Therapy for children in care

Frequently asked questions

There are varying understandings about what therapy is and the value it might have for children in care. Some of these assumptions on which these understandings are based are discussed below, to provide a clearer understanding of what might be possible, some of the pitfalls and misunderstandings about therapy, and what might be involved for those who support/ care for these children. If you have any questions about these issues, or specific referrals, please contact your Families SA Psychologist. Carers can contact their DC Case Worker who will contact the Psychologist on their behalf.

Is all therapy the same?

Therapy may take many forms, including individual trauma therapy, family therapy involving the people the child lives with, attachment therapy, or play therapy. Sometimes therapy might use a range of these approaches. Which type of therapy is most appropriate for a child will depend on the nature of the problem, the circumstances in which the child lives, and other issues that might impact on the child (e.g. access arrangements, length of order, nature of placement etc). Usually, even though some information is available, there will be a need for the therapist to spend some time assessing the situation thoroughly before they are able to determine whether therapy is appropriate and, if so, what form it might take. Such an assessment might take a number of sessions, during which time little actual therapy might occur.

Given the wide range of potential therapeutic interventions that can be used with children and carers it should not be expected that all therapists can undertake all of these approaches. The highly complex nature of many of the cases within the child protection system means that sometimes matching a specific therapy and therapist to the child/carer will be required. This is not a reflection on a particular therapist's skills, but rather identifying the therapy that will best fit.

There are a range of therapy services available for children in care, including Families SA Psychologists, CPS, Keeping them Safe (KTS), Child and Adolescent Mental Health Services (CAMHS) staff, Private Psychologists and others. There is some overlap across these services, in terms of the type of therapy they can provide, but there are also some specialisations that occur within specific services. Your Families SA Psychologist can assist you in working out which service might best meet the child's needs. In some cases there are waiting lists for services. This may also mean a range of alternatives need to be considered.

Should a child go to several therapists at once?

No! Although there might be a range of different approaches that would be suitable for a child, it is not at all helpful to send them to more than one therapist at a time. For therapy to be most effective, it is critical that all the information disclosed in sessions is known to the one therapist and that the carer and child are given consistent, clear advice. Where more than one therapist is involved information may not be repeated, resulting in both therapists only having part of the story. Therapy then becomes less effective.

Different therapeutic approaches often require quite different ways of managing a child's behaviour and dealing with the effects of their trauma. Exposing the child and carer to more than one approach and contradictory advice can lead to confusion and leave the carer and child feeling no-one is able to help.

Should carers be involved in therapy?

The type of therapy required will also determine who will need to be involved in the therapy sessions. Often it is assumed that, as it is the child who has experienced the trauma or abuse, only the child needs to attend. This is often not true.

For many children in care, in addition to physical/ sexual / emotional abuse and neglect, they have significant attachment issues that continue to impact on their behaviour and relationships. Attachment issues/disorders usually began through difficulties between the child and their birth parent (although for children who have experienced a number of placements or other disruptive experiences, similar issues may continue within their new placement relationships).

In order to repair such damage while in care, the child will need to experience relationships in a new way and establish a positive attachment relationship with their carer. Undertaking this work is intensive and typically involves working with both the child and their carer. The carer, in this instance, becomes a critical part of supporting the child to learn new ways of establishing relationships.

Managing the behaviours of children in care can also be extremely demanding and raise personal issues for those most closely involved in their care. This may mean that carers need individual support at times to enable them to support the child. Work with the therapist may support the carer in better understanding these issues.

Therapy will fix everything…and fast!

Often therapy is seen as a magic pill that will fix the child's behaviour, stabilise placements, settle school behaviours, improve peer relationships and produce other positive outcomes. Unfortunately this is often not the case, especially in the short term.

The severity of the child's trauma history, how long the child was exposed to abuse, multiple placements or placement breakdowns, attachment issues and so on, make it more likely that therapy will be slow and show little obvious impact for some time. Often, by addressing the underlying impact of abuse, a child's behaviours can, in fact, get worse at some stages, while they express the impact of their history and experience.

This can often make those involved feel that therapy is "not working". Case workers may need to support the carer during these times and reassure them of the long term benefits of therapy.

Will therapy lead to future placement options for the child?

Therapy works best in the context of the child's ongoing placement.

The notion that a child can be fixed first and then, perhaps, moved into a new placement (or school) without any effect is incorrect. Even if a child does settle in some alternative form of care (perhaps TA, CRC, Emergency Care), the very process of then moving them to a long term placement will have an impact. All moves are likely to have an impact for children in care.

Equally, moving into home based care might enable the child the opportunity to form a safe relationship with an adult for the first time; however the intensity of this experience may also cause significant deterioration in a child's behaviour. Such deterioration is not necessarily a sign the placement is a poor fit for the child, but might reflect the journey that needs to occur in order for the child to form a new attachment relationship with a carer.

For other children, such a new experience as a change of placement may cause them to 'test' their carers to the limit, to make sure that they are truly safe. These behaviours can be very challenging for carers, but are not (necessarily) a sign that the placement has failed and the child should be moved. Supporting carers through this period may allow the child to realise they are worthwhile and adults will take care of them, no matter what.

Often workers and carers can find this process extremely frustrating, believing if only the therapist could fix the child they would be able to ensure a better placement and life for the child. Massive changes are expected, even with severe behavioural issues. It is important to remember that with many children it has taken years for the situation to become this severe and so even months of therapy will not necessarily turn that around! At these moments, it can be tempting to simply look for another therapist in the hope that the next one will be "better". This however can, reinforce to the child that "adults will not stick around", thus making the chances of therapy being successful even more remote.

If you are concerned about the progress being made in therapy it is important to discuss your concerns with the therapist involved (and then consult with the Families SA Psychologists if you are still uncertain).

Therapy should occur immediately and will need to be ongoing until all the problems are fixed

It is important to consider what else is going on for a child at the time a therapy referral is being considered. Often the system around a child can be chaotic, with placements unclear, outcomes of court cases yet to be determined and multiple carers involved. Sometimes, as adults, we hope that if we place the child in therapy the impact of all this uncertainty will be lessened. In some cases it may be true that therapy can assist the child to manage this period of instability and or uncertainty. However, in some cases the therapy itself can cause additional stress and distress. If a child has no familiar, known support outside therapy it may be highly emotionally unsafe for them to address underlying issues or the impact of their past abuse. While the therapist will manage any distress during the sessions, it is important to consider who will be available to the child in their care environment. The level of support available in the child's daily life may determine whether it is appropriate for therapy to occur at that time, or which particular issues can (or cannot) be addressed in therapy.

Therapy can sometimes be most helpful in bursts…where the child attends for a period of time and then therapy ceases. For some children, or with some issues, the child's need for therapy will be impacted on by their developmental stage. For example, the impact of sexual abuse may be addressed initially, but then the need for intervention may resurface as the child reaches adolescence and considers entering a sexual relationship. This does not mean the earlier therapy has "failed", rather that the child's developmental, cognitive and/or emotional capacity to address the issue may have changed.

Does the child need to want to engage in therapy?

For some children, especially those with attachment issues, it can take a very long time for them to open up and really participate in therapy. It is only after they have developed a long term relationship of trust with the therapist that they will be able to talk about what has happened to them.

Sometimes a young person can be very sensitive to whether they feel "safe" enough to expose their emotional pain to others, regardless of the therapist involved. For these children longer term changes in their stability and sense of safety may need to occur before they willingly engage in the therapy process. For others, especially older adolescents, attending therapy "against their will" can become a power struggle, where they feel the only way they can have any control over their own lives is by refusing to take part in the therapy. If you are unsure if it is the "right time" for a child to have therapy, please discuss this issue with your Families SA Psychologist.

What information does a therapist need about a child?

As well as the information provided in the initial referral, the therapist needs to be kept up to date with any changes in the child's life, including changes in their behaviour, placements, access contact, school performance and so on. Even things that seem quite minor may be very important for the therapy process. Keeping the therapist up to date throughout the therapy process will help to get the best outcomes for the child.

Can the therapist help with case planning and other decisions?

Absolutely! Often very difficult decisions need to be made about a child's care. While the issues may not always seem to be directly related to the therapy being provided, it is often the case that the therapist may be able to provide advice and assistance in managing changes and transitions, predicting how the child might respond to any stress that results and support workers and carers in managing the situation.

Equally, where significant changes are made without the therapist's knowledge, there might be negative outcomes for the child that could not be foreseen by those not involved in the therapy. It is important to consider the therapist a part of the team caring for the child and consult them in situations where decisions will affect the child. Good communication between the case worker, carer and therapist will maximise the outcomes for the child in therapy and other aspects of their lives. If this team approach does not occur, there is a risk that decisions or changes made may also undermine the therapeutic intervention!

Maintaining confidentiality is important for young people in therapy. However, the therapist can often provide general information and suggestions, without compromising confidentiality or revealing the specific details being discussed in therapy.

How will I know if therapy is required?

As explained above, there are a large number of factors that need to be considered to work out if therapy is required and appropriate for a child at any given time. If you are unsure, consulting with your Families SA Psychologist before making a referral can help you to best meet the child (and carers) needs.

Related documents on the intranet (forms and templates/ Psychological Services):

Psychological Therapy Referral Guidelines
Referral for Psychological Therapy Services
Carers Rights and Confidentiality Brochure