

Making TIME to talk

How do you recognise if your child is suffering from anxiety, stress or depression, and what can you do to help? Laura Fraine visits the Northern Guild Psychological Solutions to find out.

When they met in the 1970s, Christine Lister-Ford and Jennie McNamara were working as teacher and social worker, respectively, but both had become interested in specialising in therapy, at the time a fairly avant-garde practice. After both retraining as psychotherapists, the pair opened The Northern Guild Psychological Solutions in 1983 (then under the name of Stockton Psychotherapy Training Institute). Now with premises in Newcastle-upon-Tyne and Stockton-on-Tees, it is now the largest centre for psychotherapy in the North East and offers the only UK Council for Psychotherapy-accredited training programme for Child Psychotherapists outside of London.

What is psychotherapy? It is, they say, a 'talking therapy', which has similarities with psychoanalysis, but with the fundamental differences that in psychotherapy the client works face to face with the therapist, rather than with the therapist behind the couch out of view; and, further, that there is more of an equal partnership between the client and the therapist: to a certain extent the client determines their own needs and treatment goals.

The company works with a huge cross-section of society treating all manner of problems, from successful professionals who have worked their way up the corporate ladder, but in doing so have become detached from their more humble roots, to Looked After Children who have suffered or witnessed some of life's most horrific atrocities. Whoever they are dealing with, the Guild takes a humanistic approach to therapy, as Jennie McNamara says: 'We believe that everybody is inherently well, but it is the circumstances of their lives that are problematic.'

The holistic approach aims to heal the mind, emotions, body and spirit, while recognising the self-healing capacities of the client.

While as many adults may choose psychotherapy to search for greater fulfilment as to deal with deep-seated issues, it is unlikely a child would attend therapy if their parents did not have concerns about their ability to cope with life's difficulties. Yet, the problems need never feel insurmountable. From exam stress to anxiety to bullying, McNamara and Lister-Ford both agree that – however much we wish differently – life can be more challenging than ever for our children. Divorce, the 'blending' of step-families or parental stress, such as redundancy, may also affect our children far more than we would ever expect, while problems with body image continue to affect younger and younger children, and as many boys as girls, they say (just ten years ago, both agree there were markedly more young girls than boys dealing with this problem).

The Guild also helps many families, from pregnant women who are anxious about becoming mothers to parents who need help in bonding with their children – whether they are newborn babies or teenagers. Around 20% of their work is with fathers, often in the scenario of men whose ex-wives have been granted custody of the children and who find themselves becoming emotionally estranged from their own offspring. 'Men often become very tense and because of that tension they lose their esteem as a father and their confidence.' In cases such as this, a therapist may treat the father and children together, acting as a facilitator to allow attachments to heal.

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Part of Jennie McNamara’s job as Chair of the Psychotherapy with Children Committee for the UK Council for Psychotherapy involves advising and lobbying Government on measures they believe are essential for every child: access to counselling in every school, free psychological help for those children who need it; and new ways of working in child and adolescent mental health. Many improvements have already been made, including teachers being trained in counselling and the Sure Start programmes, which help equip parents with the skills to nourish their children mentally and emotionally.

Government policies aside, it is our role as parents to keep an eye out for children who may be failing to cope with the pressures of life. One warning sign to look out for is a child who is withdrawing from family life. ‘They will not necessarily have a behaviour problem, in fact they might be pretty well behaved, but it will be the act of withdrawing internally the parent should look out for.’ McNamara confirms, ‘If they don’t want to eat with the family, spend long periods of time alone in their bedrooms and become very silent.’ Surely this sounds like normal teenage rebellion? ‘Teenagers experience many highs and lows. If your child is experiencing all of the lows with none of the highs, that is a sign they could be struggling.’

Nightmares and night terrors are a common experience that many parents write off as ‘just a bad dream’, but could be a sign that your child is suffering from a high level of anxiety. Habits and obsessive rituals are another warning sign. ‘All of us have our own habits, says Lister-Ford, ‘and to a degree they are part of a normal way of coping with life. However, for the very anxious child, rituals become a way of attempting to control their lives.’ A normal ritual might be something like a teenage boy doing his hair and dowsing himself in deodorant, while abnormal rituals include picking at the skin (normally found in young children) or obsessing about tidiness and cleanliness (common in middle-children, around 8 or 9 years old). A child who begins to control their diet or control their bodily functions (for example, begins plucking out their hair) has reached the point where they need help and professional intervention.

However, there is much we can do at home, before any child reaches this stage. In the case of an anxious child, Lister-Ford and McNamara recommend that you should give them 20 minutes of special time on your own with them every day. Anxiety is caused by a lack of communication and keeping all of our worries inside, causing us to develop negative thought patterns and to ‘negative self-talk’. Just by voicing concerns, we can stop this negative process from developing. ‘It sounds unbelievable, but simply the act of sharing

their worries changes the actual chemicals in the child’s brain,’ says Lister-Ford. They compare the brain to a pressure cooker that allows negative energy to build up. When the parent allows the child to talk, this allows the child to let off steam like an immense release of pressure.

Of course, there may be times you simply cannot find 20 minutes to spare. On these days, give your child a 5 minute Worry Break, during which time they should talk to you about their concerns, but importantly, the parent should not comment, either by attempting to solve or belittling the worries. This is something parents find particularly hard to do, but which is vital to the success of the exercise. Otherwise, anxious children may even begin to worry they are putting pressure on their parents to solve their problems, thereby adding yet another concern to their list.

This raises an important issue about the way that children’s psychotherapy is conducted at the Northern Guild. Techniques such as guided imagery, story telling and creative play have been developed with children in mind. A teenager who is suffering from exam stress, for example, often feels under pressure to succeed, so the last thing that they want is to feel like therapy is just another area in which they must perform. Other children, perhaps dealing with bereavement or with a sibling who has been seriously ill, may not be ready or capable of talking through issues, but by interacting with a therapist on an alternative level – say, by depicting their life through Sand Play – they can gain a huge amount of relief.

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Finally, McNamara tells me that ‘When a child comes to therapy, it is rarely just about the child,’ meaning that many of us potentially have a lot to learn as parents. For this reason the Northern Guild Psychological Solutions runs three courses offering support and sound advice to parents of babies; children aged 3–pre-teen; and teenagers. By teaching the skills of effective parenting, how to manage your own anxieties, and age-specific topics (for example, for parents of teenagers, issues of identity, body awareness and separation from parents) within a group of other interested parents, these courses might well be the little bit of help we all need.

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For information on courses and private therapy sessions, see www.northernguild.org

