

International Journal for School-Based Family Counseling

Volume V, 2013/2014

A Place2Be: A case study of a child with multiple risk factors – An exemplar of School-Based Family Counseling

Stephen Adams-Langley, Place2Be, United Kingdom

“It is better to light a candle than curse the darkness.”
Chinese proverb

The School-Based Family Counseling (SBFC) literature has drawn on models primarily from the United States and New Zealand. This article is a case study of a child with multiple risk factors in an inner city school in the United Kingdom. The article demonstrates an application of SBFC characterised by flexibility and tenacity. The Place2Be is described and emphasis is given to the context and data of children in the inner city, and the model of SBFC provided by Place2Be.

Keywords: School-Based Family Counseling, Place2Be, hard to reach children and parents, multiple risk factors.

Correspondence concerning this article should be addressed to Stephen Adams-Langley, Place2Be, 13/14 Angel Gate, 326 City Road, London EC1V 2PT, United Kingdom. (email: Stephen.Adams-Langley@place2be.org.uk).

Introduction to Place2Be

Place 2Be is the largest provider in the United Kingdom of School-Based Family Counseling (SBFC) and school-based interventions, and provides a school-based mental health program which attempts to work systemically with pupils, parents and teachers. Pupils are offered weekly counseling for one year and their parents are offered long term counseling by parent counselors. In a previous article in this journal (Adams-Langley, 2014) the service was described and characteristics of the model of SBFC were clarified. Place2Be currently provides SBFC in two hundred and five primary and secondary schools in the United Kingdom, but there are approximately forty thousand schools in the country where there is no therapeutic provision or SBFC. As an award-winning voluntary sector project, Place2Be was established in 1994 to provide school-based counseling to children and young people from four to fourteen years of age, and provide a flexible and systemic program of counseling to students, parents and school staff. Place2Be currently works in twenty areas in the United Kingdom and provides SBFC to sixty-

eight thousand children and their families (Adams-Langley, 2014). Outcomes are measured using Goodman's Strength and Difficulties Questionnaires (Goodman, 1997). The primary outcome is reduced levels of psychological difficulties, as assessed by comparing pre- and post-intervention total difficulties scores from the SDQs. In 2009 / 2010, 74% of parents, 71% of children and 65% of teachers reported improvements in children's Total Difficulties scores, following Place2Be support and clinical intervention; and 84% of parents reported an improvement in children's problems, on the SDQ impact supplement, following Place2Be intervention (Place2Be, 2010 Internal report, unpublished). Although these scores are arguably impressive and interesting, they do not tell us the how and why the intervention may have helped the child, the school and the parent. I will attempt in this paper to present a case study of one child amongst a sixty-eight thousand cohort that are provided with SBFC, and show the importance of a flexible and systemic intervention.

Rationale for a narrative case study

Within the field of counseling and psychotherapy, the case study is a flexible method of inquiry that can offer a form of “narrative knowing”, a way of representing the complexity of the therapeutic experience from different perspectives of client, therapist and other “stakeholders”, and for understanding practical and experiential expertise which may be revealed by the case study method. I intend to focus on how effective therapy has been for the child, and on the different perspectives and “voices” of the child, therapist and parent. Narrative knowing will be an attempt to present the subjective “truths” of the participants in an engaging manner, and render the story and the therapeutic journey of the child, therapist and parent. The child case study in this article falls within the qualitative research tradition of narrative enquiry (McLeod, 2010; Yin, 2003).

As a researcher, I positioned myself in a “not knowing” and “curious” position, in order to elicit meaning and experience from the participants, which is influenced by both existential psychotherapy with children (Scalzo, 2010), and narrative case study research (McLeod, 2010). Narrative research seeks out how people make meaning of their experiences, and recognises that meanings are multiple and context-dependent. “One of the key principles of a good quality systemic case study, is that it draws on multiple sources of information about the client, the therapist and the process and outcome of therapy” (McLeod, 2010, p.79).

Gerrard (2008) refers to the pioneering work of Alfred Adler and his belief and philosophy that a child should not be treated in isolation. Adler was clear about the significance of systems theory and the emphasis on early intervention and prevention through counseling and education. Smith (2011), who has stressed that counseling needed to be evolving, intentional, principle-driven and flexible, has also endorsed this approach. At the heart of case study research is an abiding interest in the process of change which occurs in therapy. The aim of a narrative case study is to “tell the story” of the experience of therapy, and to expose the meaning of therapy for the participants. In the present case, this involves the triangulated experiences and meanings of child, parent and therapist. I believe my interviews with the child, his parent and the SBFC therapist have managed to disguise information that could identify him; I have also deleted information that may be particularly sensitive and thus avoid harm or intrusion.

Lennox

Lennox is an Afro-Caribbean boy who was referred to Place2Be by his class teacher and other professionals, who were concerned about his behavior and conduct in the school. Lennox was a nine year old child when he was first referred to Place2Be, but because his counselor had left in the summer term, he was referred again when aged ten, and was offered a year of one-to-one counseling. The issues of concern in the initial teacher referral for one-to-one counseling ranged from the lack of focus in his academic work, his “washed out” appearance, his “attention seeking” from adults in the school, and the fact that he was constantly late for lessons. A second teacher referral, in 2009, referred to his poor concentration in school, his poor group skills, his need to be “in control”, his “defensive attitude”, his “failure to take responsibility for his actions”, and his low self-esteem. Both teachers’ behavior rating scales indicated that they were “very concerned” about Lennox. He was aged eleven when this intervention took place, and had just completed a group therapy intervention with six children, to help him with socialisation and learning to share with other children.

Assessment of Lennox

Each Place2Be child is initially assessed through a rating scale, where a teacher lists concerns and targets, and a Goodman Strengths and Difficulties Questionnaire, where the teacher, parent and child are requested to complete a widely used screening and assessment questionnaire pre- and post- clinical intervention (Goodman, 1997). The SDQ consists of twenty-five statement questions, which are grouped into five psychological attributes, four of which represent negative aspects of the child's behavior (the Difficulties Scale). The fifth scale represents the child's strengths, including the child’s pro-social and positive behavioral qualities. The four sub-scales representing difficulties are:

- emotional symptoms scale,
- conduct problems scale,
- hyperactivity scale,
- and peer relationship problems.

The pre-intervention scores are compared with the post-intervention scores, to see whether there is any measure of change, and whether the child now is in the normal, borderline, or abnormal categories of overall distress or social impairment. In the case of Lennox, the total teacher and child scores were, respectively, 20 and 22, placing him within the “abnormal” category, and suggesting considerable distress and chronicity. The parent score of 16 placed Lennox within the “borderline” category of distress. An example of a positive effect of an intervention with a child would show their total difficulty score reducing, and their clinical category moving towards the normal range. However, despite the Goodman SDQ being a highly regarded assessment tool employed by Place2Be and CAMHS to measure clinical effectiveness, the complexity and quality of the relationship in the therapeutic relationship in the child’s case is absent in it, and cannot be ascertained from its results.

Background case data

The abnormal scores attributed to Lennox can be understood within the context of his home life when he was referred. Lennox is the eldest of six children. He has four sisters and a baby brother, and his mother has been continuously pregnant, since the children are all under eight years of age.

His mother is separated from Lennox's natural father, and is in a second partnership with the father of four of the children. There is Social Services involvement, due to domestic violence and abuse within the partnership; all of the children, including Lennox, have been subject to a child protection plan. There has been considerable concern, due to the presence of alcohol and substance misuse by both the mother and stepfather. Also, as a result of debt and non-payment of rent, the family had been evicted from their social housing and were all in temporary accommodation, which was overcrowded. Lennox was sent to live with his grandmother, but the presence of a cousin with ADHD living in that household led to conflict, and grandmother was also using drugs and alcohol, as well as being a drug dealer in the local community. His father was in regular contact with Lennox while within his second marriage, and described the mother of Lennox as loving Lennox, but being “incapable” of parenting him. Indeed, Lennox would often be absent from school, due to having no clean clothes, or needing to be a carer to his younger siblings. Since both the mother and stepfather were using drugs and alcohol, Lennox was expected to feed and change his baby brother, go to the shops for their food, cook meals, and put his siblings to bed. The perception of his teacher and school project manager was that Lennox was a “lost” child, with no secure base, and with pervasive neglect and chaos in his home life. He was aggressive to other children, “needy” and “clingy” with adults, in frequent fights, and often in detention as a result of his conduct. Although academically bright and intelligent, he was so preoccupied with his home life and his role as a carer for his baby brother and four sisters that he could not engage with his schoolwork, had poor concentration, and was impulsive. His annual standard assessment tests were poor and below average. He also had the challenge of catching two buses, on his own, for a journey to school which would take one hour. Music (2010) writes of the maltreated, neglected child:

“...children have less capacity for empathy, do not comfort other children in distress, initiate less contact and are less popular... developmental research has shown that the trajectory for the neglected child can be much worse than for those who suffer overt trauma, but these children can stir up too little worry in us” (p. 27).

Intervention process and outcome – the therapist’s perspective

Following written consent from Lennox’ mother and the completion of the assessment process, as noted above, a clinical formulation and goal were established. The goals of the therapeutic work with Lennox were to offer him:

- a secure attachment,
- structure,
- consistency,
- containment.

Although the therapist experienced Lennox as a seemingly self-reliant child who attempted to control the play, games and artwork in the room, it became apparent that adults represented figures of inconsistency and unreliability to Lennox. “It appeared that the only person Lennox could trust and rely on, was himself” (Therapist case study notes). Trust was difficult at first, with Lennox trying to impress the therapist, needing to win every game they played together, and obliging the therapist to undertake the role of “observer” to his process in the room. The therapist was aware of the anxiety experienced by Lennox when ending their work and the relationship, and the need

for the child to be “over-bearing and intrusive” in the attachment. The counter-transference emotions were very powerful, and feelings resulting from the games were evocative of things being unfair and unjust, and the presence of inevitable failure. Lennox would often play with masks and make clay masks, to explore his identity. As he felt able to trust his therapist, his neediness and vulnerable feelings were expressed through artwork.

“He made a concoction of runny red paint and lumpy dark red glitter paint – he called this mixture the “blood”. He then used his fingers to write “HELP ME” with this “blood” mixture. He then covered his hands in the mixture and slapped them down on the page just under the plea for help.” (Therapist case study notes)

The therapist felt very “raw” feelings, as Lennox described how he wanted this image to look like someone who had been severely injured, and needing help. The therapist felt that this injured, powerless and weak victim was a representation of how Lennox felt about himself and his situation.

After a year of continuous weekly fifty-minute therapy sessions, the therapist reported a huge shift in the therapeutic relationship. Lennox no longer needed to impress his therapist continually, but the relationship became genuine with a sense of trust, understanding and acceptance. Lennox became more self-aware and able to consider his feelings before acting on them, so he was no longer getting into fights with other children or into trouble with his teachers. He felt able to socialise with other children, rather than compete with and fight them, and he was able to achieve a clearer sense of identity through communicating with art materials and play. Place2Be had become a substitute home where, according to Lennox, he could “relax”, and did “not get stressed out” by other children. At the end of the intervention, Lennox was integrated back into the class and was able to engage with educational tasks and attainment.

Intervention process and outcome - the father’s perspective

I interviewed the father of Lennox eight months after the end of the clinical intervention. The interview was held in Place2Be school project manager’s office, and lasted for one hour. I taped the interview and transcribed the responses into a written format. Mr. C stated that he was well aware of the difficulties in Lennox’s home situation, with his ex-partner being constantly pregnant and “incapable” of being a parent to Lennox. However, he had always wanted to gain custody of his son. He described Lennox as an “introvert”, as he socialised primarily with adults and avoided friendships with children, and as a child who would “not express his feelings”. He had been a “sad” child and “now he laughs and is coping with school”.

Mr. C had taken custody of Lennox in September 2010, following the end of his second marriage with his partner, and was unhappy about his situation with his maternal grandmother, since he had not known of the drug and alcohol issues in the home. Mr. C was aware that it was “me and him now”, and valued school as a place of safety and stability for Lennox. Formerly, when Lennox was living with mother and grandmother, school had not been valued, and there had been a lot of previously-mentioned absence, due to the need for Lennox to be a carer to his siblings, and the lack of clean clothes. Mr. C described how he had separated from his wife last year, and was now training to be a school learning mentor. In fact, Mr. C had attended two Place2Be trainings on “emotional literacy” and “working with transitions for children”. Mr C felt that he

had developed his emotional intelligence and psychological awareness of the need of Lennox in this training, which had occurred during the same year that Lennox began his counseling intervention. Mr. C felt greatly helped by Place2Be, and liked that the interventions were school-based and provided a “stable place” for Lennox. The school project manager had often telephoned him, to offer him meetings, and to engage with the therapeutic goals for Lennox; he described this project manager as a “lovely person” who was always really supportive and empathic. Although he had always wanted custody of his son, the school project manager made him realise that Lennox had no stability in his home life, and was experiencing “inner and outer” turmoil. Mr. C experienced the school project manager as supportive and non-judgemental. She helped give Mr. C a “kick up the bum” to give him the confidence to take responsibility for and custody of Lennox. It was clear that the school and Place2Be school project manager felt that Mr. C was the one stable and secure adult in the child's life, and that the relationship between Lennox and Place2Be was crucial in allowing him to accept help for Lennox and himself. With reference to Place2Be: “I would hate to think what he would have been without it”. Mr. C felt that Place2Be gave Lennox a “sense of self” in a safe place, and also gave him much needed attention. Mr. C remarked that Lennox was now not so dependent on Place2Be, but had formed a real attachment to Mr. C, and felt acutely aware that “it is me and him” now.

Although they were both living in temporary accommodation, Mr. C was attempting to be open about his feelings with Lennox and to be emotionally available to his son, “using the skills I learned from you guys”. He felt the school project manager had worked “with him every step of the way” and he was very happy with parenting Lennox, although he had felt lacking in confidence and overwhelmed by the responsibility of being a father before he took custody of Lennox. Mr. C described the school project manager as giving him a “nudge”, and “gentle pushing” to overcome his fear of taking Lennox, and how “there was no blame or pressure”. He had enrolled Lennox in a karate class, and was giving him his time to increase his self-worth. He described the “miraculous” change in Lennox since he had come to live with him, and following his Place2Be intervention. He acknowledged Lennox was now getting on with his schoolwork, whereas formerly he had been disengaged.

Lennox’ mother did not engage with the work or the outcome of the case. Illustrative of the notion of the “hard to reach parent” (Adams-Langley, 2014), this may be understood in the light of her issues with substance addiction, her geographical distance from the school, the domestic abuse and violence, and social services’ concerns about safeguarding the children.

Intervention process and outcome - interview with Lennox

The interview was held in a Place2Be room the week following the interview with his father, and the contract of the session was explained carefully to Lennox. Using the principle of “think complex, talk simple” (Adams-Langley, 2014) I explained how he would be able to stop or withdraw from the interview at any time, and that he could use any of the materials in the room to express himself. Lennox signed the consent letter for the interview and helped himself to crayons, pens and paper from the storage boxes.

I experienced Lennox as a highly intelligent and engaging boy in the Place2Be room. I explained that I had been given permission by his dad to ask about his views and experience of Place2Be. I asked him what it was like in his home, before he came to Place2Be. He described

looking after his siblings as “very frustrating” when he lived with his mum in the flat, because he had to help cook them breakfast and lunch, help prepare their bottles, and lay them down at night to try to get them to sleep. Lennox talked a lot about his Place2Be counselor, whom he liked because she was playful and would play games with him. She was not “bossy or mean”, and would play with him “properly”. Lennox described his frustration at being “crowded” at home with his siblings; he also described his class at school. His Place2Be counselor had helped a lot with his maths and spelling by playing counting and spelling games with him. He informed me that he was now at level four in science, maths and literacy, and “before I came to Place2Be I got twos and threes”. Lennox played maths games with marbles and the sand tray (he and his counselor would bury them, and then have to count them). As we talked in the interview, he drew a picture of his counselor and himself burying marbles in the sand tray (Figure 1). I asked him about this picture and he replied that he felt calmed by the games and felt the he was “able to win” finding and counting the marbles. He was proud of his increasing numeracy and abilities with mathematics, and he felt his counselor recognised this.

He felt that his counselor “calmed him down” by talking and playing games with him, and he no longer got into trouble in the playground or with his teacher. He knew that the school project manager talked to his dad to tell him “important things”, like “what makes me angry”, and then his dad came to the school and “dealt with it”. Although he had got used to the Place2Be “therapy group” he had been in, he preferred his one-to-one time with his counselor, because he could do drawing. At this point, Lennox insisted that I be shown his drawings, and he took them out of his “art folder”. He was very proud of the snowman and the snake (Figures 2 and 3) and that he could draw his name in 3-D (Figure 4) (obscured to protect his identity). He was also very proud of his painting of the animals in the jungle (Figure 5). He remembered his counselor as having dyed red hair and black eyebrows and described how they would both close their eyes and bury marbles in the sand. Lennox described his Place2Be experience as “awesome” and “fabulous”, and said it gave him an insight into “what it is like for people who find life hard, like my friend A”. Before he came to Place2Be, he thought other people's feelings were “rubbish”, but now he had time and patience for others.

My reflections on the case, with reference to a SBFC perspective

It is obvious that Lennox was displaying considerable distress through his “acting out” behavior in the classroom and playground due to multiple risk factors in his home environment. Although highly intelligent, he was unable to engage with his learning and was alternately withdrawn, needy and aggressive with other children when he felt “crowded”. According to his father and school project manager, he could still be demanding and needy, but his stable attachment and home life with his father now provides him with a solid and consistent relationship, where he feels safe and receives consistent attention.

The Goodman post-SDQ with parent, teacher and child was completed at the end of the counseling intervention and showed a huge improvement. The scores were now in the normal range, whereas formerly, before intervention, they were abnormal. Lennox was able to manage his emotional volatility and engage with educational tasks, was able to form a solid attachment with his father, and attend school on a consistent and regular basis. However, it is important to let the qualitative experiences and the “voices” in this case study speak to the possibility of change. The therapist’s notes were made available to me since she had left Place2Be by the time I began

this case study. However, the school project manager had undertaken the clinical assessment of Lennox and was the main liaison for his father and estranged mother. The school project manager stated that she believed he could “survive” now in school and, given his original home environment, that might be an entirely appropriate term. He had clearly been a child at risk of exclusion, and his father described the intervention as “timely”. A secondary school has limited tolerance and capacity for a needy and demanding child.

It is highly unlikely that Lennox would have been able to access external therapeutic support, despite the presence of considerable risk factors and the concerns of the school. This has been acknowledged by Graham Music at the Tavistock and CAMHS:

“... Service provision is increasingly organised with the expectation that clinics must only treat diagnosable mental health disorders, and do so with NICE approved treatments. The catch for this client group is that being “looked after” or maltreated, is not a disorder, and the issues with which such children present often simply do not fit into the main diagnostic categories as defined by DSM IV.” (Music, 2011, p. 2)

Music goes on to describe the maltreated child as having characteristically poor peer relationships, which links with lack of early attunement and insecure attachment relationships. The child can be rigid, not managing any change, yet easily deregulated and out of control. “Many of these children do not seem to be able to fit in anywhere, get excluded from school, have few friends and relationships that last and many, and especially the boys, find themselves in the criminal justice system” (Music, 2011, p. 4).

When a child such as Lennox “acts out” in school, he can easily be labelled as having “learning difficulties” or ADHD; he can be seen as having a “conduct disorder” or, through his challenging behavior, be excluded. Such children are simply regarded as difficult to manage or pathologized, but not as struggling with the challenges and vicissitudes of day-to-day life in home and school. Lennox needed to be listened to, played with “properly”, and helped to understand and transcend his family situation and his frustrations as a carer and the crowding of other children in his school life. His “lostness” and “washed out” appearance needed to be understood rather than ignored or pathologized; there was also a need to awaken the conscience and response of his father and the teachers in the school.

The work with Lennox demonstrates the importance of listening and attending to a child, and using therapeutic “curiosity” to attempt to understand the meaning of their behavior and existential situation. Lennox was clearly expressing and demonstrating his impossible situation, as well as the multiple conflicts and contradictions in his home life. The poignant plea “help me” through his art work, which was contained in his case file held by his therapist, clearly and accurately expressed his situation of pervasive and persistent neglect, and his insecure and confused attachment to his mother and siblings.

Lennox needed to be regarded as an individual with several risk factors rather than a “lost” or neglected child. He needed a reparative relationship, and his role as a “carer” needed to be understood such that his needy and aggressive behavior was a sane and desperate response to an overwhelming set of risk factors. This case study demonstrates the importance of SBFC and the

quiet tenacity of the school clinician. This has similarities with research undertaken by Carter et al (2011), who conducted a pilot evaluation of SBFC amongst school principals, and by Gerrard (2008) who concluded that the effectiveness of SBFC lay in the flexibility of forms of approach and provision with parents and child. This case study demonstrates the importance of flexible SBFC, since the father of Lennox worked during school hours as a learning mentor, and several important conversations and reflections on the clinical work with Lennox were conducted by telephone and text messages.

A significant factor in this case was the provision of non-judgemental, but quietly tenacious encouragement from the school project manager to the father, to support his confidence in taking up his responsibility as a father and take custody of his son. Mr. C felt held and contained by the school project manager and felt she offered him an appropriate response of challenge and positive support to alert him to the struggles of his son and his role as a father. Lennox demonstrates the importance of intensive multi-level, multi-component, intensive interventions, durable over time, and the critical importance of parental engagement (Durlak, 1995). The school project manager emphasized the critical importance of accessibility for children such as Lennox, who could use Place2Be service, which helped him to manage his confusion, neediness and aggression.

Clear evidence in systemic reviews of SBFC reveals that the involvement of parents and families increases the effectiveness of mental health interventions (Weare & Nind, 2011). Involved parents can support and reinforce at home the messages and impact of SBFC and mental health interventions. The father of Lennox was remote and initially uninvolved with his son, and the flexible SBFC response from a highly motivated school project manager and therapist were able to inspire him with confidence and concern for his son.

I sent the whole case study to Mr. C for his response, as a participant in the case study and as the father of Lennox. I had been worried that reading about the risk factors for his son and the reality of drug and alcohol misuse, domestic violence and abuse, and his own lack of confidence as a father, might have elicited a defensive and negative response. I was pleased to receive this response from Mr. C by email:

“Hi, sorry for the long reply but it’s been manic at school which has drained me completely. Year 6 are ready to leave and I am more than ready to say good bye... I’ve also noticed his competitive streak especially with younger children but we are working through it and the Taekwondo is helping him socialize but I’m very aware that he need more social interaction practice.

It’s also highlighted the children who fall through the net because as you say they have no obviously diagnosable condition, I’m starting to see cases where someone like CAHMS dismiss a case because they can’t diagnose anything even though there is clearly a need. This is why I think your organization is very needed and also very inspiring to someone like me.

I love this report and found it very insightful, I would have loved to of seen the drawings as they were not attached. If you already have in an electronic format can you please send them to me. Thank you very much for everything that your organization has done and I hope this report does what you want it to do. Thanx”

I duly sent Mr. C the drawings, as requested.

The Place2Be model and SBFC

As described in some detail in this case study's companion article (Adams-Langley, 2014), the Place2Be model provides early clinical intervention for children with significant risk factors, to promote the "ordinary magic" of resilience (Masten, Best & Gourmezy, 1990). Many of the children are facing constellated disadvantage, which can be persistent and misunderstood by schools experiencing the challenging behavior of "acting out" children. SBFC programs like Place2Be can promote the learning of emotional and social competence, which emphasize empathy for others and the encouragement of independence. Studies of the social and emotional development of young children have shown that it is vital that a child be brought up by trustworthy and consistent carers (Winnicott, 1971). This study suggests that teachers, schools and an accessible counselor may offer an alternative or substitute framework in the absence of such an attachment for children, and that this may help children, such as Lennox, to survive and, in some cases, to thrive and flourish. This case study has suggested that children who can be helped to understand their life story through a counseling intervention, in order to see meaning and significance, and who are accorded precious time and respect by a therapist, can find the strength and resilience to manage their own emotional states and conduct in the classroom or playground. The therapy provided for Lennox achieved certain goals. It helped develop an internal locus of control, empathy for others, and a positive regard for an adult therapist – all of which can be learned and integrated through consistent attention. School-embedded therapy may help to develop self-esteem, and the resilience that comes from the "ordinary magic" of ordinary and extraordinary normative human resources in a therapeutic contact.

As much research has suggested (Geldard & Geldard, 1997; Scalzo, 2010; Weare & Nind, 2011), the quality of the therapeutic relationship is a critical factor. Ambivalence, anxiety and numerous missed appointments are expected and, indeed, are part of the everyday experience of Place2Be school project managers in the inner-city. This case study has suggested that embedded school-based therapy can ameliorate mental health problems. For most children and young people, the constellated disadvantage of poverty and poor housing, insecure attachments and dysfunctional adult relationships means that they will not simply "grow out of it". Rather, the mental and emotional difficulties visible in primary school mark the early stage of difficulties that continue well into adult life. Three quarters of adults with mental health disorders had one in childhood, and research suggests that disorders with onset in childhood have much more serious adult consequences than later onset conditions. Music (2009) has written of the ambivalence of schools towards external mental health practitioners who offer clinical interventions to children in their schools:

"As child psychotherapists and counselors, we have traditionally viewed ourselves rather like "moles" burrowing away in private clinical mole holes, rarely coming out into the blinding light of systems, external structures and relationships. The new political agenda requires us to roll up our sleeves, and find a way of becoming part of the melee of school life, while at the same time safeguarding our therapeutic stance. This is no easy matter" (2009, p. 21)

As an exemplar of a school-based mental health service, I have sought to reveal that to help children with multiple risk factors, and yet deliver high quality and effective clinical services, "this

is indeed no easy matter”. Although “ordinary magic” may be experienced in the dedicated Place2Be therapy room, it can also be part of the school system and a key component of the “team around the child”. As the case of Lennox demonstrates, his symptoms and behavior can be understood as a dramatic response to dramatic adversity, which can be understood and heard within the context of SBFC.

References

- Adams-Langley, S. (2014). Place2Be in the inner city: A school-based mental health service in the United Kingdom. *International Journal for School-Based Family Counseling, V*.
- Carter, M., Evans, W., Zapata, J., & Taifa, A. (2011). School-Based Family Counseling evaluation: Warm feelings, perilous paradigms and empirical hopes. *International Journal for School-Based Family Counseling, II*.
- Durlak, J. (1995). School-based prevention programs for children and adolescents. London: Sage Publications.
- Geldard, K., & Geldard, D. (1997). *Counselling children: A practical introduction*. London: Sage Publications.
- Gerrard, B. (2008). School-Based Family Counseling evaluation: Overview, trends and recommendations for future research. *International Journal for School-Based Family Counseling, I*, 1-30.
- Goodman, R. (1997). The Strengths and Difficulties Questionnaire. *Journal of the American Academy of Child Psychology and Psychiatry, 40*, 1337-1345.
- Masten, A., Best, K., & Gourmezy, N. (1990). Resilience and development: Contributions from the study of children who overcome adversity. *Development and Psychopathology, 2*, 425-444.
- McLeod, J. (2010). *Case study research in counselling and psychotherapy*. London: Sage Publications.
- Music, G. (2009). *Containing, not blaming: Therapy today*. London: British Association for Counselling and Psychotherapy.
- Music, G. (2010). *When Life has been Sucked Out*. London: British Association for Counselling and Psychotherapy.
- Music, G. (2011). *Misunderstood and misdiagnosed: Counselling children and young people*. London: British Association for Counselling and Psychotherapy.
- Scalzo, C. (2010). *Therapy with children: An existential perspective*. London: Karnac Books.

Smith, A. (2011). The experience and reflections of parents whose teenagers are excluded from school, with particular attention to the place of counseling. *International Journal for School-Based Family Counseling, III*.

Weare, K., & Nind, M. (2011). *Mental health promotion and problem prevention in schools: What does the evidence say?* Oxford: Oxford University Press.

Winnicott, D. (1971). *Playing and reality*. London: Tavistock Publications.

Yin, R. (2003). *Case study research: Design and methods*. Thousand Oaks, CA: Sage Publications.



Figure 1



Figure 2

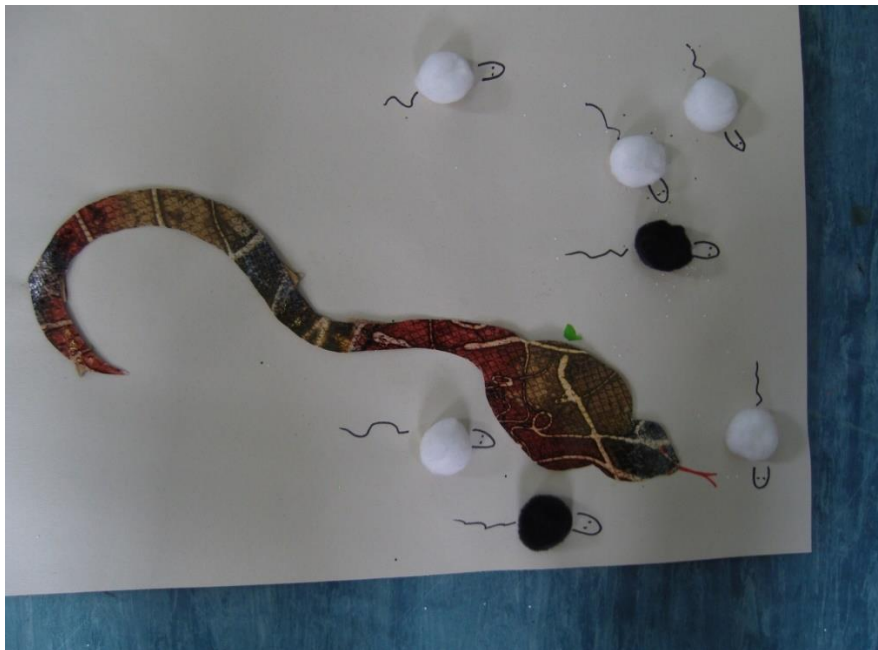


Figure 3

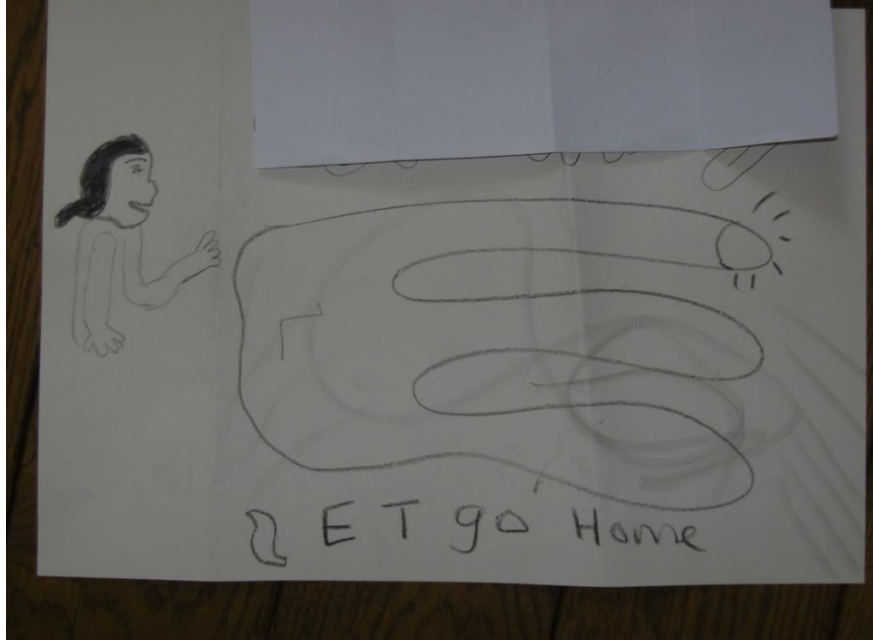


Figure 4



Figure 5