Reflective Interpersonal Therapy for Children and Parents

Mind That Child!

A new way of helping parents and children with extreme conduct disorder

Hermione Roff
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Hermione Roff
For John
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Hermione Roff has worked for the last 15 years as a Senior Research Therapist in Academic Child Mental Health within the NHS. She is a registered Systemic Child and Family Psychotherapist. Her M.Ed. (special needs: behaviour) and her M. Phil (in the management of innovation and change), reflect a growing progression of interest that led to her developing RICAP as an intervention for parents and children with extreme conduct disorder.

The use of children’s drawings to help them interpret and reflect is possibly an echo from her original training as a music graduate, and underlines a conviction that words are not the only means of communicating and making sense of the world.

She is passionately committed to raising the profile of this client group and runs training courses in RICAP to encourage professionals and clinicians to keep on thinking creatively about the links between current research findings and their own clinical practice.

Her own reflection is often done on high mountains, or while engaging with her grandchildren. She writes poetry to capture the spirit of the many children whom she has had the privilege to work with over the years.
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Finally, I want to mention my husband, John, my best and truest discussant and honest friend, who is always actively interested, ready to listen and ready to reflect.
An old Jewish tale

As an old man walked on the beach at dawn, he noticed a young man ahead of him picking up starfish and throwing them into the sea. Catching up with him, he asked him why he was doing this. The young man explained that the stranded starfish would die if left exposed to the morning sun.

‘But the beach goes on for miles, and there are millions of starfish,’ said the old man. ‘How can your effort make any difference?’ The young man looked at the starfish in his hand and then threw it to safety in the waves. ‘It makes a difference to this one,’ he said.
Mind that child!

Introduction

Conduct disorder in young children is characterised by persistent and repeated aggressive and disruptive behaviours. These behaviours cause huge distress, not only to the child himself, but also to his family and the wider academic and social community. The trouble is that the behaviours are what attract our attention. They cause so much disruption that we try and focus on dealing with them, usually with behavioural responses ourselves. Consequently, the distress largely goes unrecognised.

Research has increasingly shown that most disruptive and aggressive children have multiple individual vulnerabilities (Hill, 2002). Each child’s profile will incorporate different genetic, environmental, social, biological and psychological components. While many children and parents are helped by parenting skills programmes, it does not seem logical to have a ‘one-size-fits-all’ approach to treatment. Indeed, it has become apparent that some children need more help than their parents can provide, and some parents find it difficult to make enough changes in their own relationships and parenting practices to help their children.

This book will describe a new clinical treatment looking at the processes underpinning disruptive and aggressive behaviour problems. The treatment explores the relationship between anxiety and anger, the dynamics of threat and fear, the behavioural interactions within a prime relationship and reflection. Paradoxically it has been found that encouraging children and parents to reflect about meaning within interpersonal exchanges in this way leads to both emotional and

behavioural change. Findings from a recent research trial suggest that Reflective Interpersonal Therapy for Children and Parents (RICAP) confers significant therapeutic benefit in reducing both internalising and externalising problems in difficult to treat children and their parents.

**RICAP**

My post as Research Therapist in Academic Child Mental Health within the National Health Service, gave me a unique position from which to think about and apply research knowledge to clinical situations. Three main areas of research seemed to emerge as those most influential in understanding the complexities of conduct disorder. These were, first, the observational studies of early mother–infant and mother–child relationships and interactions (cf. the work at the Tavistock Clinic in training child psychotherapists), second, attachment theory and research (beginning with Bowlby in the 1960s), and third, our increasing knowledge of the importance of the emerging mind and the function of ‘mentalising’ or reflection (with particular reference to the ongoing work of Peter Fonagy et al., 2002 at the Anna Freud Centre, London).

**Child observational studies**

Systematic observation of the interactions between infants and their parents has long been central to the training of child psychotherapists (Bick, 1964; Bion, 1962; Miller et al., 1989). From observing the minutiae of behavioural interactions within the context of a prime relationship, we learn about the whole world of behaviour as communication. We are drawn into relating what we see on the outside to what we can infer about the developing mind and mental states of first the infant and then the child. We become curious about the internal worlds of both child and caregiver. We begin to understand something of the growth of emotional development within the context of a caregiving relationship. We realise that we, too, are part of the process, as we respond to and reflect on what we have observed.

RICAP incorporates detailed observation of self and other as a central tenet. This is extended into detailed observation and recording of the material that both child and parent bring in terms of drawings and anecdotes. Of course, there is always the question of how to make
sense of selective observation, and of what is attended to in that particular session with that particular child and therapist, but the potential for diversity of thought and exploration is seen as a strength of the method, not a weakness. There will never be one right way of seeing things or one right way of thinking and perceiving. The usefulness of observations is to be the vehicle for thinking about meaning and creating multiple perspectives rather than finite solutions.

**Attachment research**

Attachment theory links very closely the attachment behaviours of the child when under psychological distress, with an increasing capacity to internalise and make use of a *representation* of his mother. He develops an ‘internal working model’ of his mother. This enables the child to hold his mother in mind even if she is absent and to derive within his own mind a source of strength to deal with the stress of separation or loss. (Bowlby, 1969). When this secure attachment is not achieved, then the child shows through his behaviour the confusion and fear that he is experiencing. Often this emerges as violent or aggressive behaviours that are an attempt to take control of a frightening situation where he feels psychologically on his own.

RICAP incorporates an understanding of aggression, not as uncontrollable temper, nor as motiveless violence, but as a manifestation of an anxious, avoidant or disorganised attachment. Parents and children are encouraged to give meaning to overt, aggressive behaviours by having an understanding of the anxiety and fear that may underlie external behaviours.

**Theory of mind and reflection**

This research emphasises the role of mental representations in mediating and shaping behaviours. Reflection is, first, the ability to *attribute* mental states, the things of the mind, including thoughts, feelings, beliefs and desires, to self and others, and then the ability to *think about* the mental states of self and others (Fonagy et al., 2002). This ability gives meaning to overt behaviours. Other people’s behaviour becomes meaningful and predictable. Self-behaviour becomes open to choice and self-control. If behaviours and interactions can be thought about and reflected upon, then planning and anticipation can enter the scene.
Prior to developing the ability to reflect, inconsistency or hostility from others is more likely to be taken at face value as showing something bad about the child himself. This is particularly so in the case of a child who reveals his inner self through aggressive actions.

In RICAP both parent and child are helped to discover a sense of their own mind and the mind of the other. The therapeutic relationships, and the use of the book and letter, seek to give both parent and child a sense of ‘being held in mind’. In making the contents of her mind available to the child or parent, the therapist allows an exploration of the mind of another, such that both child and parent develop an appreciation of the nature of mental states. This should become recursive. The parent’s capacity to observe the child’s mind facilitates the child’s general understanding of minds through the mediation of secure attachment. A reflective caregiver increases the likelihood of the child’s secure attachment, which in turn facilitates the development of the reflective capacity in the child.

RICAP is distinctive in combining these three theoretical stances into a clinical intervention. It incorporates behavioural observation and psychodynamic interpretation; an understanding of attachment processes and behaviours; and the capacity to reflect and self-reflect. It is practical and interactive, dynamic and thoughtful, directive and non-directive, structured and free.
RICAP: a description of the intervention

RICAP is a reflective, interactive and practical intervention for children aged 5–10 and their parents. It is designed to be most relevant for children referred with symptoms of oppositional defiant behaviour, conduct disorder and aggressive outbursts, and is a concurrent intervention for parent and child.

From the clinician’s point of view, the cause of a child’s maladaptive behaviour, as displayed in symptoms of these kinds, could be located either in the child, or in the child’s relationships with others, or in the aspects of relationships that become internalised as part of the child.

Each diagnostic focus has different implications for intervention. The first leads to consideration of change within the child (perhaps through an organic or neuro-developmental focus) (Moffitt, 1993). The second could lead to consideration of change within relationships (perhaps through focusing on the parent–child relationship within the context of parenting skills) (Webster-Stratton, 1998). The third focus is more indicative of considering change within the internal representations or working models of the developing relationships (Hill, 1997).

This intervention concentrates on the third diagnostic focus, which informs the therapy undertaken with both parent and child.

RICAP’s overall aim

For the child, the overall aim is to facilitate an autonomous capacity to reflect and self-reflect, and then to act appropriately on that reflection.

The parent’s task is to understand their child’s understanding of events and relationships, and to make choices about their interactions within those understandings.

**How RICAP draws on three main theoretical stances**

RICAP is grounded in an understanding of attachment theory, and helping the child and parent make sense of overt behaviours through reflecting on the internal states of mind that drive these behaviours. Paradoxically, it has been found that helping child and parent reflect on meaning has an effect on observable behaviour.

Briefly, attachment is viewed as a biological need. Bowlby (1969, 1980) stressed the importance of the protective functions of the attachment relationship and hypothesised that attachment behaviours developed because of their survival value. Because human infants are incapable of caring for themselves at birth, it is adaptive for them to form an attachment to an adult who can provide food, care and protection from predators. A secure attachment is also essential for the psychological well-being of the child. Ainsworth (1985) summarised five defining characteristics that distinguish attachment relationships from other types of close relationships:

- the child seeks proximity to the caregiver, particularly when frightened or alarmed
- the caregiver provides care and protection (safe haven)
- the caregiver gives a sense of security (secure base)
- threat of separation causes anxiety in the child
- loss of the attachment figure causes grief.

Insecure attachment relationships reflect a history of insensitive care and rejection, especially in the context of clearly expressed need or desire on the part of the infant. The infant develops an internal working model of the parent as unavailable and unresponsive to emotional need. As a result, the infant fails to seek contact as stress is elevated. Reciprocally, this leads to a model of self as isolated, unable to achieve emotional closeness, uncared about and unworthy. The social world is viewed as alien and is treated with anger and hostility. Often this leads to the child behaving in ways that elicit further confirmation of his model. They exhibit negative affect and unprovoked aggression.
In RICAP, childhood aggression is viewed, not as uncontrollable temper, nor as motiveless violence, but as a manifestation of an anxious, avoidant or disorganised attachment.

The following example illustrates this very graphically.

**Moving closer** (Figure 1.1)

In scene 1 of Figure 1.1, the child has drawn himself and his mother. This was to illustrate how they had been getting on that week. In response to the therapist’s comment about the space between them, Gary drew himself nearer in (circled in scene 2). But in so doing, in gaining proximity, which is a prime attachment need, he shows that what getting nearer actually means to him is feeling smaller inside and therefore more distant. So moving close does not achieve attachment aims. Anxiety is not lessened but increased. There is a resulting confusion and apprehension and he becomes vigilant for signs of disapproval, which he expects.

There is the likelihood of a rage reaction when he does not get what he innately believes he is entitled to receive. He may use the defences of projection (splitting off bad aspects of himself and projecting them into Mum) and omnipotent aggressive control (rendering them helpless through aggressive control) to ward off persecuting anxieties that threaten his self.

We see how he and his Mum relate on the basis of power rather than affection; of intrusive invasion rather than the accommodation of give and take; of stasis rather than fluidity; of threat to self rather than support to self. The relationship is characterised by threat and counter threat.
Gary does not dare get close to Mum because of the anxiety engendered. He needs to stay distant and he uses violence to both create and maintain distance. Violence has become a behavioural ploy that is distressing to him and his Mum, but that at a very deep level is resistant to change or modification. The benefit that his violence confers is hidden, and he is consequently denied opportunities to learn more constructive ways of dealing with his anxiety.

Recent research has also indicated the psychological processes that underlie vulnerability in children to severe and persistent aggression (Hill, Maughan & Goodyer, 1999). This research uses the MacArthur Story Stem technique (Emde, Wolf & Oppenheim, 2003.) Using Duplo figures, children are told the first part of a story and asked to show and tell how the story continues. Each story stem contains a dilemma or threat. The research has shown that the combination of escalation of aggression and avoidance identifies a high aggressive group within a sample composed of referred and control children.

Typically, these children display avoidance of the implications of some social interactions, particularly those involving perceived threat to themselves. In so doing, they lower their reflective capacity as a strategic defence against self-threat. (The idea being that what you have made yourself immune to cannot hurt you.) While this may be effective in the immediate moment, a lowered reflective capacity remains a dysfunctional strategy in the long term. The child is left with no operative means of dealing with threat, and no means of discriminating between different types of threat (real, perceived, situational, etc.) They also deny themselves any opportunity of seeking relief and support from other people. As the situation continues, the child will show high emotional arousal combined with poor emotion recognition in both self and others, and proffer high aggression as the solution to the dilemma or threat. Heightened aggression in response to threat or conflict, combined with lowered reflection, or mentalising, in response to inner feelings of fear or distress, makes for a potent mixture of confusion and inability to act effectively.

**RICAP** is designed to address these maladaptive patterns within the overall aim of facilitating an autonomous capacity to reflect and self-reflect, and for the child then to be able to act appropriately on those reflections. In practice this means addressing the issues of avoidance, cognitively and emotionally, as evinced in a lack of memory, a lack of emotional language and a lack of problem-solving strategies.
The parent is often left wondering what to do about their child’s aggressive behaviours. Their first desire can be a wish to eradicate overtly aggressive behaviours. ‘If only my child would behave nicely then we would have no worries at all.’ The parent does not commonly view aggressive behaviour as a sign or a communication of something internal to the child. They have not considered that there might be underlying meanings or intent in what the child does. Aggressive behaviours are viewed as purely undesirable behaviours that are difficult to deal with, that generate unwelcome feelings of hate or persecution, and that are ultimately very threatening to the parent’s own psychic stability.

RICAP is designed to help the parent into a position of understanding their child’s behaviour as a communication, of understanding their child’s understanding of himself and his internal world of thoughts, feelings, beliefs and desires. It is intended that the parent will be able to enter into a relationship with their child, which allows them to reflect on their own responses and interactions as well as their child’s interactions and responses. There is an emphasis on generating multiple meanings and complexity, rather than the simple (and inevitably unattainable), one final solution.

Therapy directed towards change needs to take place within a relationship that consciously disconfirms existing representations, a relationship which is consistent, and which is emotionally significant. RICAP is different from other therapies in that the therapist is proactive, responsive and creative, rather than neutral, creating with the child different experiences on which to reflect.

RICAP parental sessions aim to keep the parent firmly in central position in relation to understanding their child. There is an emphasis on the task of understanding their child as being the long-term parental task, and the one that will enable coping with change in the future. The behavioural components are there to help the parent and child feel in control of practical positive change during the course of therapy, as well as to set the context for a willingness to commit to the harder task of persisting in the struggle for meaning and understanding.

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**RICAP Structure**

The intervention consists of 14 weekly sessions. In each case there needs to be a therapist whose main work is with the child and another therapist whose main work is with the parent(s). A preparatory session
and a review session frame 12 weekly individual sessions for the child and six individual fortnightly sessions for the parent.

RICAP Method: Child

The method is one where the child and therapist co-create a book of drawings and narrative. The child provides drawings, writings and conversation, and the therapist provides conversation, reflections and summary writing. The therapist compiles the book in between sessions from the content of the session, and the child checks over and verifies the book at the beginning of the next session, with complete freedom to challenge, discuss or alter anything he disagrees with. There are five main topics for the child to think about and draw. Each time the therapist says: ‘Tell me about your drawing.’

The last directive (draw what is on your mind) becomes the substance of the majority of the sessions, although in time, and often surprisingly quickly, the child will come knowing what they are going to draw and talk about. An important piece of learning for the therapist is not to minimise or trivialise, grow bored with or wish for something more ostensibly productive, but to receive what the child offers, take it seriously and ponder with them what it is about. That way there is no ‘right’ or ‘wrong’, no need to please the therapist or commend himself to her. Drawing becomes a way of collaborating, understanding and working through something together. An important skill required of the therapist is the ability to concentrate on the detail of the drawing and what that might be attempting to communicate, to be able to lead the child on a journey through the visual, the concrete, to the many possible meanings and reflections contained within the drawing.

It is important to say ‘Tell me about your drawing’ and then to help the child talk about what he has drawn, to start the process of the drawing being a communication, that he has said something through the drawing, that he has ideas about it and the therapist has ideas about it, that these ideas may be the same or different, that two different views could both be held or that they can both be left wondering and thoughtful about the other’s position. The child is often very concrete in his thinking (because of his age), and so the therapist should make sure that she links in her thoughts with actual detailed visual clues and process clues. An important therapeutic skill is to be able to use the drawing as a metaphor to be used as the vehicle for understanding more about the child and his world. A triangular rela-
tionship is set up between therapist, child and drawing, within which meaning and understanding can be more fully explored.

So the book provides:

- a record of sessions which is the child’s own document, validated and verified by him – a record of self
- a concretion of experience, a holding of memory, which gives a sense of continuity
- a physical representation of thought and being thought about
- an insight into the mind of another
- a means of reflection – creating the child’s mind as held within the mind of the therapist
- an experience of construction and reconstruction of past experience, which is also open for debate
- a narrative, a means of understanding, a building of a coherent story of self
- a reflection of the importance of what the child does, says, thinks, feels – an acknowledgement of, and respect for, the child
- a context of containment and organisation within which he has choices – important for a child with avoidant attachment
- a continuing means of communication – a development of self in conversation and relationship with another.

**The book as a record**

The book is composed of drawings by the child with accompanying dialogue, story and interpretation. It provides an ongoing record of therapeutic sessions, which enables the child to look back and remember. While the content is open for renegotiation, it is not possible to deny that what is recorded took place. This is particularly important for an avoidant child who will often say that he has no memory of what was discussed in a previous session, especially at the start of therapy. It is not meant to force the child to remember (nor do I think it is ever felt as such, indeed quite the opposite; the child often loves going back, over and over again revisiting either the whole sequence of sessions or dipping into selected parts), more, it is a means of reliving the freeing act of having set something down on paper which
can now be looked at objectively – as external to himself. The drawing is finite, complete and can now be regarded as an object for reflection. The book is written in the third person to emphasise this externalisation, making a place of ‘safe uncertainty’ to be explored. It is in the drawings and reflections that unacceptable things can be looked at with some safety and ‘survived’. The book allows the child to avert his gaze but not be avoidant (Dadds, 2006). He is still required to bring attention and thought. Unwanted parts of self are as much a part of being as wanted parts and need to be acknowledged and integrated.

It often seems as if what the therapist is doing for the child is offering him a temporary transitional object through the medium of the book (Winnicott, 1951). Identifying his emotions in words, identifying with his emotions in being, thinking together about his underlying anxieties, staying with his psychic pain rather than finding solutions, mulling over different strategies, then putting down in words the conversations and thinkings about what is going on, enables him to hold onto those words when he goes back to his home/family/school, and renegotiate his relationships and behaviours. The book contains the combined thoughts of the child and the therapist about the transition from one state to another.

The book makes concrete an approach which is based on taking in and reflecting on what the child tells the therapist, so that an understanding and integrative process that begins in her mind can then take over in his. Of course in the creation of the book, memory itself is constructed and co-constructed, and meaning is construed and co-construed. The book becomes a narrative of present events and feelings about internal memories and feelings.

It also becomes a narrative of regulation corresponding to the interior ongoing narrative of thoughts and feelings that a child daily tells himself. The narrative of the book is conscious, verbal and social, giving words to the largely unconscious, non-verbal, private world of relationships and questions which a child carries within – some of which can be frighteningly overwhelming. In putting the book together, a process of co-construction becomes possible, bringing together the child’s world and the therapist’s world, whereby a grafting on and transmission of new and different ideas is possible. These then serve as a source of memory and variation in behaviour for the child, which can be taken into future interactions. It is a way of helping a child be coherent about his inner world and its meanings, which spill over into a growing capacity to regulate his daily experience.