington, D., and Fuggle, P. (2012) 'Supporting and enhancing mentalization in community outreach teams working with hard-to-reach youth: The AMBIT approach', in Midgley, N., and Vrouva, I. (eds) (2012) *Minding the child: Mentalization-based interventions with children, young people and their families*. Hove: Routledge, pp.147-162.

Bion, W. (1962) *Learning from Experience*. London: Heinemann.

Bion, W. (1967) *Second Thoughts*. London: Heinemann.

Bion, W. (1970) *Attention and Interpretation*. London: Tavistock.

Bloom, S. (2010) *Organizational Stress as a Barrier to Trauma-Informed Service Delivery*. Available at:

[http://www.sanctuaryweb.com/PDFs\\_new/Bloom%20Organizational%20Stress%20as%20a%20Barrier%20to%20Trauma%20Chapter.pdf](http://www.sanctuaryweb.com/PDFs_new/Bloom%20Organizational%20Stress%20as%20a%20Barrier%20to%20Trauma%20Chapter.pdf) (Accessed: 21 October 2013).

Boldero, J., and Fallon, B. (1995) 'Adolescent help-seeking: What do they get help for and from whom?', *Journal of Adolescence*, 18(2), pp. 193–209.

Bomber, L. (2007) *Inside I'm hurting: Practical strategies for supporting children with attachment difficulties in schools*. Duffield: Worth Publishing.

Bosma, H., Marmot, M., Hemingway, H., Nicholson, A., Brunner, E., and Stansfeld, S. (1997) 'Low job control and risk of coronary heart disease in the Whitehall 11(prospective cohort) study', *British Medical Journal*, 314, pp. 235-239.

Boston, M., and Szur, R. (eds) (1983) *Psychotherapy with severely deprived children*. London: Routledge and Kegan Paul

Bower, M. (ed.) (2005) *Psychoanalytic theory for social work practice: Thinking under fire*. Abingdon: Routledge.

Bowlby, J. (1944) 'Forty-four juvenile thieves: Their characters and home life.' *International Journal of Psychoanalysis*, 25(19-52), pp. 107-127.

Bowlby, J. (1969) *Attachment and Loss Volume 1: Attachment*. London: Hogarth Press and the Institute of Psycho-analysis.

Bowlby, J. (1973) *Attachment and Loss Volume 2 Separation: Anxiety and Anger*. London: Hogarth Press.

Bowlby, J. (1980) *Attachment and Loss Volume 3 Loss: Sadness and Depression*. London: Hogarth Press.

- Bowlby J (1988) *A secure base: Clinical applications of attachment theory*. London: Routledge..
- Boyatzis, R. (1998) *Transforming qualitative information: Thematic analysis and code development*. London: Sage.
- Brackertz, N. (2007) *Who is hard to reach and why?* ISR working paper, The Swinbourne Institute of Social Research, Victoria.
- Braun, V., and Clarke, V. (2006) 'Using thematic analysis in psychology', *Qualitative Research in Psychology*, 3 (2), pp. 77-101.
- Briggs, A. (2002) *Working with adolescents: A contemporary psychodynamic approach*. Basingstoke: Palgrave Macmillan.
- Broidy, L., Nagin, D., Tremblay, R., Bates, J., Brame, B., Dodge, K., Fergusson, D., Horwood, J., Loeber, R., Laird, R., Lynam, D., Moffitt, T., Pettit, G., Vitaro, F. (2003) 'Developmental trajectories of childhood disruptive behaviours and adolescent delinquency: A six-site cross-national study', *Developmental Psychology*, 39, pp. 222-245.
- Bromley, D. (1986) *The case-study method in psychology and related disciplines*. Chichester: Wiley and Sons.
- Brookman-Frazee, L., Haine, R., Gabayan, E., and Garland, A. (2008) 'Predicting frequency of treatment visits in community-based youth psychotherapy', *Psychological Services*, 5(2), pp. 126–138.
- Bronfenbrenner, U. (1979) *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.
- Broussard, E. (1995) 'Infant attachment in a sample of adolescent mothers', *Child Psychiatry and Human Development*, 25, pp. 211-219.
- Butler, I., Robinson, M., and Scanlan, L. (2005) *Children and decision-making*. York: National Children's Bureau and Joseph Rowntree Foundation.
- Bureau, J., Martin, J., and Lyons-Ruth, K. (2010) 'Attachment dysregulation as hidden trauma in infancy: Early stress, maternal buffering and psychiatric morbidity in young adulthood', in Lanius, R., Vermetten, E., and Pain, C. (eds) *The impact of early trauma on health and disease: The hidden epidemic*. Cambridge: Cambridge University Press, pp. 48-56.
- Burhansstipanov, L., and Krebs, L. (2005) *Reaching populations labelled 'Hard-to-Reach'*, Available at: [http://www.bcm.edu/edict/PDF/Reaching\\_Populations.pdf](http://www.bcm.edu/edict/PDF/Reaching_Populations.pdf) (Accessed: 12 August 2010).

- Burns, C., Cortell, R., and Wagner, B. (2008) 'Treatment compliance in adolescents after attempted suicide: A 2-year follow-up study', *Journal of the American Academy of Child and Adolescent Psychiatry*, 47(8), pp. 948–957.
- Byas, A., Hills, D., Meech, C., Read, L., Stacey, K., Presland, E., and Wood, A. (2003) 'From the ground up: Collaborative research in child and adolescent mental health services', *Families, Systems and Health*, 21 (4), pp. 397-413.
- Cabinet Office (1999) *Bridging the gap: New opportunities for 16 to 18 year olds not in education, employment or training*. Social Exclusion Unit Publications: London.
- Cairns, K. (2002) *Attachment, trauma and resilience: Therapeutic caring for children*. London: British Association for Adoption and Fostering (BAAF).
- Cairns, K. (2012) *A safe space, a nurturing community: Helping setting to help vulnerable children*. Dursley: Kate Cairns Associates.
- Cameron, C., and Moss, P. (eds) (2011) *Social pedagogy and working with children and young people: Where care and education meet*. London: Jessica Kingsley.
- Carpenter, P., Morrow, G., Del Gaudio, A., and Ritzler, B. (1981) 'Who keeps the first outpatient appointment?', *American Journal of Psychiatry*, 138, pp. 102-105.
- Casey, R., and Cantor, L. (1983) 'Group work with hard-to-reach adolescents: The use of member initiated program selection', *Social work with groups*, 6 (1), pp. 9-22.
- Caspi, A., Taylor, A., Moffitt, T., and Plomin, R. (2000) 'Neighbourhood deprivation affects children's mental health: environmental risks identified in generic design', *Psychological Science*, 11(4), pp. 338-342.
- Cater, S., and Coleman, L. (2006) *'Planned' teenage pregnancy: views and experience of young people from poor and disadvantaged backgrounds*. Bristol: The Policy Press.
- Cauce, A., Stewart, A., Rodriguez, M., Cochran, B., and Ginzler, J. (2003) 'Overcoming the odds? Adolescent development in the context of urban poverty', in Luthan, S. (ed.) *Resilience and vulnerability: Adaptation in the context of childhood adversities*. New York: Cambridge University Press, pp. 343-463.
- Charmaz, K. (2006) *Constructing grounded theory: A practical guide through qualitative analysis*. London: Sage
- Clark, J., Dyson, A., Meacgher, N., Robson, E., and Wooten, M. (2001) *Young people as researchers: Possibilities, problems and politics*. Leicester: Youth Work Press.

- Clarkson, P. (2003) *The therapeutic relationship. 2nd edn.* London: Whurr publishers.
- Coleman, J. (2011) *The nature of adolescence.* 4th edn. Hove: Routledge.
- Cooper, A., and Wren, B. (2012) 'Front-line services, complexity, research and policy', *Psychoanalytic Psychotherapy*, 26(30), pp. 199-210.
- Costello, E., Compton, S., Keeler, G., and Angold, A. (2003) 'Relationship between poverty and psycho-pathology: A natural experiment', *Journal of American Medical Association*, 290(15), pp. 2023-2029.
- Cottrell, D., Hill, P., Walk, D. (1988) 'Factors influencing non-attendance at child psychiatry out-patient appointments', *British Journal of Psychiatry*, 152, pp. 201-204.
- Coupey, S. (1997) 'Interviewing Adolescents', *Adolescent Medicine*, 44 (6), pp. 1349-1364.
- Cote, T., Tremblay, RE., Nagin, D., Zoccolillo, M., and Vitaro F. (2002) 'The development of impulsivity, fearfulness, and help-fulness during childhood: Patterns of consistency and change in the trajectories of boys and girls', *Journal of Child Psychology and Psychiatry*, 43, pp. 609–618.
- Cozolino, L. (2002) *The neuroscience of psychotherapy: Building and rebuilding the human brain.* New York: WW Norton and Company.
- Crittenden, P. (1995) 'Attachment and Psychopathology', in Goldberg, S., Muir, R., and Kerr, J., (eds) (1995) *John Bowlby's attachment theory: Historical, clinical, and social significance.* New York: Analytic Press, pp. 367-406.
- Crittenden, P. (2008) *Raising parents: Attachment, parenting, and child safety.* Abingdon: Routledge/Willan.
- Curtis, K., Roberts, H., Copperman, J., Downie, A., and Liabo, K. (2004) 'How come I don't get asked no questions? : Researching 'hard to reach' children and teenagers', *Child and Family Social Work*, 9(2), pp. 167-175(9).
- Dallos, R. (2004) 'Attachment narrative therapy: integrating ideas from narrative and attachment theory in systemic family therapy with eating disorders', *Journal of Family Therapy*, 26(10), pp. 40-65.
- Dandreaux, D., and Frick, P. (2009). 'Developmental pathways to conduct problems: A further test of the childhood and adolescent-onset distinction', *Journal of Abnormal Child Psychology*, 37, pp. 375–385.
- Daston, L., and Galison, P. (2007) *Objectivity.* New York: Zone Books.
- Davies, D. (2011) *Child development: A practitioner's guide.* 3<sup>rd</sup> edn. New York: The Guildford Press
- Delaney, M. (2009) *Teaching the unteachable: Practical ideas to give teachers hope and help when behaviour management strategies fail.* London: Worth Publishing.

- Denzin, N. (1970) *The research act in Sociology*. Chicago: Aldine.
- Denzin, N., and Lincoln, Y. (2008) *Collecting and interpreting qualitative materials*. 3rd edn. London: Sage.
- Doherty, P., Stott, A., and Kinder, K. (2004) *Delivering services to hard to reach families in On Track areas: Definition, consultation and needs assessment, Home Office Development and Practice Report, 15*. Available at: <http://www.homeoffice.gov.uk/rds/pdfs2/dpr15.pdf> (Accessed: August 13 2010).
- Douvan, E., and Adelson, J. (1966) *The Adolescent experience*. New York: John Wiley.
- Dreher, A. (2000) *Foundations for conceptual research in psychoanalysis*. London: Karnac.
- Dubow, E., Lovko, K., and Kausch, D. (1990) 'Demographic differences in adolescents' health concerns and perceptions of helping agents', *Journal of Clinical Child Psychology*, 19, pp. 44-54.
- Duncan, D., White, J., and Nicholson T. (2003) 'Using internet-based surveys to reach hidden populations: Case of nonabusive illicit drug users', *American Journal of Health Behavior*, 27(3), pp. 208-218.
- Earthman, E., Richmond L., Peterson D., Marczak, M., and Betts, C. (1999) 'Adapting evaluation measures for hard to reach audiences', *Children, Youth and Families Education and Research Network*, University of Arizona. Available at: <http://www.ag.arizona.edu/fcs/cyfernet/evaluation/adapeval.pdf> (Accessed: 12 August 2010).
- Elicker, G., Englund, M., and Sroufe, L. (1992) 'Predicting peer competence and peer relationships in childhood from early parent-child relationships', in Parke, R., and Ladd, G. (eds) *Family - Peer Relationships: Modes of Linkage*. Hillsdale, N. J.: L. Erlbaum Associates, pp.77-106.
- Elliott, E., Watson, A., and Harries, U. (2001) 'Harnessing expertise: involving peer interviewers in qualitative research with hard to reach populations', *Health Expectations*, 5 (2), pp. 172-188.
- Emanuel, L. (2002) 'Deprivation X3': The contribution of organizational dynamics to the 'triple deprivation' of looked-after children', *The Journal of Child Psychotherapy*, 28(2), pp. 163-179.
- Erikson, E. (1968) *Youth and Crisis*. New York: Norton and Co.
- Erikson, K. (1994) *A new species of trouble: The human experience of modern disasters*. New York: W.W. Norton.
- Fairbairn, W. (1952) *Psychological studies of the personality*. London: Routledge and Kegan Paul.
- Fairbairn, W. (1958) 'On the nature and aims of psychoanalytic treatment', *International Journal of Psychoanalysis*, 39, pp. 374-385.

- Famularo, R., Kinscherff, R., and Fenton, T. (1991) 'Posttraumatic stress disorder among children clinically diagnosed as borderline personality disorder', *Journal of Nervous Mental Disorders*, 179(7), pp.428-31.
- Faugier, J., and Sargeant, M. (1997) 'Sampling hard to reach populations', *Journal of Advanced Nursing*, 26, pp. 790-797.
- Fergusson, D., and Lynskey, M. (1996) 'Adolescent resilience to family adversity', *Journal of Child Psychology and Psychiatry*, 37, pp.281-292.
- Finlay, L., and Evans, K. (eds) (2009) *Relational-centred research for psychotherapists: Exploring meanings and experience*. Chichester: Wiley-Blackwell.
- Fisher, P., and Gunnar, M. (2010) 'Early life stress as a risk factor for disease in adulthood', in Lanius, R., Vermetten, E., and Pain, C. (eds) (2010) *The impact of early trauma on health and disease: The hidden epidemic*. Cambridge: Cambridge University Press.
- Fogelman, K. (1976) *Britain's 16 year-olds*. London: National Children's Bureau.
- Fonagy, P. (2003) 'The development of psycho-pathology from infancy to adulthood: The mysterious unfolding of disturbance in time', *Infant Mental Health Journal*, 24 (3), pp. 212-239.
- Fonagy, P., and Bateman, A. (2006) 'Mechanisms of change in mentalization-based treatment of BPD', *Journal of clinical psychology*, 62, pp. 411-430.
- Fonagy, P., Gergely, G., and Jurist, E. (2004) *Affect regulation, mentalization and the development of the self*. London: Karnac.
- Fonagy, P., and Higgit, A. (2007) 'The early social and emotional determinants of inequalities in health', in Baruch, G., Fonagy, P. and Robins, D. (eds) *Reaching the Hard to Reach: Evidenced-based Funding Priorities for Intervention and Research*. Chichester: John Wiley and sons, pp. 3-34.
- Fonagy, P. and Target, M. (1997) 'Attachment and reflective formation: Their role in self-organization', *Development and Psychopathology*, 9(4), pp. 679-700.
- Fonagy, P., and Target, M. (2003) *Psychoanalytic theories: Perspectives from Developmental Psychopathology*. New York: Brunner-Routledge.
- Fraiberg, S. (1982) 'Pathological defenses in infancy', *The Psychoanalytic quarterly*, 51(4), pp. 612-635.
- Fraiberg, S., Adelson, E., Shapiro, V. (1975) 'Ghosts in the nursery: A psychoanalytic approach to the problems of impaired infant-mother relationships', *Journal of the American Academy of Child Psychiatry*, 14(3), pp. 387-421.
- France, A. (2000) *Youth researching youth: The triumph and success of peer research projects*. Leicester: Youth Press Worker.

- Freimuth, V., and Mettger, W. (1990) 'Is there a hard-to-reach audience?', *Public Health Report*, 105 (3), pp. 232-238.
- Freud, S. (1910) 'The origin and development of psychoanalysis', *The American Journal of Psychology*, 21(2), pp.181-218.
- Freud, S. (1914) *Psychopathology of everyday life*. Reprint, New York: Bartleby.com, 2010.
- Freud, S. (1937) 'Analysis terminable and interminable', *International Journal of Psycho-Analysis*, 18, pp. 373-405.
- Freud, S. (1955) *Standard edition of the complete psychological works*, Translated by J. Strachey (ed.) Reprint , London: Hogarth Press.
- Frich, P., and Morris, A. (2004) 'Temperament and developmental pathways to conduct problems', *Journal of Clinical Child and Adolescent Psychology*, 33(1), pp. 54-68.
- Frosh, S. (2003) 'Taking a stand: Using psychoanalysis to explore the positioning of subjects in discourse', *British Journal of Social Psychology*, 42(1), pp. 39-53.
- Frosh, S., Phoenix, A., and Pattman, R. (2000) 'But It Racism I Really Hate: Young Masculinity, Racism and Psycho Analysis', *Psychoanalytic Psychology*, 17(2), pp. 225-242.
- Garland, A., and Zigler, E. (1994) 'Psychological correlates of help-seeking attitudes among children and adolescents', *American Journal of Orthopsychiatry*, 64(4), pp. 586-593.
- Garcia, J., and Weisz, J. (2002) 'When youth mental health care stops: Therapeutic relationship problems and other reasons for ending youth outpatient treatment', *Journal of Consulting and Clinical Psychology*, 70, pp. 439–443.
- Garland, C. (ed.) (1998) *Understanding trauma: A psychoanalytical approach*. London: Gerald Duckworth and Co.
- Gayle, E., and Holling, A. (2000) 'Young people and stigma.' *Young Minds Magazine*, 49, pp.22-23.
- Geertz, C. (1973) *The interpretation of cultures: Selected essays*. New York: Basic Books.
- Geertz, C. (1994) 'Thick description: Toward an interpretive theory of culture', in Martin M., and McIntyre, L. (eds), *Readings in the philosophy of social science*. Cambridge, MA: MIT Press, pp. 213-231.
- Gerhardt, S. (2004) *Why love matters: How affection shapes a baby's brain*. Hove: Brunner-Routledge.

- Gilbert, P. (1993) 'Defence and Safety: Their foundation in social behaviour and psycho-pathology', *British Journal of Clinical Psychology*, 32(2), pp. 131-153.
- Gilgun, J. (1992) 'Definitions, methodologies, and methods in qualitative family research', in Gilgun, J., Daly, K., and Handel, G. (eds), *Qualitative methods in family research*. Newbury Park, CA: Sage Publications, pp. 22-40.
- Glasser, W. (1965) *Reality Therapy: A new approach to psychiatry*. New York: Harper and Row.
- Goldstein, A., Glick, B., Reiner, S., Zimmerman, D., and Coultry, T. (1987) *Aggression replacement training: A comprehensive intervention for aggressive youth*. Champaign, IL: Research Press.
- Goodyer, I., Herbert, J., Tamplin, A., and Altham, P. (2000) 'Recent life events, cortisol, dehydroepiandrosterone and the onset of major depression in high-risk adolescents', *British Journal of Psychiatry*, 177, pp. 499-504.
- Gopalan, G., Goldstein, L., Klingenstein, K., Sicher, C., Blake, C., and McKay, M. (2010) 'Engaging Families into Child Mental Health Treatment: Updates and Special Considerations', *Journal of the Canadian Academy of Child Adolescent Psychiatry*, 19(3) pp. 182-196.
- Social Exclusion Unit (2004) *The Social Exclusion Unit*. Available at: [http://webarchive.nationalarchives.gov.uk/+http://www.cabinetoffice.gov.uk/media/cabinetoffice/social\\_exclusion\\_task\\_force/assets/publications\\_1997\\_to\\_2006/seu\\_leaflet.pdf](http://webarchive.nationalarchives.gov.uk/+http://www.cabinetoffice.gov.uk/media/cabinetoffice/social_exclusion_task_force/assets/publications_1997_to_2006/seu_leaflet.pdf) (Accessed: 5 July 2011)
- Griffith, H. (2003) 'Terms of engagement: Reaching hard to reach adolescents', *Young Minds Magazine*, 62, pp. 23-26.
- Grotevant, H., and Cooper, C. (1986) 'Individuation in family relationships: A perspective on the individual differences in the development of identity and role-taking in adolescence', *Human Development*, 29, pp. 82-100.
- Grunbaum, A. (1984) *The foundations of psychoanalysis: A philosophical critique*. Berkeley: University of California Press.
- Guggenbuhl, A. (1996) *The incredible fascination of violence: Dealing with aggression and brutality among children*. Quebec: Spring Publications.
- Guntrip, H. (1968) *Schizoid Phenomena, Object-relations and the Self*. London: Karnac.
- Hall, G. (1904) *Adolescence: Its relation to physiology, anthropology, sociology, sex, crime, religion and education*. New York: Appleton.
- Hammersley, M. (1992) *What's wrong with ethnography?* London: Routledge.
- Hariri, A., Bookheimer, S., and Mazziotta, J. (2000) 'Modulating emotional responses: Effects of a neocortical network on the limbic system', *Neuroreport*, 11(1), pp. 43-48.

- Hasebe, Y., Nucci, L., and Nucci, M. (2004) 'Parental control of the personal domain and adolescents' symptoms of psycho-pathology: A cross-national study in the United States and Japan', *Child Development*, 75, pp. 815–828.
- Hastings, M. (2011) *Years of liberal dogma have spawned a generation of amoral, uneducated, welfare dependent, brutalised youngsters*. Available at : <http://www.dailymail.co.uk/debate/article-2024284/UK-riots-2011-Liberal-dogma-spawned-generation-brutalised-youths.html#ixzz34oZb3Dss> (Accessed: 22<sup>nd</sup> July 2011).
- Hayes, N. (ed.) (1997) *Doing qualitative analysis in psychology*. Hove: Psychology Press.
- Hemingway, H., and Marmot, M. (1999) 'Psychosocial factors in the aetiology and prognosis of coronary heart disease: A systematic review of prospective cohort studies', *British Medical Journal*, 318, pp. 1460-1461.
- Herd, J. (2011) 'How to reach the hard to reach: Where angels fear,' CfSWP, University of Essex, January 11<sup>th</sup>. Unpublished paper.
- Herman, J., Perry, J., and van der Kolk, B. (1989) 'Childhood trauma in borderline personality disorder', *American Journal of Psychiatry*, 146(4), pp. 490-495.
- Hill, M. (1997) 'What children and young people say they want from social services', *Research Policy and Planning*, 15(3), pp. 17-27.
- Hoeve, M., Dubas, J., Eichelsheim, V., Van der Laan, P., Smeenk, W., and Gerris, J. (2009) 'The relationship between parenting and delinquency: A meta-analysis', *Journal of Abnormal Child Psychology*, 37, pp. 749–775.
- Hollway, W., and Jefferson, T. (2013) *Doing qualitative research differently: A psychosocial approach*. London: Sage.
- Howe, D. (2005) *Child abuse and neglect: Attachment, development and intervention*. New York: Palgrave Macmillan.
- Howe, D. (2008) *The emotionally intelligent social worker*. Basingstoke: Palgrave Macmillan.
- Howe, D. (2011) *Attachment across the lifecourse: A brief introduction*. Basingstoke: Palgrave Macmillan.
- Hughes, D. (2006) *Building the bonds of attachment: Awakening love in deeply troubled children*. New York: Rowman and Littlefield.
- Hughes, D., Baylin, J., and Siegal, D. (2012) *Brain-based parenting: The neuroscience of caregiving for healthy attachment*. London: Norton.
- Hungerford, A., Brownell, C., and Campbell, S. (2000) 'Child care in infancy: A transactional perspective', in Zeanah, C. (ed.) *Handbook of infant mental health*. 2nd edn. New York: Guilford Press, pp. 519–532.
- Hurley, N. (1998) *Straight talk: Working with children and young people in groups*. York: Joseph Rowntree Foundation.

- Jarvinen, D., and Nichollis, J. (1996) 'Adolescents' social goals, beliefs about the causes of social success and satisfaction in peer relations', *Developmental Psychology*, 32(3), pp. 435-441.
- John, L., Offord, D., Boyle, M., and Racine, Y. (1995) 'Factors predicting use of mental health and social services by children 6-16years old: Findings from the Ontario Child Health Study', *American Journal of Orthopsychiatry*, 65 (1), pp. 76-86.
- Johns, B., and Carr, V. (1995) *Techniques for managing verbally and physically aggressive students*. Denver: Love.
- Johnson, E., Mellor, D., and Brann P. (2008) 'Differences in dropout between diagnoses in child and adolescent mental health services', *Clinical Child Psychology and Psychiatry*, 13, pp. 515–530.
- Joseph, B. (1989) *Psychic equilibrium and psychic change: Selected Papers of Betty Joseph*. London: Routledge.
- Kazdin, A. (1988) *Child Psychotherapy: Developing and identifying effective treatments*. New York: Pergamon Press.
- Kazdin, A. (1995). 'Bridging child, adolescent and adult psychotherapy: Directions for research', *Psychotherapy Research*, 5 (3), pp. 258-277.
- Kazdin, A., and Mazurick, J. (1994) 'Dropping out of child psychotherapy: Distinguishing early and late dropouts over the course of treatment', *Journal of Consulting and Clinical Psychology*, 62(5), pp.1069-1074.
- Kazdin, A., Holland, L., Crowley, M., and Breton, S. (1997) 'Barriers to treatment participation scale: Evaluation and validation in the content of child outpatient treatment.' *Journal Child Psychology and Psychiatry*, 38 (8), pp. 1051-1062.
- Kegerreis, S. (2010) *Psychodynamic counselling with children and young people: An introduction*. Basingstoke: Palgrave Macmillan.
- Kellam, S., Branch, J., Hendricks Brown, C., and Russell, G. (1981) 'Why teenagers come for treatment: a ten year prospective epidemiological study in Woodlawn', *Journal of American Academy of Child and Adolescent Psychiatry*, 20(3), pp. 477-495.
- Kids Co (2012) *Our Philosophy*. Available at: <http://www.kidsco.org.uk/about-us/our-philosophy> (Accessed: 2 April 2012).
- Kilpatrick, R., McCartan, C., McAllister, S. and Mckeown, P. (2007) 'If I am brutally honest, research has never appealed to me....': The problems and success of a peer research project', *Educational Action Research: Young Peoples Voices*, 15 (3), pp. 351-369.
- Kirby, P. (1999) *Involving young researchers: How to enable young people to design and conduct researches*. York: Joseph Rowntree Foundation.

- Klein, M. (1946) 'Notes on some schizoid mechanisms', in *Envy and gratitude: and other works 1946-1963*. Reprint, London: Vintage, 1997, pp. 1-44.
- Klein, M. (1975) *Envy and gratitude: and other works 1946-1963*. Reprint, London: Vintage, 1997.
- Kroll, B. (2010) 'Only connect- building relationships with hard-to-reach people: Establishing rapport with drug-misusing parents and their children', in Ruch, G. (ed.) *Relationship-Based Social Work*. London: Jessica Kingsley.
- Kuhn, T. (1962) *The structure of scientific revolutions*. Chicago: University of Chicago.
- Lansky, M. (2007) 'Unbearable shame, splitting and forgiveness in the resolution of vengefulness', *Journal of the American Psychoanalytic Association*, 55, pp. 571-593.
- Lanius, R., Vermetten, E., and Pain, C. (eds) (2010) *The impact of early trauma on health and disease: The hidden epidemic*. Cambridge: Cambridge University Press.
- Laub, D., and Auerhahn, N. (1993) 'Knowing and not knowing massive psychic trauma: Forms of traumatic memory', *International Journal of Psychoanalysis*, 74(2), pp. 287-302.
- Lefevre, M. (2010) *Communicating with children and young people: Making a difference*. Bristol: The Policy Press.
- Lemma, A. (2010) 'The Power of Relationship: A study of key working as an intervention with traumatised young people', *Journal of Social Work Practice*, 24(4), pp. 409-427.
- Leon, L. and Smith, K. (1995), 'Turned upside down: Services for young people in crisis. *Young Minds Magazine*, 51, pp. 22-24.
- Leve, L., Kim, H., and Pears, K. (2005) 'Childhood temperament and family environment as predictors of internalising and externalising trajectories from ages 5 to 17', *Journal of Abnormal Child Psychology*, 33(5), pp. 505-520.
- Levinson, W., Roter, D., Mullooly, D., Dull, V., and Frankel, R. (1997) 'Physician-patient communication: The relationship with malpractice claims among primary care physicians and surgeons.' *JAMA*, 277, pp. 553-559.
- Liddle, H., Dakof, G., Parker, K., Diamond, G., Barrett, K., and Tejeda, M. (2001) 'Multidimensional family therapy for adolescent substance abuse: Results of a randomized clinical trial', *American Journal of Drug and Alcohol Abuse*, 27(4), pp. 651-88.
- Lind, C. (2007) 'The power of adolescent voices: Co-researchers in Mental Health promotion', *Educational Action Research: Young Peoples Voices*, 15 (3), pp. 371-383.

- Littell, J., Popa, M., and Forsythe, B. (2005) *Multisystemic therapy for social, emotional, and behavioural problems in youth aged 10-17*. Oslo: The Campbell collaboration.
- Loeber, R., and Stouthamer-Loeber, M. (1986) 'Family factors as correlates and predictors of juvenile conduct problems and delinquency', *Crime and justice*, 7, pp. 29-149.
- Long, N. (1991) 'What Fritz Redl taught me about aggression: Understanding the dynamics of aggression and counteraggression in students', in Morse, W. (ed.) *Crisis Intervention in residential treatment: The clinical innovations of Fritz Redl*. New York: The Haworth Press.
- Long, N., Morse, W., and Newman, R. (eds) (1996) *Conflict in the classroom: The education of at-risk and troubled students*. 5<sup>th</sup> edn. Austin, TX: Pro-ed.
- Lowe, F. (2006) 'Containing persecutory anxiety: Child and adolescent mental health services and black and minority ethnic communities', *Journal of Social Work Practice*, 20(1), pp. 5-25.
- Lyons-Ruth, K., Alpern, L., and Repacholi, B. (1993) 'Disorganized infant attachment classification and maternal psychosocial problems as predictors of hostile-aggressive behaviour in the preschool classroom', *Child Development*, 64(2), pp. 572-85.
- Lyons-Ruth, K., and Jacobvitz, D. (1999) 'Attachment disorganization: Unresolved loss, relational violence, and lapses in behavioral and attentional strategies', in Cassidy J. and Shaver P. (eds) *Handbook of attachment*. London: Guilford Press, pp.520–554.
- Macdonald, R., Shildrick, T., Webster, C., and Simpson, D. (2005) 'Growing up in poor neighbourhoods: The significance of class and place in the extended transitions of "Socially Excluded" young adults', *Sociology*, 39 (5), pp. 873-891.
- McGuire, W. (ed.) (1974) *The Freud-Jung letters*. Princeton: Princeton University Press.
- McKay, M., Lynn, C., and Bannon, W. (2005) 'Understanding inner city child mental health need and trauma exposure: Implications for preparing urban service providers', *American Journal of Orthopsychiatry*, 75(2), pp. 201–210.
- Macnab, N., Visser, J., and Daniels, H. (2007) 'Desperately seeking data: Methodological complications in researching 'hard to find' young people', *Journal of Research in Special Educational Needs*, 7 (3), pp. 142-148.
- Matysik, G (1999) 'Adolescents as co-researchers: An examination of the effects of a participatory research project on adolescent development', *Dissertation Abstract International Section A: Humanities and Social Services*, 60 (50-A), pp. 1,784.
- Medforth, R. (2007) *Youth volunteering on the margins*. Leeds: Children's Society.

- Medforth, R. (2010) *The Scarpa project: Review of work Sep 2007 to Oct 2010*. Leeds: Children's Society.
- Meins, E., Fernyhough, C., Wainwright, R., Das Gupta, M., Fradley, E., and Tuckey, M. (2002) 'Maternal mind-mindedness and attachment security as predictors of theory of mind understanding', *Child Development*, 73, pp. 1715–1726.
- Meltzer, D. (1973) *Sexual State of Mind*. Perthshire: Clunie Press.
- Menzies-Lyth, I. (1960) 'Social systems as a defence against anxiety', *Human relations*, (13), pp. 95-121.
- Metropolitan Police Service (2007) *The Pan-London Gang Survey*. London: Metropolitan Police. Available at: [http://www.met.police.uk/foi/pdfs/disclosure\\_2012/september\\_2012/2011120000766.pdf](http://www.met.police.uk/foi/pdfs/disclosure_2012/september_2012/2011120000766.pdf) (Accessed: 4 November 2013)
- Midgley, N., Anderson, J., Grainger, E., Nestic, T., and Urwin, C. (eds) (2009) *Child psychotherapy and research: New approaches, emerging findings*. Hove: Routledge.
- Midgley, N., and Vrouva, I. (eds) (2012) *Minding the child: Mentalization-Based interventions with children, young people and their families*. Hove: Routledge.
- Miller, L., Southam-Gerow, M., and Allin, R. (2008) 'Who stays in treatment? Child and family predictors of youth client retention in a public mental health agency', *Child and Youth Care Forum*, 37(4), pp. 153–170.
- Minuchin, S. (1974) *Families and Family Therapy*. Harvard University Press: Cambridge.
- Morgan, N. (2005) *Blame my brain: The amazing teenage brain revealed*. London: Walker Books.
- Morris, A., Silk, J., Steinburg, L., Sessa, F., Avenevoli, S., and Essex, M. (2002) 'Temperamental vulnerability and negative parenting as interacting predictors of child adjustment', *Journal of Marriage and the Family*, 64(2), pp. 461-471.
- Murray, L., Fiori-Cowley, A., Hooper, R., and Cooper, P. (1996) 'The impact of post-natal depression and associated adversity on early mother-infant interactions and later infant outcome', *Child Development*, 67, pp. 2512-2526.
- Music, G. (2011) *Nurturing natures: Attachment and children's emotional, sociocultural and brain development*. Hove: Psychology Press.
- National Research Council Institute of Medicine (2000) *From Neuron to Neighbourhoods: The science of early childhood development*. Washington: National Academy Press.

NICE (2006) *Methods for development of NICE public health guidance*. Available at: <http://www.nice.org.uk/nicemedia/pdf/CPHEMethodsManual.pdf> (Accessed: 22 July 2013).

Nicholson, C., Irwin, M., and Dwivedi, K. (2010) *Children and adolescents in trauma: Creative therapeutic approaches*. London: Jessica Kingsley.

Nijenhuis, E., Van de Hart, O., and Steele, K. (2004). *Trauma-related structural dissociation of the personality*. Available at: <http://www.trauma-pages.com/a/nijenhuis-2004.php> (Accessed: 20 June 2011).

Norcross, J. (ed.) (2010) *Evidence-based therapy relationships*. Available at: [http://www.nrepp.samhsa.gov/pdfs/norcross\\_evidence-based\\_therapy\\_relationships.pdf](http://www.nrepp.samhsa.gov/pdfs/norcross_evidence-based_therapy_relationships.pdf) (Accessed: 10 October 2013).

O'Shaughnessy, E. (1981) 'A Clinical Study of Defensive Organisations', *International Journal of Psychoanalysis*, 62, pp. 359-428.

Ozer, E., Cantor, J., Cruz, G., Fox, B., Hubbard, E., and Moret, L. (2008) 'The diffusion of youth-led participatory research in urban schools: The role of the presentation support system in implementation and sustainability', *American Journal of Community Psychology*, 41 (3-4), pp. 278-289.

Parliament (2014) *Underachievement in education in white working class children*. Available at: <http://www.parliament.uk/business/committees/committees-a-z/commons-select/education-committee/inquiries/parliament-2010/white-working-class-underachievement/> (Accessed: 13 March 2014).

Patterson, G., Reid, J., and Dishion, T. (1992) *Antisocial boys*. Eugene, OR: Castalia Pub, Co.

Pekarik, G., and Wiezbicki, M. (1986) 'The relationship between expected and actual psychotherapy treatment duration', *Psychotherapy*, 23, pp. 532-534.

Pelkonen, J., Marttunen, M., Laippala, P., and Lonqvist, J. (2000) 'Factors associated with early drop out from adolescent psychiatric outpatient treatment', *Journal of the American Academy of Child and Adolescent Psychiatry*, 39 (3), pp. 329-36.

Perlman, H. (1979) *Relationship : The heart of helping people*. Chicago: University of Chicago Press Books.

Perry. A. (ed.) (2009) *Teenagers and attachment: Helping adolescents engage in life and learning*. London: Worth Publishing.

Perry, B. (1997) 'Incubated in terror, neuro developmental factors in the cycle of violence', in Osofsky, J. (ed.) *Children, Youth and Violence: The search for solutions*. Guildford Press, New York.

Perry, B. (1999) 'Memories of fear: How the brain stores and retrieves physiologic states, feelings, behaviors and thoughts from traumatic events', in

J.M. Goodwin and R. Attias (eds), *Splintered reflections: Images of the body In trauma*. New York: Basic Books, pp. 9-38.

Perry, B. (2001) *Violence and Childhood: How persisting fear can alter the developing child's brain*. Available at:

<http://www.terrylarimore.com/PainAndViolence.html> (Accessed: 5 January 2011)

Perry, B. (2013) *The Neurosequential Model of Therapeutics as evidence-based practice*. Available at: [https://childtrauma.org/wp-content/uploads/2014/01/NMT\\_Evidence\\_Based\\_Practice.pdf](https://childtrauma.org/wp-content/uploads/2014/01/NMT_Evidence_Based_Practice.pdf) (Accessed: 13 July 2013).

Perry, B., Pollard, R., Blakley, T., Baker, W., and Vigilante, D. (1995) 'Childhood trauma, the neurobiology of adaptation and "use-dependent" development of the brain: How "states" become "traits"', *Infant Mental Health Journal*, 16 (4), pp. 271-291.

Perry, B., and Szalavitz, M. (2006) *The boy who was raised as a dog: And other stories from a child psychiatrist's notebook*. New York: Basic Books.

Petersen, R., and Valdez, A. (2005) 'Using snowball-based methods in hidden populations to generate a randomized community sample of gang-affiliated adolescents', *Youth Violence and Juvenile Justice*, 3 (2), pp. 151-167.

Pitts, J. (2008) *Reluctant gangsters: the changing face of youth crime*. Cullompton: Willan Publishing.

Plunkett, J. (1984) 'Parents' treatment expectations and attrition from a child psychiatric service', *Journal of Clinical Psychology*, 40, pp. 372-377.

Pollack, S. (2005) 'Early adversity and mechanism of plasticity: Integrating affective neuroscience with developmental approaches to psychopathology', *Development and Psychopathology* 17, pp. 735-752.

Popper, K. (1963) *Conjectures and Refutations: The growth of scientific knowledge*. Hove: Routledge.

Poulton, R., Caspi, A., Milne, B., Thomson, W., Taylor, A., Sears, M., and Moffitt, T. (2002) 'Association between children's experience of socioeconomic disadvantage and adult health: A life-course study', *Lancet*, 360(9346), 1640-1645.

Price, H., and Cooper, A. (2012) 'In the field: Psychoanalytic observation and epistemological realism', in *Infant Observation and research: Emotional processes in everyday lives*. Urwin, C., and Sternberg, J. (eds) New York: Routledge/Taylor & Francis Group, pp.55-65.

Prinz, R., and Miller, G. (1994) 'Family based treatment for childhood anti-social behaviour. Experimental influences on drop-out and engagement', *Journal of Consulting and Clinical Psychology*, 62, pp. 645-650.

Prochaska, J., and DiClemente, C. (1988) *The transtheoretic approach to therapy*. Chicago: Dorsey Press.

- Redl, F. and Wineman, D. (1951) *Children who hate*. New York: The Free Press.
- Redl, F. and Wineman, D. (1957) *The aggressive child*. New York: The Free Press.
- Reason, P. (ed.) (1988) *Human inquiry in action*. London: Sage.
- Reeves, C. (ed.) (2012) *Broken Bounds: Contemporary Reflections on the Antisocial Tendency*. London: Karnac.
- Richardson, B. (2001) *Working with challenging youth: Lessons learned along the way*. Philadelphia: Brunner-Routledge.
- Richardson, L. (2008) 'Writing: a method of inquiry', in Denzin, N., and Lincoln, Y. *Collecting and interpreting qualitative materials*. 3rd edn. London: Sage, pp. 345-371.
- Rickwood, D., and Braithwaite, V. (1994) 'Social-Psychological factors affecting help-seeking for emotional problems', *Social Science Medicine*, 39(4), pp. 563-572.
- Riviere, J. (1936) 'A contribution to the analysis of the negative therapeutic reaction.' *International Journal of Psychoanalysis*, 17, pp. 304-320.
- Rogers, C. (1957) 'The necessary and sufficient conditions of therapeutic personality change', *Journal of Consulting Psychology*, 21, pp. 95-103.
- Rogers, C. (1961) *On becoming a person: A therapist's view of psychotherapy*. Boston: Houghton Mifflin.
- Rosenburg, M. (2003) *Nonviolent communication: a language for life*. 2<sup>nd</sup> edn. Encinitas: PuddleDancer Press.
- Roseneil, S. (2006) 'The ambivalence of Angel's 'arrangement': a psychosocial lens on the contemporary condition of personal life.' *The Sociological Review*, 54(4), pp. 847-869.
- Ruch, G. (ed.) (2010) *Relationship-Based Social Work*. London: Jessica Kingsley.
- Rutter, M., Giller, H., and Hagell, A. (1998) *Antisocial Behaviour by Young People*. Cambridge: Cambridge University Press.
- Ryan, R., And Lynch, J. (1989) 'Emotional autonomy versus detachment: Revisiting the vicissitudes of adolescence and young adulthood', *Child Development*, 60, pp. 340-356.
- Sander, L. (2007) *Living systems, evolving consciousness, and the emerging person: A selection of papers from the life and work of Louis Sander*. London: Taylor and Francis Group.
- Santisteban, D., Szapocznik, J., Perez-Vidal, A., Kurtines, W., Murray, E., and La Perriere, A. (1996) 'Efficacy of intervention for engaging youth and families

into treatment and some variable that may contribute to differential effectiveness', *Journal of Family Psychiatry*, 10, pp. 35-44.

Sarason, I. and Sarason, B. (1996) *Abnormal psychology: The problem of maladaptive behaviour*. Upper Saddle River, NJ: Prentice-Hall.

Save the Children (2000). *Young People as Researchers - a learning pack*. London: Save the Children.

Schlegel, A., and Barry, H. (1991) *Adolescence: An anthropological enquiry*. New York: Free Press.

Schore, A. (1994) *Affect regulation and the origin of self*. Mahwah, NJ: Erlbaum.

Schore, A. (2001) 'Effects of a secure attachment relationship on right brain development, affect regulation, and infant mental health', *Infant Journal of Mental Health*, 22 (1-2), pp. 7-66.

Schore, A. (2012) *The science of the art of psychotherapy*. New York: Norton.

Selekman, M. (1993) *Pathways to change: Brief therapy solutions with difficult adolescents*. New York: The Guildford Press.

Self-Brown, S., LeBlanc, M., Kelley, M., Hanson, R., Laslie, K., and Wingate, A. (2006) 'Effects of community violence exposure and parental mental health on the internalizing problems of urban adolescents', *Violence and Victims*, 21(2), pp. 183-198.

Sentse, M., Veenstra, R., Lindenberg, S., Verhulst, F., and Ormel, J. (2009) 'Buffers and risks in temperament and family for early adolescent psychopathology: generic, conditional, or domain-specific effects? The trails study', *Developmental Psychology*, 45(2), pp. 419-30.

Searles, H. (1955) 'The informational value of the supervisor's emotional experience.' *Psychiatry*, 18, pp. 135-146.

Segal, H. (1972) 'A delusional system as a defence against the re-emergence of a catastrophic situation', *International Journal of Psychoanalysis*, 53, pp. 393-403.

Seligman, L. (1990) *Selecting effective treatments*. San Fransico: Jossey-Bass.

Siegel, D. (2012) *Pocket guide to interpersonal neurobiology: An integrative handbook of the mind*. New York: WW Norton.

Siegel, D. (2012) *The mindful therapist: A clinician's guide to mindsight and neural integration*. New York: WW Norton.

- Siegel, D., and Payne Bryson, T. (2012) *The whole-brain child: 12 proven strategies to nurture your child's developing mind*. London: Constable and Robinson.
- Shaggy (2001) *It wasn't me*. New York: MCA.
- Sharpe, S. (2004) *From fear to respect*. London: NCB.
- Shaw, D., and Vondra, J. (1993) 'Chronic family adversity and infant attachment security', *Journal of Child Psychology and Psychiatry*, 34, pp. 1205-1215.
- Shirk, S. (1990) *Developmental obstacles to psychotherapy*. Anister down: Acco Press.
- Siddique, C., and D'Arcy, C. (1984) 'Adolescence, stress, and psychological well-being', *Journal of Youth and Adolescence*, 13(6), pp. 459-473.
- Smeatone, E. (2005) *Living on the edge: The experiences of detached young runaways*. London: Children's Society.
- Smetana, I., and Asquith, P. (1988) 'Adolescents' and parents' conceptions of parental authority and personal autonomy', *Child development*, 65(4), pp. 1147-1162.
- Smith, G. (2006) *Hard-to-reach groups don't exist*. Available at: <http://www.delib.co.uk/dblog/hard-to-reach-groups-don-t-exist> (Accessed: 12 August 2010).
- Solms, M., and Turnbull, O. (2002) *The brain and the inner world: An introduction to the neuroscience of subjective experience*. New York: Other Press.
- Sommers-Flanagan, J., and Sommers-Flanagan, R. (1996) 'Counselling difficult adolescents', *Directions in Clinical Counselling and Psychology*, 6, pp. 1-16.
- Sommers-Flanagan, J., and Sommers-Flanagan, R. (1997) *Tough kids, cool counseling*. Alexandria, VA: American Counseling Association.
- Speight, S., Smith, R., Lloyd, E., and Coshall, C. (2010) *Families experiencing multiple disadvantage: Their use of and Views on Childcare Provision*. National Centre for Social Research. Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/2219](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/2219) (Accessed: 6 January 2011).
- Spirito, A. (1996) 'Improving treatment compliance among adolescent suicide attempters', *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 17(4), pp. 152-154.
- Sroufe, L., Duggal, S., Weinfeld, N., and Carlson, E. (2000) 'Relationships, development and psychopathology', in Sameroff, A., Lewis, M., and Miller, S. (eds) *Handbook of Developmental Psychopathology*. 2<sup>nd</sup> edn. Dordrecht, Netherlands: Kluwer Academic Publishers, pp.75-92.

- Sroufe, L., Carlson, E., Levy, A., and Egel, A. (1999) 'Implications of attachment theory for developmental psychopathology', *Development and Psychopathology*, 1, pp.1-13.
- Steiner, J. (1993) *Psychic retreats: Pathological organisations in the psychotic, neurotic and borderline patients*. London: Routledge.
- Stiles, W., Shapiro, D., and Elliott, R. (1986) 'Are all psychotherapies equal?', *American Psychologist*, 41, pp. 165-180.
- Strauch, B. (2004) *The Primal Teen: What the new discoveries about the teenage brain tell us about our kids*. New York: Anchor books
- Sudbery, J. (2002) 'Key features of therapeutic social work: the use of relationship', *Journal of Social Work Practice*, 16:2, pp149-162.
- Szalavitz, M., and Perry, B. (2010) *Born for love: Why empathy is essential and endangered*. New York: William Morrow.
- Szapocznik, J., Perez-Vidal, A., Brickman, A., Foote, F., Santisteban, D., Hervis, O., and Kurtines, W. (1988) 'Engaging adolescent drug abusers and their families into treatment: A strategic structural system approach', *Journal of Consulting and Clinical Psychology*, 56, pp. 552-557.
- Thompson, R., Lindsey, M., English, D., Hawley, K., Lambert, S., and Browne, D. (2007) 'The influence of family environment on mental health need and service use among vulnerable children', *Child Welfare*, 86(5), pp.57–74.
- Tijhuis, M., Peters, L., and Foets, M. (1990) 'An orientation toward help seeking for emotional problems', *Social Science and Medicine*, 31, pp. 989-995.
- Tobin, L. (1991) *What do you do with a child like this? Inside the lives of troubled Children*. Deluth, MN: Whole Person Associates.
- Tolan, P., Hanish, L., Mckay, M., and Dickey, M. (2002) 'Evaluating process in child and family interventions: Aggression prevention as an example', *Journal of Family Psychology*, 16(2), pp. 220-236.
- Trevarthen, C., Kokkinaki, T., and Fiamenghi, G. (1999) 'What infants' imitations communicate: With mothers, with fathers and with peers', in Nadel, J., and Butterworth, G. (eds) *Imitation in infancy: Progress and prospects of current research*. Cambridge: Cambridge University Press, pp. 127-185.
- Trevarthen, C., and Aitken, K. (2001) 'Infant intersubjectivity: Research, theory, and clinical applications', *Journal of Child Psychology and Psychiatry*, 42(1), pp. 3-48.
- Trieschman, A., Whittaker, J., and Brendto, L. (1969) *The other 23 hours: Child-care work with emotionally disturbed children in a therapeutic milieu*. Chicago: Aldine.

- Tronick, E. (2007) 'The neurobehavioral and social-emotional development of infants and children', *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 18(3), pp. 263-264.
- Tuckett, (2005) 'Applying thematic analysis theory to practice: a researcher's experience', *Contemporary Nursing*, 19(1-2), pp. 75-87.
- Van Bochern, S. (1996) 'Profiles of reclaiming schools', in Long, N., Morse, W., and Newman, R. (eds) *Conflict in the classroom: The education of at-risk and troubled students*. 5<sup>th</sup> edn. Austin, TX: Pro-ed, pp. 126-132.
- Van de Kolk, B., Pelcovitz, D., Roth, S., Mandel, F., McFarlane, A., and Herman, J. (1996) 'Dissociation, affect dysregulation and somatization: The complex nature of adaptation to trauma', *American Journal of Psychiatry*, 153(7), pp. 83-93.
- Van IJzendoorn, M., Goldberg, S., Kroonberg, P., and Frenkel, O. (1992) 'The relative effects of maternal and child problems on the quality of attachment: A meta-analysis of attachment in clinical samples', *Child development*, 59, pp. 147-156.
- Vitaro, F., Brendgen, M., Pagani, L., Tremblay, R., and McDuff, P. (1999) 'Disruptive behaviour, peer association and conduct disorder: Testing the developmental links through early intervention', *Developmental Psychopathology* 11(2), pp. 287-304.
- Walsh, D., Rudd, R., Moeykens, B., and Moloney, T. (1993) 'Social marketing for public health', *Health Affairs*, 12(2) pp. 104-119.
- Weinfield, N., Sroufe, L., Egeland, B., and Carlson, A. (1999) 'The nature of individual differences in infant-caregiver attachment', in Cassidy, J., and Shaver, P (eds) *Handbook of Attachment Theory Research and Clinical Applications*. New York: Guildford Press, pp. 68-88.
- Weitzman, B., Guttmacher, S., Weinberg, S., and Kapadia, F. (2003) 'Low response rate schools in surveys of adolescent risk taking behaviours: Possible biases, possible solutions', *Journal of Epidemiology and Community Health*, 57(1), pp. 63-67.
- Wehlage, G., Rutter, R., Smith, G., Lesko, N., and Fernandez, R. (1989) *Reducing the risk: Schools as communities of support*. London: Falmer Press
- White, S., Fook, J., and Gardner, F. (2006) 'Critical reflection: A review of contemporary literature and understandings', in White, S., Fook, J., and Gardner, F. (eds), *Critical reflection in health and social care*. Maidenhead : Open University Press, pp. 3-20.
- Wierzbicki, M. and Pekarik, G. (1993) 'A meta-analysis of psychotherapy dropout', *Professional Psychology: Research and Practice*, 24, pp. 190-195.
- Wilkinson, M. (2006) *Coming into mind: The mind-brain relationship: A Jungian clinical perspective*. Hove: Routledge.

- Williams, G. (2005) 'Double deprivation', in Bower, M. (ed.) *Psychoanalytic theory for social work practice: Thinking under fire*. Abingdon: Routledge, pp. 89-101.
- Winnicott, D. (1958) *Collected Papers: Through Paediatrics to Psycho Analysis*. London: Tavistock.
- Winnicott, D. (1965) *The Maturation Process and the Facilitating Environment*. London: Hogarth Press.
- Winnicott, D. (1971) *Playing and Reality*. London: Hogarth Press.
- Winsler, A., Fernyhough, C., and Montero, I. (eds) (2009) *Private speech, executive functioning, and development of verbal self-regulation*. Cambridge: Cambridge University Press.
- Wise, S. (2001) *Listen to me! The voices of pupils with emotional and behavioural difficulties*. Bristol: Lucky Duck Publishers Ltd.
- Wynne-Jones, R. (2014) Deserving vs. undeserving. Available at: <http://www.jrf.org.uk/reporting-poverty/journalists-experiences/deserving-undeserving> (Accessed: 25 March 2014).
- Yalom, I. (1985) *The theory and practice of group psychotherapy*. 3<sup>rd</sup> edn. New York: Basic Books.
- Yin, R. (2003) *Case study research: Design and methods*. 3<sup>rd</sup> ed. Thousand Oaks, CA: Sage.
- Zimmerman, F. (2005) 'Social and economic determinants of disparities in professional help-seeking for child mental health problems: Evidence from a national sample', *Health Services Research*, 40(5, Pt 1), pp. 1514–1533.