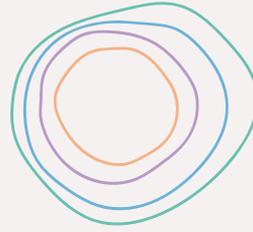




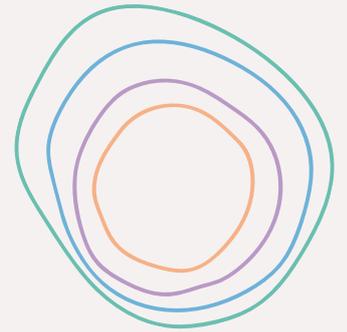
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Childhood Trauma and the Brain
— From Science to Practice

What should professionals do when we disagree on how to help a child?

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When professionals disagree on what the problem is and how to best help a child or young person, it is important to take some time out to understand each other's perspectives. If we argue and fall out, the child will look on and think, "Well, I feel strangely familiar here. This is like being back at home in my original family where mum and dad fought. I'm back where I was. Nothing's changed."

How professionals should think when things start going wrong

After completing this first task, find a similar exercise below that you can complete with the young person in your care. All you need is a piece of paper, something to write with, and a curious mind.

1. Accept that differences between concerned professionals are inevitable, not necessarily a reason for shame or blame.

Professionals care (and, quite appropriately, worry) about their patients/clients/students. In states of worry we know that making sense of other peoples' behaviour is harder to do. This 'dis-integration' between professionals is normal and inevitable because professionals invest years training in specific models or fields (education, therapy, youth engagement, safeguarding, etc.)

that all use different language, and highlight different aspects. It's easy to think that we understand another professional's job, but if that same professional assumed to understand ours to the same extent, we might feel differently! Starting with a reminder to oneself that there is a shared purpose around helping a child or family in need is obvious, but easily overlooked.

2. Create a 'dis-integration grid'

You will need a reasonably large piece of paper. This is a table with three rows (titled "What's the problem?", "What to do?" and "Who does what?") and multiple columns across the top, each one titled with the different people in the child's network, starting with the child first, probably at least one parent/carer, and including all the key professionals.

In the first row below this ("What's the problem?")



write a few phrases that summarise what you think each person thinks 'the problem' is that requires their help. If you have the luxury of the professional being on hand, of course you can ask them to help, but if not, try to write these ideas of yours as if the professional had written them (so that if they "marked your work" later they might nod and say "Yes! You really got what I am saying!") and be ready to acknowledge if you don't know – in that case you might decide you need to ask about this with curiosity to understand.

Different people might have very different ideas about which problems matter most. They may all be right. It may not matter that they're different. One person might be saying the problem is 'depression', another that 'they're not being allowed back in their football team', and another that 'the parents have treated them so badly'. These differences are only problematic if they lead to misunderstandings or conflict in what happens next.

3. Add the next row, which is "What to do?"

Here you record descriptions of what (you think) each person in the child's network thinks needs to be done to respond the challenge(s) they have identified and prioritised. It is about identifying the interventions that they are prioritising.

We may agree about the nature of the child's difficulties, but we can disagree about what needs to be done – the kind of intervention. It might be something as simple as taking them out for a walk rather than putting them on their PlayStation, or it may be something more sophisticated, such as a particular kind of therapy or extra facility at school. Again, remember that differences do not necessarily need to be problems, but they can lead to confusion and conflict (taking a child out of school for therapy sessions when the school

is struggling to help the child be in school, for instance, or the perception of a battle between using medicine or talking therapy, etc.). What any professional network wants to avoid is replicating a family in which the family members all have sincerely held views about what is good for a child but then proceed to fight about this in front of that child.

4. Add a final row, "Who does what?"

Here you record what you think different workers might be thinking about who should have responsibility for doing what, in order to help the child.

Most professionals work in a world where there's limited finance, there's not enough time in the day, and there are large caseloads. It's tempting to wish that a different team or worker will pick up an extra piece of work. If they do not, it's most often not out of laziness – it is survival. In times of stress, we tend to get pushed into being more strict about rules. But in spite of this, we can create care that is less dis-integrated. The key point here is to remember point number 1 above. Most complex care is dis-integrated in its natural resting state, and rather than seeing this as a failure by someone (requiring blame) it is more helpful to 'reframe' our own work to include the task of trying to find a way to collaborate, complement, and integrate our different offers. Creating integration always takes purposeful effort. A focus on the experience of the young person and family (what might they experience as helpful, or not, and when, in what sequence?) can help to re-orientate services to serve this shared purpose.

The point of identifying these different ideas about what the problem is (the explanation), what



needs doing (the intervention), and who should be doing what (the responsibility across the system) is not to create a completely coherent and perfect plan (although this would be good!). It is firstly to create more understanding across the network, and secondly to identify where the most unhelpful (to the client) dis-integrations exist. It is often helpful to become clearer about what level differences exist at (explanation, intervention, or responsibility?), but sometimes a specific difference (or 'dis-integration') can be identified that invites specific action. Here, the problem for professionals in a network (rather

than a single managed system, with a single boss, and a straightforward hierarchy of power) is that they must rely mostly on relationships to help adapt and change arrangements. The science of influence suggests strongly that the doors to influence start with understanding; if I experience you as understanding me and my dilemmas, then my mind is naturally more inclined to be open to, to become interested in, and to trust what you might have to suggest. This works between workers and their clients/patients/pupils, but between workers and their professional peers just as much.

How young people can help professionals and carers to be more helpful

It's often not clear to the professionals or workers in a care network that they're disagreeing. It's often clearer to a young person or their carer that this is happening. Help flows in both directions. It's helpful to empower young people and their carers. They can do their bit to help knock off the sharpest and most scratchy edges of a system. Below is a slightly modified version of the above process that you can use with a young person over twelve years old.

1. Map out the caring network with the child.

There are two ways to map a caring network with a young person.

First, you can do it on a white board or a large sheet of flipchart paper. Draw a stick person in the middle to represent the young person. Ask them to add other people that have a significant role in their life, but to think about how they position these people – draw lines between each figure and "them" in the centre; if the person really understands and is closely trusted, draw them close in, if not, draw them further out. In addition to the young person's own relationship to each worker, you can ask them to imagine what the relationships between these different professionals might look like ("Would the doctor be closer to your social worker, or further apart? What about your teacher – how much do you think they see eye to eye with your therapist?")



As the positioning of each professional is discussed and arranged, be careful to keep reminding the young person that “these are just our guesses about how these people make sense of each other” but from these guesses it may be that approaching and asking one or other worker about their connections across the network makes sense as a plan. We call this form of mapping a “pro-gram” as it is primarily about mapping professional relationships, but it may be helpful to add key informal supports (family members, friends) as their relationship with these professionals may make a significant difference.

The second way to map with a young person is to use the “dis-integration grid” described above, but with the young person. The key person that they can “fill in” with some accuracy is themselves. It may be helpful to identify where a young person is unclear or uncertain about how a specific worker sees their role, and this may trigger an invitation to help the young person into a dialogue about the help that this worker is offering.

2. Help the young person to imagine what is in the minds of the people in their caring network.

Both of the exercises above are ways to help a young person to imagine themselves into the minds of these individuals rather than thinking of them as just ‘grown-ups’ or ‘helpers’. If the professionals in their network can become people, they also become minds that might have been well understood or might not. Thinking like this helps a young person to experience themselves as having some “agency” (the power and ability to act and change a system) in relation to their help – rather than leaving them as passive recipients. “What do you think your social worker

thinks is the difficulty that they’re trying to help you with? How might you and I think about alerting them to the worries that you have said you see as the biggest ones for you right now? What do you think your teacher thinks that they should be doing or that needs to be done to help some of these difficulties? Do you think your doctor thinks they should be the person helping you to get access to the Sports Centre? Who do you think they hope will sort this out?”

3. Identify questions and make a plan to discover answers.

There may be big question marks that both you and the young person draw. Neither of us know for sure what the youth worker sees as their role, and what they’re trying to do. Do we want to go and ask? We create the conditions for a young person to get a bit curious. What are you going to ask your youth worker? Why don’t you go? Could we go together? Could we have a conversation with your social worker about what they think needs to be done by the medical people that are involved in your care?

Try and encourage that young person to just gradually become more active: by engaging them in these kinds of activities, we are showing that help isn’t something that just happens to them: they can help these helpers to become more helpful.

Interested readers will find more information on this topic and downloadable resources in the comprehensive ‘Addressing Dis-integration’ published in the online AMBIT manual.



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