Work with Parents and Cooperation with Parents as part of the Milieu-Therapeutic Work with Children and Adolescents

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In milieu-therapeutic circles, the widespread experience is that most children can only develop to the extent that their parents allow. This has been the experience of the staff at residential treatment centres. The results of outcome-research on the development of children placed in residential treatment (Nissen, 2008) demonstrate that acceptance of the treatment by the parents (and cooperation with the institution) is decisive as to whether or not the children develop. In cases where cooperation with parents has been characterized as ambivalent or negative by the institution's social workers, 75% of placements were not successful. In cases where the institution's social workers have characterized cooperation with parents as neutral or positive, 64% of placements were successful (i.e. the child had developed).
This experience may possibly indicate that in some cases the parents seem to hinder the child's development, and shows how difficult it can be to help children and adolescents who have severe difficulties. When dealing with such children and adolescents, a tendency toward feeling guilt seems to arise. Whose fault is it that the child feels the way he/she does? Who did something wrong? Many involved ask themselves; have I done something wrong? Is there something wrong with the child? This search for an explanation, or a scapegoat, may flourish as resistance to understanding how difficult it is to be the child, to be the parent of a child with severe difficulties, and to be a staff member who must provide opportunities for development for the children and adolescents who have the greatest difficulties in developing as needed.

The parents have often experienced repeated accusations, as well as admonitions, over getting the children to behave differently, and the parents themselves to behave differently. The staff of the milieu-therapeutic organization is affected by a distinct anxiety and vulnerability that arises when one's task encompasses responsibility for relationships to others, especially when it concerns people with severe difficulties (Clulow, 1994). The public authorities, who are responsible for the child or adolescent before, during and following termination of placement and treatment, have expectations regarding the work to be done. This is the field in which work with parents and cooperation with parents takes place.
(In the remainder of the article the expression *child* is used to denote both child and adolescent unless something is described that specifically applies to adolescents).

First I will present some fundamental principles for working with parents, for cooperation with parents, and for the organization of this work, with the developmental needs of the child as the point of reference. These principles relate to the complexity which the child's family represents and its significance for the child's development. They are based on theories, methods, and experiences from working with parents who have children in outpatient psychoanalytic psychotherapeutic treatment. Even though outpatient psychoanalytic psychotherapy with children and adolescents and milieu-therapeutic treatment in residential care are obviously not identical, there are many circumstances explored in the former that can shed light on working with parents in milieu therapy.
A discussion of the way in which the milieu-therapeutic organization carries out the primary task of work with parents and cooperation with parents will follow. The discussion of work with parents and cooperation with parents of children in milieu-therapeutic treatment has a wide span: from practical coordination, to the understanding of the child's inner world, and finally to cooperating with the parents toward facilitating the child's development. Subsidiary goals, methods, and procedures will be presented.

Seven fundamental principles for work with parents

1. A well defined task for work with parents is necessary so as to facilitate the continuous assessment of whether or not work on the task is being carried out or if something else is going on.

There must be a joint, clearly defined task for working with all the parents and individually defined for goals for each individual child and his/her parents. One must continually ask oneself "How do we understand the task with regard to these children and parents?" and, "Are we working on the task?"

A well defined task includes careful consideration of the child's age, the child's developmental needs, the nature of the child's and his/her parent's relationship to each other, and the extent of the parents' responsibility during placement. As a general rule, the more contact the parents have with the child, the more contact staff members should have with the parents.

With regard to adolescents it is particularly important to take the age-related struggle for autonomy into consideration, as part of the cooperation with the parents, for example by involving the adolescents in the staff's contact with the parents.

Erik Larsen (2004 p. 139) defines the task and aim of work with parents precisely:

> *"In working with poorly integrated children and adolescents it becomes especially important that their surroundings communicate continuity and cohesion. From a socio-ecological and systems-oriented perspective it is important that sub-systems and substructures surrounding the child and the youngster can cooperate for their benefit, in working to carry out the primary milieu-therapeutic task. Functional cooperation surrounding the children and adolescents is a prerequisite for their experiencing coherence and linking, as opposed to fragmentation and chaos."*

'Cooperation for the benefit of the child' has a distinct significance in the case of children who most often have experienced that the adults responsible for them could not cooperate with each other. This concerns parents that are unable to cooperate with each other, and one or both parents that are absent, and parents who have conflicts with the

child's teachers, pedagogues, caseworkers, etc. The socio-ecological and systems-oriented perspective entails cooperation from all responsible adults in the child's life (parents, placement authorities, and institution).

Margaret Rustin (2006), Head of Child Psychotherapy at The Tavistock Clinic in London, notes that many core assumptions about technique are now shared with regard to child analysis, in which the following are relevant for the discussion of the task of working with parents:

> "- *Appropriate prior work with parents and work in parallel when indicated;*
> - *Focus on the transference relationship;*
> - *Management of the child informed by the aim of protecting the boundaries and sustainability of the therapy."*

This will be discussed later.

2. Children are legally, emotionally and socially dependent upon adults. Children undergoing treatment can therefore never be considered as detached from their parents and family, regardless of whether the child is living at home or is placed outside his/her home.
Children in therapeutic treatment require continuous appraising of the relationship between the child and his/her parents, and between the child and other adults who have responsibility for the child. (Grünbaum, 1999/2000).
Fonagy and Target (1994, 1996) have analyzed a large number of child psychotherapies and child analyses at the Anna Freud Centre in London. They have documented evidence to the effect that work with parents and the parallel development of the parents are important factors for the child's positive development. When mothers went into analysis themselves (prior to or simultaneously with the child's treatment) and when parents received psychoanalytically oriented work parallel to treatment of the child, the child's development opportunities increased.
Boalt Boëthius and Berggren (2000, p. 294) emphasize that treatment that exclusively focuses on the child as the locus of intervention is

problematic. They also found that the parents' willingness to cooperate affects the likelihood of successful therapy. The willingness of the parents to cooperate is partially correlated with the incidence of psychological difficulties in the parents (ibid. p. 297). There are also indications that the parents' attitude towards psychological treatment plays a role for the child's development, by e.g. affecting the child's motivation (ibid. p. 298).
The experience from milieu therapy that children can only develop as much as their parents allow is supported by evidence-based research on outpatient child psychotherapy. The same factors are presumed applicable for most children placed in residential treatment. The significance of the child's earliest relationships and the child's attachment to his/her parents (regardless of whether there are attachment disturbances or not) constitute the reason why the same factors are applicable.
However, referrals of children for treatment cannot simply be based on an assessment of parental permission. The decision on whether or not to treat should not be made conditional (by the assessment team) on the readiness of the parents to support it.
Experience indicates that cooperation between many institutions and parents improves during a child's placement. (Nissen, 2006, p. 29). Additionally, a small group of children develop (often despite all expectations), regardless of a lack of acceptance from the parents and a lack of cooperation between the parents and the institution. (Nissen, 2008 found that in 14% of the cases in which the child had been placed without parental consent the placement had been a success).

In regard to adolescents it is important to emphasize the following: Adolescents are on their way to becoming independent adults, so that within a short time they will no longer be legally dependent upon their parents. Adolescents are generally in the process of distancing themselves psychologically from their parents as a natural part of development on the way to becoming adults. Adolescents who are placed in residential treatment centers often have great difficulties in taking these steps as they are separated from their parents for other reasons than their own natural development toward independence. This can bind the adolescents closer to their parents and hinder their

development towards independence. Loyalty to the parents can thus get in the way of natural distancing. Once in a while it may be necessary to let an adolescent return to living at home, so that they can leave home on their own. Adolescence places specific demands on work with parents, where it may be appropriate to involve the adolescent in the cooperation between the institution and the parents, or in parts of the cooperative process.

3. The worst thing one can do to a child and a mother or a father is to separate them, and this continues until the child is nearly adult. I therefore think that children should only be placed in residential care, if the pain of living at home is greater than the pain of being apart.
Melanie Klein (1952 p. 99) states clearly that the earliest object relations and the earliest ties to the mother are strengthened by the object being established in the child's inner world. The earliest object relations fundamentally affect all other relationships, first to the father, and thereafter create the basis for the ability to form strong attachments to other people.
Attachment theories are also important when we speak of the separation of parents and children. Whether or not the child and parents appear to be securely attached to each other is not exclusively the issue, as there may be an attachment disorder. When there is an attachment disorder, the mother/father and child can none the less have a significant relationship.

4. Although the Danish law prescribes that work involving children placed in care must work toward the child's returning home, there must first be a period during which we work with separation.
In his article on service, treatment, and cooperation, Erik Larsen (1996) has written that in milieu therapy the aim is to provide opportunities for children to be able to work on their own development. This is precisely what we want the parents to participate in. In a service organization the aim is to satisfy the customers and to avoid the mobilization of anxiety or resistance. In a treatment organization, on the other hand, the aim is to work with the client's negative experiences and resistance so that it can be processed.

Here it is crucial to be able to differentiate between wishes and needs:

- The parent's wishes
- The parent's needs
- The child's wishes
- The child's needs

The possibilities for conflict here are apparent. Working with these conflicts is a part of the work in dealing with the pain of both separation between parents and children and the pain of the child being in treatment rather than in an ordinary school.

For example, the parents and the child may voice identical wishes to be together and to learn. Possibly these are also the parents' needs. But the child's needs are to have an opportunity for working on his/her own development and if this is not possible at home with his/her parents then the child must be placed in residential treatment. The relation between wishes and needs must be purposively and systematically worked with, both with regard to the child and with regard to the parents. If the child never sees his/her parents, difficulties over developing a nuanced and realistic picture of them are enhanced. Children who are exposed to physical and psychological abuse or neglect during weekends and vacations will not be able to develop properly.

Moreover, this raises innumerable concrete questions regarding the management of the care of children in residential treatment: How long will placement last, how much time should the children spend at home during vacations and weekends, how much telephone contact should there be, should visits be monitored, how much should the parents be allowed to visit the residential treatment centre? Working with separation involves a discussion of how much, when, where and how parents are allowed to visit.

Cooperation with the parents also raises the following question: how much should the parents be involved in the child's everyday life, in what detail should the child's daily events, problems, and conflicts be discussed with the parents? When should the therapeutic work with the child's inner world be the focus, and when should it rather be directed towards the actual parents in the child's life?

In terms of methodology the central issue becomes working toward finding a balance between working with parents' resistance without

obscuring the conflicts on the one hand, and without it culminating in an unproductive struggle on the other.

5. *The possibility for the child to work on his/her own development depends upon the residential treatment centre's understanding that treatment of children and work with parents comprise the following:*

- *The parents are represented in the child's inner world in the form of object relations that are played out in the transference relationships to the milieu therapists.*
- *The child's transference relationships to his/her parents cannot be equated with the child's concrete current relationships to his/her parents, though there will of course be many similarities. It is important to differentiate between occasions when one is talking about or working with the child's current relationship to his/her parents and talking about or working with the child's transference relationship.*
- *The phenomenological imperative. (Larsen 1998). Children have the right to their own experience. (What a child relates in the therapeutic milieu is not necessarily an objective truth, but may be the child's experience or represent the child's feelings, or an attempt to relate to the milieu therapist etc.).*

If the milieu-therapeutic work is proceeding successfully by means of a fundamental therapeutic alliance in the work with the children, it is vital to carefully monitor the timing and often delay imparting information to the parents about the progress of child's work. The purpose of the delay is to ensure that the therapeutic space remains a protected space: protected from age-appropriate demands, protected from neglect, protected from consequences of the child working with his/her thoughts, feelings and fantasies, giving the child a therapeutic free-space for 'regression in the service of the ego'. Otherwise children can experience that the information given to parents, is like having their weaknesses exposed to comment thus hindering the building up of trust or even dissipating it, impacting on their ability to reveal what they may be like of themselves, as they are, in the therapeutic milieu, without suffering sanctions. It is important that the child be allowed to work with his/her difficulties before any active staff intervention.

An example of this concerns a nine-year-old deprived child whose parents were divorced and whose mother had full custody. On weekends, the child alternated between staying with the two parents. The parents' relationship to each other was full of conflict. The child returned from a weekend with her father and told the milieu therapist that she had watched pornography on TV at her father's house. After a few days of deliberation by the team, the mother, father, and the case worker were informed of this. The father couldn't understand the accusation, and denied that it had happened. The mother reacted angrily and wanted the child's visits to the father to be discontinued. Further talking with the child about the time of the episode and subsequent talking with the father revealed that the incident involved the TV program 'The Bold and the Beautiful' in which a love-making scene was shown on regular Friday afternoon TV. The child experienced the love-making scene as deeply anxiety provoking. The appropriate place to work with the child's emotional reactions was in treatment. Her enacting of the parent's conflict-filled relationship became a theme in the work as well. It was very important that action was <u>not</u> taken to prohibit visits to the father.

When a child is permitted to work with his/her difficulties before action is taken, some serious difficulties may arise concurrently. A frequent source of conflict is between protecting the child in the therapeutic space, and protecting the child from physical or psychological neglect or abuse at home. In the example above it was important to deal with the child's concrete experience of both the TV program and the parent's relationship to each other, by exploring the meaning of what was happening and work on increasing the parents' insight and empathy for their child. But treatment is not meaningful if the child is simultaneously and continuously exposed to abuse at weekends. Quite the contrary, in such cases neglect occurs on the part of the system on top of possible abuse at home. It is likely that this occurs more often than we are aware of, unfortunately.

One way to understand the conflict outlined above is by thinking of a field of tension in working with children: Tension between confidentially and seduction. When a child recounts an episode of abuse or neglect it can lead to the risk of the milieu therapist seducing the child into believing that the child will no longer be exposed to the abuse (despite lack of legal competence to prevent this). Alternatively, the milieu therapists and the interdisciplinary team run the risk of being seduced into being so absorbed by possible abuse and neglect outside of the institution that they lose sight of the actual child. (This may be part of a fight/flight defence by the child, the parents, and/or the staff). If neglect or abuse is in the child's fantasy or is the child's conception, there is a risk of a staff member seducing the child and others into participating in actions that can result in serious consequences for children and parents. In this case the child is seduced into corroborating the staff member's fantasies, in order to resolve the latter's anxieties over what to do in the face of uncertainty over whether a parent is abusing a child. Ultimately, of course, the children must be protected from instances of neglect or abuse. The staff members would expose a child to accusations of severe neglect if the child's statements about reality were not taken seriously.

At the same time, it is an important goal for each child, over time, to form as realistic and as nuanced a relationship as possible to his/her parents. If the milieu therapist experiences the parents as only bad or troublesome, and sees them as responsible for the child's difficulties, the child will never be able to allow him- or herself to form a nuanced relationship to the parents in which both their good and less good sides are seen and acknowledged. The child will in this case have to persistently defend his/her parents. Another way to understand the child's undiscriminating relationship to the parents is via Fairbairn's concept: The Moral Defense. To maintain the parents as good objects in the child's conception, the child takes the split off bad object upon him- or herself. The child thus establishes a relationship to the idealized object. (Rubens 1994).

> *Of course, milieu therapists were touched when experiencing a child being let down by his/her parents. An example of this was a mother of two children, both of whom were placed in a*

residential treatment centre. The mother was a severe alcoholic, at times she had no place to live, and not even the welfare centre knew where to find her. When she drank and was not doing well, she didn't come to visit the children (the agreement was for one afternoon visit per month). When she came she brought the children toys and other small gifts that were both age-appropriate and liked by them. The milieu therapists got very frustrated during the periods (up to half a year) when the mother didn't come to visit the children, because the children were disappointed, sad and worried about their mother. It was important for the milieu therapists to talk about the times the mother had come on a visit, and how nice it was for the children. It was also important to talk to the children about it being a shame, of course, for the children, that she didn't come, but that it was also considerate of her to stay away when she wasn't doing well and only come when she was better, even though this was difficult for the children to manage.

The milieu therapist's ability to contain their negative reactions towards the parents and to tell the children something about the parents that they consider positive can increase the child's possibility for further integration of difficult and conflicting emotions regarding their parents. A point to consider is whether milieu therapists sufficiently often find ways of speaking to the children about how lucky they are to have their mother and father, as good parents in this or that particular way though always being careful to avoid irony or falsehood).

6. *Separation of work with the parents and the milieu-therapeutic work with the children. The most important part of work with parents must be carried out by others than the milieu therapists.*
Essentially, this relates to the subtask of work with parents (cf. Rustin 2006), namely focusing on the transference relationship.
The child's inner worlds as well as the child's current relations to others are focal areas for treatment by the milieu therapists. By current relations is meant the child's relationships to the milieu therapists and to the other children, as well as to the child's parents, family and

remaining network and the child's professional network outside of the treatment organization (case worker, etc.).

Winnicott (1996, p.154) in working with parents, distinguishes degrees in the parent's level of integration or personality disturbance, specifying a different form of cooperation required for each:

1. Parents with well integrated personalities who cooperate in pursuit of the child's development. The child's therapist can often successfully manage work with such parents concurrently.
2. Parents whose personalities include some integrative forces and some disintegrative ones. These parents will continuously present surprises leading to conflicts and destructiveness to the process. Cooperation with these parents ideally needs someone other than the child's psychotherapist to carry out the work with parents, if the therapeutic opportunity for the child is to be maintained. However, whoever carries out the work with parents must develop methods for dealing with the disintegrative elements that arise.
3. Parents whose personality is characterized by severe disturbances, breakdown in the environment and severe disintegrative forces. Cooperation with these parents requires that someone other than the child's therapist carry out the work with parents.

Winnicott (ibid.) emphasizes that parents in group 2 are the most difficult to achieve constructive cooperation with because the work with parents is often unsuccessful and the therapists often lack the authority needed to protect the therapeutic work with the child.

Added to this is the further complicating factor that the parent's perception of the residential treatment centre or of the staff is transferred onto the child and the child's perception transferred onto the parents. Therefore it is often difficult to decide whom work should be targeted towards when negative reactions to treatment occur.
In addition, it is obvious that children resemble their parents. A connection is often to be found between the child's difficulties and the parents' difficulties. This is, of course, a central theme in work with

parents. Therefore a frequent experience is; that parents feel one is addressing their own difficulties (which may also be true) when one is talking about the child's difficulties. Insofar as the parents feel understood, there is at greater probability that the parents' empathy towards their child will increase.

The degree and development of separation (between the child's work and the parents') can vary in each milieu-therapeutic organization. What is common, however, is that most parents resist this separateness. They may be unsure as to the purpose of this separation (Christensen and Zobbe, 1999); they may have a genuine wish for close contact with the staff members who mean most to the child. The parents' emotional reactions to the child's placement can be strengthened by this separation so that the parents are put under regressive pressure. The pressure arises, among other things, from having to comply with measures that some professionals claim are best for their child but over which the parents only have limited influence. In his 1939 paper, *The Deprived Mother,* Winnicott (1984) describes how parents of children placed outside the home complain about the child's treatment regardless of how good it is for the child. The parents have a tendency to believe in whatever complaint the child makes about the treatment especially when children complain about lack of good food and lack of care. The child can easily feel disloyal if he/she voices satisfaction with the treatment centre.

The parents can experience that they are in competition with the staff in doing what is best for the child or they can be envious of the child for all that the child is receiving.

> *An example of this was a mother who previously had lived in wretched conditions with her child and who, now that her child was placed, had even less money because child support to the mother is discontinued when children are placed outside the home. This mother complained of not being able to live up to the standard the child had now become used to, i.e. the physical environment, food, toys, clothing, etc. Her conception was that if only she had been given sufficient money to be able to live at that*

standard, then the placement of her child would not have been necessary.

Many parents feel themselves discredited both as parents and as humans and can be devastated and frightened by relinquishing responsibility for their child. For some parents the strain is so extensive that they become anxious and paranoid towards the institution. This takes the form of some parents experiencing that the staff neglect the children, or in the case of others that the staff want to take the parents' place. It requires courage on the part of the parents to reconcile themselves to the placement of their child and to surrender a part of their responsibility for the child to the institution.

A mother could not understand why her child should be placed in residential treatment for several years and was afraid to make a wrong decision regarding the extension of placement for longer than the first two years, and afraid that she would later reproach herself if things didn't turn out well. She wanted the psychologist and the social worker to assure her that she was making the right decision.

The staff acknowledges many parents' needs for attention and support, which can be experienced as quite overwhelming. Special attention must be paid to ensuring that separateness does not become part of a defence by the staff against an unbearable feeling of obligation towards the parents, whereby a wall is built up between the parents on the one side and the staff and child on the other (Dockar-Drysdale, 1993 p. 27).

7. In working with children suffering from severe disturbances, the destructive forces can manifest themselves in many various ways: in relationships to the children, in the cooperation with parents, in cooperation within the treatment organization, in cooperation with the case worker and in relation to the institution's administrative and political management (the municipality or county). Grünbaum (1999/00) describes an ideal treatment organization for outpatient child psychotherapy;

"as made up of two subsystems: a) A shielded dyad comprised of child and child psychotherapist; and b) The parents' therapist's

cooperation with the parents, and with the interdisciplinary, cross-institutional network."

In the milieu-therapeutic work this means that the children's houses and school must be shielded so that the therapeutic space is protected from age-appropriate expectations; shielded in such a manner that there is a possibility for working with the therapeutic relationship, as well as establishing cooperation in the interdisciplinary team in which the milieu therapists function on equal terms with the social workers and the psychologists (who carry out other work tasks, e.g. work with parents). (ibid.). Thus, an important task for the treatment organization is to reintegrate the various aspects and fields of work that have been separated, as previously described in connection with the interdisciplinary team's work tasks (Winnicott 1996, p.161).
Especially the social workers, the leaders and the administrative employees (and to some degree the psychologists) have other important functions as part of subsystem 'b'. In an institution that contains a milieu-therapeutic treatment organization it is important to pay attention to the boundaries and relations to the outside world. Institutions can easily wrap themselves around the therapeutic task within the organization's shielded space. Institutions then risk becoming omnipotent with a conception of always knowing what is best for children and their treatment. In this way there is also a risk of the institution becoming isolated or inaccessible to the outside world. Larsen (2004 p.143) is emphatic in this regard, stating that: "poorly integrated organizations, characterized, for example by a lack of feeling of coherence, unclear and incomplete comprehension and inadequate coping ability can…not help children, adolescents, and their families who are poorly integrated and lack ego-strength".

Regarding the treatment organization's subsystem 'b' outlined above, (the parents' therapist's cooperation with the parents, and with the interdisciplinary, cross-institutional network), subsystem 'b' also has a role in conveying the demands, terms, and viewpoints of the outside world inside the organization and communicating the institution's thinking to the outside world. At the same time subsystem 'b's function is to protect the boundaries and activities of the treatment organization from inexpedient interference from the outside world. Especially the

social workers, on behalf of the entire organization, attend to the child's treatment and development needs in the cooperation process.

The above can often lead to conflicts in the interdisciplinary team or in the entire organization.

> *The milieu therapists were very frustrated because a 14-year old girl remained in treatment despite lack of development and severe anti-social behavior. When on some Sundays the mother returned with the girl earlier than agreed, the social worker was reproached by the interdisciplinary team for not ensuring that the mother observed the schedule. The social worker attempted to talk to the mother about this, but nothing changed. After a month during which this occurred repeatedly, a milieu therapist rebuked the mother in the presence of her daughter. The social worker referred the incident to the head psychologist who clearly expressed dissatisfaction with the milieu therapist. Following a discussion of the conflicts in the interdisciplinary team it was decided that the mother would be allowed to return with her daughter whenever needed, because the mother was not always up to being responsible for her for a whole weekend.*

Thoughts on Method

The methods for work with parents must be in fundamental accord with the organization's perception of development and treatment methods: psychodynamic developmental psychology and open systems theory. The family must be perceived as a system, but a system apart. Family therapy is therefore not a component part of the overall treatment programme (cf. previous section's point 4).

Mette Fatum (1996), former principal of the residential treatment centre Stutgården attaches importance to precision, predictability, and solicitude in work with parents. Solicitude can include everything from serving coffee to 'telling it like it is'. It is a worthwhile matter for discussion, whether parents who often come from far away should be offered something to eat and drink as part of their visit, or not.

Solicitude can include providing coffee and cookies as a symbolic gesture of accommodation when meeting with the parents. However, one needs to bear in mind that providing food can also be a way of trying to prevent the parents from expressing their dissatisfaction with the institution, and this could be to the detriment of effective work with parents. When the work and the method are chosen, it is vital to be able to differentiate and choose appropriate methods for each parent. Also the staff must continually consider whether each parent is offered whatever facilitates the work process best.

> *A severely deprived mother visited her 5-year old child at the residential treatment centre for two hours every other week. She told the social worker that what she liked most of all was sharing a meal with her child. At the start of every visit lunch was arranged for the mother and her child, at which both appeared to enjoy each other's company.*
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> *Halloween was celebrated at the residential treatment centre with costumes and traditional Halloween cakes were baked. Coffee and water had been ordered for the meeting with the parents but the kitchen added a serving of Halloween cakes. During the meeting I had to inform the mother of additional limitations in future on her visits to the child. At that point the cakes seemed to get stuck in our throats, and we were unable to swallow them.*

The overriding consideration always is to maintain focus on the task in working with parents. The task for work with both parents and treatment of children is to seek to create meaning and cohesion out of meaninglessness (Larsen 2004). In order to shield and maintain the children's treatment, to maintain the best possible conditions for the children's development, and to meet the children's needs for adults in their life who can cooperate on what the child really needs, all this entails work with parents being focused on increasing the parents' empathy for and containment of the child's difficulties. (See also Grünbaum; Heede and Boysen Schmidt; Mortensen 2001; Rustin 2000). Furthermore, attitudes and decisions which work against the child's opportunities for development must be reduced to a minimum. In summary, the work can only be accomplished by attempting to

contain the parents' anxiety via a therapeutic approach, without actually offering the parents psychotherapy.

Mortensen (2002) emphasizes that generally, in the treatment of children, too little attention is paid to the unconscious. It is my experience that the same is true of work with parents. Typically, the parents meet a social worker and a psychologist from the institution prior to the child's placement. This first meeting can be crucial for the child's entire course of treatment. The parents are used to meeting treatment systems that look for causes for the child's psychological difficulties in genetic or physiological conditions, to a greater extent than warranted (ibid.), or else they encounter systems that are geared to solving the child's difficulties by inducing alterations in parental behavior. In the light of this a predominantly therapeutic outlook and approach have to be adopted from the outset. Rustin (2006) stresses the necessity for work with parents prior to placement because the framework for a child's treatment is dependent on the parent's participation or acceptance.

> *The parents visited the residential treatment centre their 8-year old daughter was referred to. The social worker and the psychologist answered many questions. When the parents had no further questions the psychologist posed the following question to them: We barely know each other, but I can see from your child's previous placements a pattern, whereby some time passes initially during which everything seems to function well and then suddenly something conflictual happens, resulting in your taking your daughter home again. Do you have any thoughts about what happens, so we can think about what we can do together this time in order to do act differently, when conflicts occur during your child's stay with us?*

The example illustrates how the therapeutic attitude entails 'telling it like it is' and simultaneously helps to ally oneself with the parents' anxiety. Experience has shown that it is constructive to be able to think and talk with the parents about the difficulties and conflicts that may arise before the strain becomes too great. Many parents are under strain by anxieties concerning feelings of inadequacy as parents, and are

therefore often worried about being blamed for their child's difficulties. Speaking with parents about these anxieties can help alleviate the anxiety.

Important themes for dialogue with the parents are: discussion of the child's developmental and treatment needs, exchange of information about the child's daily life and perception of the child's development, as well as difficulties the parents may have, ranging from general difficulties in the parents' life that affect their parental function (Mortensen, 2001) to specific conditions that concern the parent-child relationships. It is important from the start to present the parents with the previously mentioned separation of the children's work and that of the parents'. Parental resistance may arise because of this separation, and this must be dealt with systematically from the beginning. It is necessary to talk about the fact that the children are undergoing treatment and that parents therefore cannot visit without having made an appointment as this can represent a disturbance for the child's treatment and that of the other children.

Fundamentally, the residential treatment centre must welcome all parents. The children are referred on the basis of a well defined need for treatment. The parents may differ widely. Most often the parents have their own severe difficulties. Moreover, at this juncture, the parents have also suffered defeat as parents; in that their child has severe difficulties and requires placement in residential treatment. In other words, the parents, to a large extent, have not succeeded in carrying out their primary task, which is to facilitate the age-appropriate development of their children (Visholm, 2001). They may experience being separated from their child as punishment. Or they are perhaps worried whether or not their adolescent will be able to manage a normal adult life. Perhaps the parents' greatest anxiety is that their child will return to live at home again, a child they feel they cannot cope with adequately.

> *The mother of two children in milieu-therapeutic treatment had told the children that they were not allowed to say anything at all about what their visits at home were like. The oldest had told this to a milieu therapist and asked why her mother did not allow her*

to do so. After a meeting between the child, the milieu therapist and the social worker who spoke regularly with the mother, the child decided that it would be best to attend the next parent meeting. The mother was informed. The child repeated the question and the mother was deeply touched. She said that it was to be on the safe side because she didn't know what it was that was wrong at home, what it was that resulted in the children not being allowed to live at home.

Meeting the parents with a realistic view of what can be expected of them is difficult but pivotal for the quality of the work with parents. If the treatment centre's expectations of the parents are too high or too low, either way it will be harmful to the relationship. Birgitte Roth Hansen (1997), former head social worker at the residential treatment centre Stutgården, suggests the following model for work with parents. It defines the task (depending upon the parents' attitude towards the child's placement and treatment), provides an outline and rationale for adjusting one's expectations towards the parents appropriately as well as understanding how the work with parents can progress and be charted.

→ → → → → → → → →

Rejection of child and/or treatment system. Fight against treatment (or flight from the treatment).	Acceptance of treatment without being able to participate in the work.	Cooperation and support for the child's development. Change in the way the child is met.	Wish for own development. (Support for this involves referral elsewhere).

The work with the parents must necessarily be differentiated depending on their position in this sequence. If the parents are against the placement and the treatment, efforts must be made to take the fight out of the relationship between the staff and the parents without removing the conflict material.

The father of a 7-year old boy taken into care, by the local authority, (placed in a milieu-therapeutic treatment centre)

without the consent of the parents, complained six months later about the frequency and duration of force applied to the boy as the father did not feel that there were problems at home. He requested access to the records regarding all instances of the use of force to contain him. The milieu therapists were also worried about the repeated use of force with which the boy was held, as he became more and more panicked as a result instead of calming down. The milieu therapists were also worried about the complaint (to the director, the county authorities, and politicians). The head psychologist and the father went through all the reports of when force was used. It was a painful and difficult meeting. After an hour it became possible to share with the father his sorrow that his child was so troubled and anxious that the use of force was sometimes necessary. With the father's help success was ultimately achieved in finding a way to talk with the boy about how badly he felt when the adults held him and in finding other ways of solving the conflicts that arose so that gradually the need to do so cease .

Reports to the municipality were generally read out to the parents prior to being sent. In this way the parents had an opportunity to add comments to the report. A mother who had only partially accepted the treatment stated the opinion that her child was not anxious, as described in the report. She was informed that her comments could be included. She became furious and yelled that she was always told this but she couldn't write like a psychologist. The psychologist offered to formulate the mother's viewpoints and comments in the same kind of language as the rest of the report and sat down at the computer so the mother could dictate what she wanted adding.

If parents reach a point at which they are motivated to work on their own development, a psychotherapeutic offer must be worked out for them under other auspices. Staff members can perceive this as problematic, if a staff member, towards whom a parent has built up trust, is unable to offer concurrent psychotherapy to the person in question. It is, however, important to maintain the treatment

organization's primary task. It is not possible for the residential treatment centre to offer the parents psychotherapy. The treatment centre must continue to work with parents supportively, and that includes, as need be, doing so while parents undergo their own treatment under other auspices.

It might seem as though the expressions 'work with parents' and 'cooperation with parents' are used haphazardly, but there is a purpose behind the use of the two terms. Building cooperation with the parents is an important goal. The word cooperation may also appear in reports and is the word used when talking to the children or the parents about both work with parents and about cooperation with parents.
Cooperation implies equality and reciprocity in a relationship. Equality is also necessary in work with parents. The expression 'work with parents', however, is employed because there is an asymmetric relationship involved. Here the staff is responsible for the relationship, for contact, for the content of contact and for the relevance of contact within the task.
Crucial for the possibility of development is clarity with regard to the task and the framework; time and place, as well as about who participates and whom one contacts about what issues. Staff members must be accessible, but not necessarily available anytime, anywhere, cf. the difference between service and treatment (Larsen 1996).

The staff is responsible for working with the unconscious communication with the parents, resistance, the destructive processes that arise, and for continuous assessment of the appropriateness of expectations of the parents' capabilities, etc. The psychologist Hanne Larsson (1998) has outlined the following sub-tasks and prerequisites for work with parents:

"Work with parents: Responsibility for the contact.

1. *Make the purpose of the contact clear in the interdisciplinary team prior to the meeting.*
2. *Establish contact:*
    - *invite*
    - *specify time and place*

- *follow-up*
- *maintain contact – invite again (also in the case of initial non-appearance)*
- *regulate the contact*

3. *Outline boundaries for the contact:*
    - *Decline, refer to others, limit, urge, maintain the aim (support of the children's development needs)*
4. *Make the other's needs and contact skills the point of departure:*
    - *Provide a sense of security and work with resistance*
    - *Assess which conflicts should be discussed and how*
5. *Responsibility for managing one's own needs. The point of departure for this must always be focused on the ultimate goals:*
    - *We are also human. The need to be helpful, skilful, better than the parents, need for sharing private experiences, own aggressions towards the parents, or anxiety.*
      This exists, must be recognized, acknowledged and worked with.

Prerequisites for the above:

- *To know oneself, to know when one is vulnerable*
- *Awareness of one's own uncertainty in contact with others, avoid becoming defensive (e.g. devaluing, shows of force, power struggles)*
- *Opportunity for open reflection in the interdisciplinary team and in supervision*
- *Awareness that one is working in a field in which the focus is on the other, within a*

framework we ourselves have set up (task and role, time, place).”

In interdisciplinary cooperation on working with parents the tasks must be distributed in such a manner that the roles are different, the responsibility is different, and the tasks are different. Therefore interdisciplinary work is necessary for carrying out the complete task which is crucial for the success of work with parents. A possible distribution is as follows:

- The social workers in the treatment centre have the primary responsibility for work with parents.
- The psychologists are brought in to work with some parents following careful consideration of what is needed.
- The milieu therapists in the houses (especially the child's primary pedagogue and section head) may discuss practical arrangements with the parents, offer the parents continuous contact with the staff member who knows the child best, and in so doing demonstrate to children and parents that there is an interest in working together and that there is full awareness that the parents are the most important persons in the child’s life, and show that cooperation for the child’s benefit is possible. (The milieu therapists should know that if contact begins to concern issues other than the above, they must refer the parents to the social worker).
- In some residential treatment centres, the milieu therapists in the school (teachers or pedagogues) have no contact with the parents while in other institutions school-home meetings are held once a year.

The form of contact between the milieu therapists and the parents is a matter of some controversy. As discussed above, the separation between the milieu-therapeutic work with the children and the work with the parents is maintained differently in different residential treatment centres. The extent to which the separation represents a protection of the treatment or whether it is a sign of defence must be

continuously discussed within the individual organization. The milieu therapists can easily feel vulnerable when there is a conflict concerning whose wishes and needs are to be met. Ward et.al. (2004) describes great difficulties in maintaining the therapeutic milieu in the houses, when a new telephone system was installed which gave the parents direct access to calling the houses. The milieu therapists can feel divided between being accommodating to the parents, (with their wish for a telephone conversation), and the children's need for the milieu therapist's undivided attention. When the parents are difficult the milieu therapists can have difficulty in containing the child (ibid. p. 200).
In addition to regular contact with the parents there is a possibility of conducting network meetings and joint meetings with parents and children. Here it is important to consider who will be the appropriate participants, while staying focused on the primary task.
As the children grow older, the need to develop independence increases. Also, the legal requirement for children to gradually become a part of, and share responsibility for decisions concerning their treatment, in cooperation with their parents, involves the provision of joint meetings with parents and children.

In conclusion I will say something about *the institution's work with parents.* Until now I have mostly dealt with *the treatment organization's work with parents* with focus on the individual child's development. *The institution's work with parents* comprises: the institution's elected parents' council, parent meetings for all parents, meetings for the parents of children in each house, and annual festive occasions where the families are invited (i.e. twice a year) such as, to a Christmas celebration and to an annual summer party. The institution's work with parents can contribute significantly to increasing cooperation in general, when the parents are invited to participate on serious as well as festive occasions. Parent meetings for all the parents of an educational nature have been found appropriate (for example on child development or concerning the understanding of milieu therapy) or with announced topics relevant to what is currently of interest in the treatment centre (for example about the school and the children's learning, about food, about the use of force). Continuous work in the

parents' council seems difficult to achieve in residential treatment centres, but there have been instances where there has been some success, with the parents coming to assume a greater responsibility for the institution in its entirety while at the same time feeling a greater sense of belonging to it, and it to them.

> *In order to build the mandatory parents' council at the residential treatment centre Stutgården, the then director Mette Fatum introduced dinners with the elected parents and their children, half an hour before the parent meetings every second month. The social workers also participated. (All the parents who wanted to join were elected to the parents' council). The children were usually happy to participate and were asked by the director prior to the dinner if there was any special food they needed additional to what was on the menu.*

Conclusion

Work with parents and cooperation with parents, as a part of milieu-therapeutic work with children and adolescents, is a challenge for the institution, for the treatment organization, for the individual staff members, for the parents, and for the children. Regardless of how resourceful a treatment organization is, the staff members who carry out work with parents have a need for systematic supervision.
Some interconnected experiences from milieu-therapeutic treatment and work with parents have been discussed principally from theoretical and methodological perspective. My hope is that the many brief glimpses I have provided into the challenging and complex examples from work with parents at residential treatment centres can contribute to a greater understanding of how important clearly defined theory and methodology are for executing the task presented by milieu-therapeutic treatment of children and by the concomitant work with parents.

Abstract

Work with Parents and Cooperation with Parents as part of the Milieu Therapeutic Work with Children and Adolescents is presented. Widespread experience in milieu therapeutic treatment circles confirms that most children only develop as much as their parents allow. Evidence in research concerning children in residential treatment and

their development, shows a clear tendency toward parental acceptance of treatment and cooperation between parents and the institution being of vital importance in determining whether the children develop as needed.
Fundamental principles for work with parents are presented, as well as how the work can be organized with the child's developmental needs as the point of departure. These fundamental principles deal with the complexity and significance the child's family represents, for the child and the child's development. This is in part based on theory, methodology, and in part on experience with work with parents of children in out-patient psychoanalytic psychotherapy.
Finally, views on the work the milieu therapeutic organization must do to carry out the primary task of cooperation with parents and work with parents are presented. This includes many issues, from practical ideas concerning coordinating the work, to understanding the inner world of the child, and finally to cooperating with parents in order to give the child an opportunity to develop.

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