

## **Report for Funding for 2018-2019**

### **Thanks**

As a social worker, working in a Child and Adolescent Mental Health Team (CAMHS), I am most grateful for the funding I received from the FPSA. I qualified in 1996 and since then I have accessed a large amount of in-house training, as well as self-directed learning. However, I have felt quite stuck in terms of my learning and development. As a parent and part-time worker, I could not afford to access this course without the support of the FPSA.

### **Masters in Integrative Counselling and Psychotherapy, Third year**

As in the first and second year, this course introduces three approaches (person centred approach, attachment theory and cognitive behaviour therapy), within an integrative framework. The person-centred approach uses counselling skills to create a therapeutic relationship based on unconditional positive regard. This is enormously helpful in working with children and young people who have experienced trauma and abuse. I have also found that this supports my work with families as part of a reflective team. A deeper understanding of attachment has helped me to recognise how the attachment issues of parents have impacted and continue to impact on their relationships with their children. It informs the way that I support families in developing their understanding of the meaning of their children's behaviour. It also helps inform our team's complex case discussions, as an understanding of attachment within the family helps identify where support is most needed and why families might struggle to address this.

In the third year I am writing my dissertation, which investigates the use of Silence within an Integrative Approach. Silence is a complex phenomenon and its impact is varied and very subjective. My dissertation will look at how it can support a trusting therapeutic relationship if used with confidence and supported by sound theoretical understanding. The "presence" of the therapist, as noted by Carl Rogers, can be therapeutic. Silence underpins this experience, allowing non-verbal communication, connected to the earliest memory of the infant's attachment experience, to be re-experienced within the therapeutic relationship.

By linking silence to the ideas of the person-centred approach, to the insights of cognitive behaviour therapy, underpinned by an understanding of the relevance of silence and non-verbal communication within attachment theory, I hope to build on my clinical skills. I hope that understanding and using silence in a more confident and competent manner, supported by mindfulness exercises, will strengthen my work with children and young people who are dealing with complex and traumatic experiences.

Ashfield is an area of high levels of deprivation and of complex multigenerational difficulties. This course has been incredibly helpful in allowing me to respond to complex and chronic difficulties in a well-informed manner, using evidence-based approaches.