



THE WEST AUSTRALIAN SOCIAL WORKER

PSYCHODYNAMIC APPROACH TO PSYCHOTHERAPY BY ANN BROWN

Ann Brown is a postgraduate student at Edith Cowan University and is enrolled in the Masters in Social Science (Counselling) program. This article was originally submitted as a longer version by Ann as an essay for part of course requirements for the Advanced Counselling Skills unit of the program. She is a senior social worker employed by the North Metropolitan Health Service at Osborne Clinic.

Introduction

In this essay the writer will discuss historical developments and key theoretical concepts of the psychodynamic approach to psychotherapy and indicate some of the differences between this approach and the existential/humanistic, systemic and cognitive behavioral approaches. A description of the clinical application of this approach and a critical analysis will be attempted, using the writer's clinical work in the mental health area for clinical material.

Historical development and key theoretical concepts

Freud and Psychoanalysis

Psychodynamic psychotherapy is a term used to refer to a broad spectrum of approaches to psychotherapy which developed from Freud's work. Freud (1856-1939) is viewed as the originator of psychoanalysis which became the foundation for modern psychology. Freud proposed a biologically determined, unconscious drive theory of psychological development. The personality structure of humans was seen as having three major components – the id, ego and superego.

The first six years of life were deemed crucial to the psychological development of the individual and set the patterns of behavior that would continue throughout the person's lifetime. Infantile sexuality was a central concept within this theory. The successful negotiation of a series of psychosexual stages – oral, anal, phallic, latency, genital – was necessary for normal personality development. Anxiety and neuroses were explained by the existence and repression of internal unconscious conflicts, arising

from childhood trauma or fixation at one of the psychosexual stages, and might be psychologically treated by a talking cure (psychoanalysis).

Effective psychoanalysis required the development of a transference relationship with a detached/objective therapist which could then be resolved within the context of the therapy. An understanding of the unconscious conflicts, adaptive function of behavior, influence of the past upon the present, defense mechanisms developed to control the anxiety (particularly repression) were important. The goals of the treatment were to bring the unconscious conflictual material (thoughts, fantasies, wishes, dreams, feelings) into the conscious mind and thereby develop awareness or insight and allow integration of the material. Insight was thought to create change in the patient's functioning. Integration of the unconscious material was expected to strengthen or reconstruct the personality structure and to free him or her from neurotic anxiety.

Freud developed a variety of new techniques including free association, interpretation, dream analysis, analysis of the transference and analysis of the resistance (Corey, 1996, p 469). Psychoanalysis was deemed useful for patients suffering from anxiety and neuroses, not for personality disorders. Prior to

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Freud's work (and that of Breuer), talking about the patient's actual and mental life had not been recognized as helpful to the treatment of symptoms and thus other schools of psychology and psychotherapy developed from this foundation. The other schools of psychology seen as quite distinct from psychoanalysis developed thereafter and some developed in particular directions as a reaction against Freud's "grand theory".

Post-Freud Developments

Strupp (1992, p 22) describes the major theoretical influences upon psychodynamic theory since Freud. He notes the importance of ego psychology (Anna Freud, Hartmann); developmental psychology and infant observational research (Erikson, Mahler, Jacobson); the British Object Relations school (Klein, Balint, Winnicott, Fairbairn, Guntrip); self-psychology as developed by Kohut; Harry Stack Sullivan's emphasis on interpersonal dynamics; systems theory and developments in marital and family therapy. Others such as Holmes (1998) would argue the importance of contributions from infant observational research and Bowlby's theoretical work known as Attachment Theory. Jungian analysts and followers of Adler have developed particular approaches to psychotherapy incorporating and extending many of the concepts of Freud's work. It is generally recognized that the contemporary work known as Self Psychology (from Heinz Kohut and others) represents a new paradigm in psychotherapy.

British Object Relations School

Melanie Klein, a powerful figure in the post-war British analytical world focused attention on the infant's need for a bond to a "good internal object" (Lee & Martin, 1991, p78). Klein challenged Freud's view that the Oedipal complex was a universal phenomena which could account for psychopathology generally (Lee & Martin, 1991, p78). Fairbairn's work proposed an object relations theory, rather than the classical drive theory of psychotherapy. Klein and other object relations theorists were more willing to recognize the reality of sexual abuse of children, the traumatic effects of such abuse and that the memories of such events were not fantasies. Balint incorporated these ideas about the effects of trauma and the impact of the environment on personality development and symptomatology. He challenged the classical view that focused on fantasy life and intrapsychic processes to the exclusion of the child's environment.

The major conceptual changes in the post war period included challenges to the seduction theory/oedipal complex, drive theory and structure of the personality (id, ego, superego). Alternative concepts proposed included object relations theory (the need for projective identification/introjection with good internal objects and the pathological results when such objects were not available); Winnicott's concept of the transitional object; Balint's theory of trauma and views on the importance of environmental influences and Fairbairn's views on the ego as the primary component of personality structure. Freud's drive theory had been criticized in light of developments in understanding of the physiology of the brain and the development of the idea of the mind as an "information-processing" organ.

The information-processing view of the mind replaced the

drive theory and the concept of an energy system that needed to discharge tension/excess energy. Basch (1988) discusses the importance of this information-processing model and the pattern-matching function of the brain for psychotherapy. The pattern-matching function being seen as a model for understanding how past experiences influence the present behavior of the client, particularly when patterns are affect laden. The importance of transference and countertransference changed also.

Mitchell and Black (1995, p 245) note that the object relations theorists came to regard transference and countertransference as a key source of information on the patient's internal world and self-object patterns. That these patterns were reenacted in the therapy and were instructive in the individual's dynamics was a major shift from Freud's original conception of countertransference as an unhelpful and unfortunate byproduct that should be prevented from developing. This view saw the transference and countertransference as useful and necessary components of the therapeutic process.

Kohut and Self Psychology

Lee and Martin (1991) note the importance of Ferenzi, a student and colleague of Freud, and the parallels in his work with that of Kohut. Ferenzi's concern with empathy, and interpretation being provided in a gentler manner, and the necessity of working with the personality structure not only symptoms were all precursors of the self psychology methods. Kohut's work with personality disordered individuals led him to propose a new approach to this group. A key concept is the idea of a self system rather than the ego as equivalent to the self. Kohut identified the importance of seeing defense mechanisms as a method by which the threatened self protects itself, rather than blocking energies.

This view sees childhood as fostering or impairing the development of a sense of self in the child, depending on the affective availability of the parents and significant others. The child is thought to need both affirmation of the self and his/her affect from the carer (affect that mirrors that of the infant) and an adult model that the child can idealize and incorporate that idealization into the self (the grandiose need). These adults fulfill a self-object function (ideally a matrix of self-objects exists) which allows the child to develop a sense of self-worth, mastery and competence (Crawley, 1998).

The need for self-objects continues throughout life and in normal development the person develops a mature pattern of use of others as self-objects which recognizes the needs of the other as well as those of the self. An immature pattern of relating to others continues throughout the person's life where the early experience of self-objects has been inadequate. Pathology exists when the self-objects in the child's life are inadequate and the development of the sense of self is arrested and a disorder of the self occurs. This view allows for dependency on others in normal adulthood, rather than a striving for excessive independence.

Kohut noted the subjective nature of experience and significance is given to the patient and his or her subjective perception of events. Thus, empathy is extremely important in this view and the participant observer rather than detached observer is seen as a more appropriate role for the therapist. The quality of the

therapeutic relationship is a major component of effective psychotherapy, and a good outcome of the therapy is thought unlikely if there is insufficient rapport and empathy between client and therapist. In this model of psychotherapy a collaborative approach with the client is thought necessary for success.

Kohut and others maintained and developed the concept of transference – in particular the ideas of idealizing, mirroring and twinship transferences. The process of the client incorporating into his/her self system the therapeutic interventions and using these in his/her life in acquiring competence and self-esteem is known as “transmuting internalization” (Kohut’s term) (Basch, 1988, p 131). Through this process of transmuting internalization, the client can eventually do for him/herself what the therapist had initially done for him/her. Kohut’s work has enabled psychotherapy to offer effective treatment for narcissistic and borderline personality disorders (which had previously been thought untreatable).

The key concepts common to the different schools of psychodynamic theory as described above include the existence of an unconscious, the influence of unconscious processes in everyday life; the significance of early development for personality development and psychopathology in both children and adults. In the therapeutic work key concepts include the quality of the therapeutic relationship, the importance of transference and countertransference, the role of defense mechanisms, various methods of intervention particularly interpretation and empathic understanding; and the goal of resolving the residual harmful effects of past experiences (especially early childhood/traumatic events) to improve current functioning, resolve symptoms and strengthen personality structure.

Differences from other world views

The psychodynamic view might be seen as a foundation for the other views (Existential/Humanistic, Cognitive Behavioural and Systemic), certainly some of the development of these views occurred after and in reaction to the psychoanalytic view of Freud. The psychodynamic concerns with early childhood, particularly the first 6 years of life, are primary and a treatment of these issues is regarded as essential to the successful completion of therapy. In contrast the other views might accuse psychotherapy of perfectionist tendencies in this regard. Their aims are generally more time-limited and goals are more measurable and focused, with existential therapy at times being the exception.

These other views do not necessarily aim for change within the personality structure. They do not require the therapist to attend to transference and countertransference. Concepts of repression and other defense mechanisms may also be ignored or given scant attention. The Gestalt method in particular aims to bring the client into the present and away from the past, memories and past conflicts are not given as much weight as current experience and

the “here-and-now”. The cognitive-behavioural view emphasises the importance of thinking patterns, behaviour, choice and responsibility. This view also prefers to attend to current patterns of interaction and conscious control of behaviour and choices.

Skill based techniques that require a much shorter time-frame to acquire are major interventions in contrast to the unstructured psychodynamic method. These skill-based techniques (e.g. communication skills, relaxation training) address day to day interactions and activities and are often directed at changing patterns of behaviour in interpersonal relationships without reference to intrapsychic processes and childhood influences on the present. The cognitive-behavioral view would dispute the psychodynamic idea that insight creates change, it regards insight as insufficient to invoke lasting change. In general, psychodynamic therapists would claim that behavioral change would not be retained without addressing the intrapsychic issues.

The other views are usually more action-orientated and future orientated, more structured processes such as role plays in Gestalt therapy and homework excersises in cognitive behavior therapy are common tools for promoting change. Systemic and existential methods incorporate looking towards the future and at choices designed to create a future desirable

to and chosen by the client eg Narrative therapy’s directional questioning and constructing of possible futures, existential therapy’s concern with accepting the time limited period of life and actively choosing goals for the future. Systemic therapists argue that the family and social context as well as the broader cultural context of the client’s life are important influences on clients. In general, psychodynamic therapy will not focus on family, social and cultural contexts but will assume that as the person resolves their individual difficulties then wider family and community issues will be managed in a more mature and effective manner by the client.

The systemic view acknowledges the role of the environment to a much greater extent than classical psychodynamic theory. However, in considering all of the above it is important to note that psychodynamic concepts underpin much of the theoretical and methodological work of the other views. In recent years, the world views are growing closer to each other with many practitioners aiming to integrate the most useful of each theory and provide a versatile range of interventions with clients. Corey (1996) discusses this integrative model of psychotherapy and counselling.

Clinical applications and critique

In this section a discussion of the clinical application of the psychodynamic approach and a critique of that approach is attempted under a series of subheadings, therapeutic relationship, the presenting past, transference and countertransference, and

practice limitations in the public arena. Basch (1988, 1992) and Lee and Martin (1991) describe a variety of clinical scenarios that demonstrate the psychotherapeutic use of the psychodynamic approach which the reader may find of interest. This writer will describe some clinical material that would more appropriately be labeled as counseling that has been informed by psychodynamic concepts. All names used in the clinical material are fictitious.

Therapeutic relationship

Strupp (1992, p22) notes the changing psychodynamic view of the therapeutic relationship. The classical approach that the therapist should remain neutral and objective remains of some value, however this needs to be balanced by appropriate actions and subjective responses from the therapist at other times. Modern psychodynamic theory, particularly self psychology, acknowledges the need for warmth, empathic attunement, trust and a real/genuine relationship between therapist and client. These qualities seem valuable and contribute to rapport, engagement and collaboration in the therapy. At the same time the continued importance of boundaries and a sense of purpose in the therapy is recognized.

Mitchell and Black (1995, p237) note the controversy between the importance of interpretation and therapeutic relationship within the classical and current psychodynamic approaches. These issues relate to the differences between the internal drive and developmental views. The developmental approach notes that the therapist's normal analytic behavior and the authentic interaction with the therapist are experiences which allow the therapist to be taken in by the client as a new kind of internalized object. The experiencing of the therapist as a new internalized object acts as a source of transformation for the client.

Some therapists regard the normal analytic behaviors (listening, responding, interpretation) as a form of "basic parental responsiveness" which contributes to the cure by providing the experience that was missed in the parental relationship (Mitchell & Black, 1995, p240). It is the writer's view that the clinical example mentioned above fits this view, the woman whose experience of trust (and being listened to) had experienced almost no incidences of feeling heard by her parents, particularly her mother (the therapist is female).

Clients will at times express gratitude and appreciation of the therapist's neutrality, and this is particularly important in couple therapy – to keep a balance so that the therapist is not aligned with one partner. At other times what is therapeutic is for the client to be believed or have validated the feelings associated with painful events. It may be anti-therapeutic and re-victimizing for a therapist to fail to acknowledge violence or abuse as such. For example, clients who have experienced sexual abuse and who disclose this abuse will generally need the therapist to acknowledge that this was a harmful violation of the person.

The classical psychodynamic approach denied the reality of sexual abuse and this denial combined with the requirement upon the therapist to maintain a neutral stance could have been detrimental to clients. It is the writer's view that the classical psychoanalytic theory had major shortcomings in the area of sexual assault work due to its focus on seduction theory and the oedipal complex/electra complex.

Transference and countertransference.

The development of intense feelings towards the therapist by the client, often feelings of love/hate, are known as transference and are regarded as a re enactment of the original repressed feelings towards the parent/s. Freud initially observed the pattern of development of such feelings and regarded it as a disruption of the analysis, over time he came to recognize it as the reenactment of the repressed material displaced onto the therapist (Mitchell & Black, 1995, p243).

One current view of transference is that there are two sorts of transference occurring in the therapy – that which belongs to the client and that which belongs to the therapist. A simple example of the first would be a client who displaces feelings of anger with a parent onto the therapist and becomes angry with the therapist. An example of the latter occurred to the writer recently while listening to an older woman patient discuss feelings of "panic" related to conflict with her daughter over money. The therapist (writer) became aware of strong feelings of frustration with this client. These feelings were similar to a strong frustration felt by the therapist towards her own mother in a current conflict over money where the therapist's mother had "gone into a panic".

Countertransference, the intense feelings experienced by the therapist towards the client were also initially seen as problematic and undesirable. Mitchell and Black (1995, p244) give an account of the development of psychodynamic views, particularly from the interpersonal school (Fromm, Sullivan), and the Kleinians and Kohut that suggest countertransference is an important source of analytic data.

Mitchell and Black (1995, p 246) suggest two useful questions for practice when countertransference arises, "Why is the analyst feeling this way?" and "What is to be done about it?". There is much debate about the second question, in particular whether or not such feelings ought to be shared with the client (and if so, how and when).

Limitations in the public arena

Classical psychoanalysis is an expensive and time consuming process where the patient attends therapy between 3 and 5 times per week for several years, until both patient and therapist agree that the analysis is complete. Few members of the community have the financial and time resources to make such a commitment and few public health services would sanction such long-term therapy for public patients in these modern days of national health budgets being exceeded.

However the "growth" area for the psychodynamic method appears to be in self psychology's ability to offer effective assistance to narcissistic and borderline personality disordered patients. These patients traditionally consume substantial resources from health and welfare services with minimal long-term change. Self psychology claims to offer an alternative that can assist these patients to move along the continuum of mature personality functioning towards at least some improvement. The alternative models of therapy appear in some ways to offer "more for less (money)".

In particular, cognitive behavioral therapy offers structured and time-limited interventions and the effects are more easily demonstrated. Some clients are seeking long term changes and resolution of unconscious material and would benefit from psychodynamic psychotherapy, however due to public budget constraints this service is often restricted within the public arena.

General comments

One of the strengths of this model is that psychodynamic clinicians are required to undergo therapy themselves as part of their training. In general, this experience as a client enriches the clinician's skills and empathy for the client's experience of participating in psychotherapy. It gives the clinician, hopefully, a greater sensitivity to the client's vulnerability when involved in the therapy process and a greater ability to monitor the influence of the clinician's own presenting past and current life issues in the process. It is a method of work that is greatly enriched by experiential learning and by the resolution of the clinician's own unconscious processes.

Interpretation is a key tool of this model. However, for this writer, the more valuable tool is empathic understanding. Self psychology has developed the understanding of empathy and transference in new directions in the past decade. This enhanced understanding of the empathic process and methods of interpretation strongly informed by empathy can provide ways of working that bring greater respect, gentleness, collaboration and empowerment to the process thus changing the experience of therapy for clients in a significant manner.

The traditional and pervasive myth that psychodynamic work is distant, cold and aloof, and requiring a lack of warmth by the therapist in order to maintain objectivity and effectiveness continues with less force. The research of past psychodynamic work, including that of Freud, indicates that clinicians have usually created a meaningful bond and strong caring relationships with clients. One of the most important contributions of this model has been the idea of transference and countertransference. This has allowed clinicians scope to recognize the importance of their emotional responses to their clients, and the efficacy of use of this information/responses to provide more effective assistance.

References

- Basch M F (1988)
Understanding Psychotherapy. The Science Behind the Art. USA, Basic.
- Corey G (1996)
Theory and Practice of Counseling and Psychotherapy. (5th edition) USA, Brooks/Cole.
- Crawley J (1998)
Lecture on Kohut and Self Psychology. Edith Cowan University, 23 March 1998.
- Holmes J (1988)
"The Changing Aims of Psychoanalytic Psychotherapy. An Integrative Perspective." *Int. J. of Psycho Analysis* 79, 227-240.
- Lee RR, Martin JC (1991)
Psychotherapy After Kohut. A Textbook of Self Psychology. New Jersey, Analytic.

Mitchell SA, Black MJ (1995)
Freud and Beyond. A History of Modern Psychoanalytic Thought. New York, Basic.

Strupp HH (1992)
"The Future of Psychodynamic Psychotherapy." *Psychotherapy* 29(1), 21-27.

Bibliography

Basch MF (1992)
Practicing Psychotherapy. A Casebook. USA, Basic.

Blau, T.H., (1988)
Psychotherapy Tradecraft. The Technique and Style of Doing Therapy. New York, Brunner/Mazel.

Lomas P (1981)
The Case for a Personal Psychotherapy. Oxford, Oxford University.

Nichols MP, Paolino TJ Jr (1986)
Basic Techniques of Psychodynamic Psychotherapy. Foundations of Clinical Practice. New York, Gardner.

Schwartz HJ, Bleiberg E, Weissman SH (1995)
Psychodynamic Concepts in General Psychiatry. USA, American Psychiatric Press.

New Members

The WA Branch welcomes the following new members:

Peter Ashburner (Swan Health Service)
Tracy Goh (Student Associate)
Karen Guglielmi (Student Associate)
Dimitry Lange
Karen Sitko (Student Associate)

HEALTH FUND REBATES

The Health Subcommittee of the WA Branch has been looking at the issue of Health Fund rebates for social work services. This is in response to some work done by the Victorian Branch of the AASW. The issue has proven to be very interesting and it is likely to have implications for the trend towards managed care.

The Subcommittee is keen to meet with social workers in private practice to ensure that this issue is dealt with effectively. Anyone interested could contact Wendy Butler on 9346 6482 or Robyn Kerr on 9224 2711.

PRINCIPLES FOR INTERVIEWING AND QUESTIONING CHILDREN

BY DR ANNE GRAFFAM WALKER

The 7th Australasian Conference on Child Abuse and Neglect was held in Perth from 17-20 October this year. There were a wide range of varied and stimulating materials presented and discussed at the conference. The presentation by Dr Anne Graffam Walker was extremely well received. In response to requests from a number of attendees, we are pleased to have received Anne's permission to reproduce some of the written material she had provided prior to the conference about aspects of her work.

Because of space considerations and layout limitations for presenting text in the newsletter, some of this material has been edited. Members who would like to receive full copies of this material, including the checklist for interviewing/questioning children, the list of facts about children's language skills and the summary of basic sentence building principles, should contact Anne at the following address.

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GETTING MORE ACCURATE INFORMATION FROM CHILDREN

Adults traditionally have found interviewing children, especially preschool aged children, a difficult process, and as a result of their struggles and the sometimes incomplete or inconsistent information they get, often come to the false conclusion that children are unreliable witnesses. But the problem doesn't belong to the children. The problem lies with the adults, who, because of their total amnesia about how they themselves learned language, are not able to appreciate the extraordinary skill they have in choosing words, putting them together in quite complex ways, and then knowing how to use those utterances in culturally acceptable ways.

Language acquisition is not just a process, it's an unstable one. A "rule", (such as forming plurals, use of adverbs or prepositions), can operate at one moment, but be lost five minutes later by a child who is still in the acquisition stage. That instability is a function of age, familiarity with the event, degree of trauma associated with that event, environment (who's asking, where, why), and, of course, knowledge. The same is true of our universal desire to know "What happened?" – a skill which can still be developing in the early teen years. Then there are the concepts we tap.

We adults (who aren't all that good at responding to these same questions) ask when something happened, how long it took, how far away, how many times, and other details that require, if a response is to be accurate, complete command of the concept in the question. Most of those details can be obtained, but not by using the kind of questions that my experience has shown are typical. And that is something that most adults simply fail to recognise.

Along with language acquisition comes development of cognitive skills, one of which is to hold in memory incoming information. Again, adults have forgotten what it is like to process a 45 word question, to untangle the often awkward utterances they hear, or even to be able to hook a preposition to the right noun. (When he came home, did Daddy or Johnny make dinner?) It seems so simple to us, because we are experts. But we were NOT experts when we were children.

The bottom line in communicating accurately with children is that adults must realise that they and children do not speak the "same" language. Because the penalty for that lack of realisation, is daily miscarriages of justice which never need to have happened.

A FEW FACTS ABOUT CHILDREN'S LANGUAGE SKILLS

IN GENERAL

By the age of 3 most children of normal development can string words together in generally correct order, and can use language in a conversationally appropriate way. Their vocabulary can range from about 500 to 3,000 words. They can identify over five parts of their own bodies.

By age 5-6 the basic language structures of most children are well established, although far from fully mature. They can define some simple words. They can accurately name 3-4 colours. With a receptive vocabulary generally estimated at around 14,000 words, their language sounds on the surface much like an adult's.

This misleading surface similarity of language does not mean, however, that these children have achieved mastery of their language. Later acquisitions include (but are not limited to) the ability to handle:

- complex sentences containing relative (eg who, which, that) or adverbial (eg when, before, after, while) clauses;
- some critical verb structures like many passives;
- complex negation; and

- complex structural distinctions such as those between ask and tell, know and think, easy to see/please/etc and eager to see etc and some syntactic aspects of the verb “promise”, that is, the way we use the word (not the concept of) “promise” in a sentence.

Nor does the apparent similarity mean that children this age have mastered all those concepts expressed in language, such as age, time, speed, size, duration and number: (How old is she? When did it happen? How fast was the car going? How big was the knife? How long did it last? How many times did it happen?). They do not fully understand the family relationships expressed by kinship terms such as parents, aunt, grandfather, cousin.

While recent empirical research with abused children indicates an understanding of the concepts of truth/lie by at least age 5, the ability to express or define that knowledge (What is truth?) develops much later.

By age 10-11 most children of normal development have acquired the ability to use most of these relational words in an adult fashion.

A FEW SUGGESTIONS FOR QUESTIONING CHILDREN

GENERAL PRECEPTS

Reduce the processing load that children must carry. Aim for simplicity and clarity in your questions. If the child uses simple words and short sentences, so should you.

Be alert for possible miscommunication. If a child’s answer seems inconsistent with prior answers, or doesn’t make sense to you, check out the possibility that there is some problem with:

- the way the question was phrased or ordered;
- a literal interpretation on the part of the child; or
- assumptions the question makes about the child’s linguistic/cognitive development or knowledge of the adult world.

SOME SPECIFICS

- 1) Break long sentences/questions into shorter ones that have one main idea each.
- 2) Choose easy words over hard ones: use Anglo-Saxon expressions like “show”, “tell me about”, or “said” instead of the Latinate words “depict”, “describe”, or “indicated”.
- 3) Avoid legal jargon and “frozels” (my term for frozen legalisms) like “what if anything”, “did there come a time”.
- 4) It is important that you and the children use words to mean the same thing, so run a check now and then on what a word means to each child. Although children generally are not good at definitions, you can still ask something like “Tell me what you think a ... is”, or “What do you do with a ...”, or “What does a ... do?”

Don’t expect an adult like answer, however, even if the word is well known. The inability to define, for example, “wind” does not mean that the person does not know what the wind is. Definitions require a linguistic skill.

5) Avoid asking children directly about abstract concepts like what constitutes truth or what the difference is between the truth and a lie. In seeking to judge a young (under 9 or 10) child’s knowledge of truth and lies, ask simple, concrete questions that make use of a child’s experience, eg I forgot: how old are you? (Pause) So if someone said you are ..., is that the truth, or a lie? (Young children equate truth with fact, lies with non fact.)

6) Avoid the question of belief entirely (Do you believe that to be true?)

7) Avoid using the word “story”. (Tell me your story in your own words.) “Story” means both “narrative account of a happening” and “fiction”. Adults listening to adults take both meanings into consideration. Adults listening to children, however, might well hear “story” as only the latter. “Story” is not only an ambiguous concept, it can be prejudicial.

8) With children, redundancy in questions is a useful thing. Repeat names and places often instead of using strings of (often ambiguous) pronouns. Avoid unanchored “that’s” and “there’s”. Give verbs all of their appropriate nouns (subjects and objects), as in “(I want you to) Promise me that you will tell me the truth,” instead of “Promise me to tell the truth.” “Will” is an important word in that instruction, since many young children regard “will” as placing a stronger obligation on them than “promise.” So use both together.

9) Watch your pronouns carefully (including “that”). Be sure they refer either to something you can physically point at, or to something in the very immediate (spoken) past, such as in the same sentence, or in the last few seconds.

10) In a related caution, be very careful about words whose meanings depend on their relation to the speaker and the immediate situation, such as personal pronouns (I, you, we), locatives (here, there), objects (this, that), and verbs of motion (come/go; bring/take).

11) Avoid tag questions (eg “You did it didn’t you?”) They are confusing to children. Avoid, too, Yes/No questions that are packed with lots of propositions. (Example of a bad simple sounding question, with propositions numbered: “(1) Do you remember (2) when Mary asked you (3) if you knew (4) what colour Mark’s shirt was, and (5) you said, (6) ‘Blue’?” What would a “Yes” or “No” answer tell you here?) It does not help the factfinder to rely on an answer if it’s not clear what the question was.

12) See that the child stays firmly grounded in the appropriate questioning situation. If you are asking about the past, be sure the child understands that. If you shift to the present, make that clear too. If it’s necessary to have the child recall a specific time/date/place in which an event occurred, keep reminding the child of the context of the questions. And avoid phrases like, “Let me direct

your attention to.” Try instead, “I want you to think about/I’m going to ask you some questions about....”

13) Explain to children why they are being asked the same questions more than once by more than one person. Repeated questioning is often interpreted (by adults as well as by children) to mean that the first answer was the wrong answer, or wasn’t the answer that was desired.

14) Be alert to the tendency of young children to be very literal and concrete in their language. “Did you have your clothes on?” might get a “No” answer. “Did you have your pj’s on?” might get a “Yes”.

15) Don’t expect children under about age 9 or 10 to give “reliable” estimates of time, speed, distance, size, height, weight, colour, or to have mastered any relational concept, including kinship. (Adults’ ability to give many of these estimates is vastly overrated.)

16) Do not tell a child “Just answer my question(s) yes or no”. With their literal view of language, children can interpret this to mean that only a Yes or a No answer (or even “Yes or No”!) is permitted period, whether or not such answers are appropriate. Under such an interpretation, children might think that answers like “I don’t know/remember,” and lawfully permitted explanations would be forbidden.

FIRST STEPS IN MAXIMISING CHILDREN’S ABILITY TO GIVE A MORE COMPLETE, ACCURATE REPORT

After introducing self to child (if necessary), and telling what your job is:

1) **Always** begin interview with rapport building, open ended invitations to talk about neutral subjects, eg “I’d like to get to know you a little bit”, followed by: “Like, what you do in the morning at your house?” or “What do you do that’s fun?” or “Tell me whatever you want to, just about you.”

Advantage

Interviews that begin with rapport building by using open ended questions or invitations (tell me about) get more details about the target event (alleged incident), even with 3-4 year olds.

2) **Include** an invitation to talk that gives the child a chance to provide a chronological narrative, eg “So what did you do just before you came here? Please tell me everything you can remember, from the beginning to the end.”

Advantage

Although this is not reliable (maybe what you are asking about is unimportant to the child, so there is no motivation to respond with a lot of details), you may get a sense of how well (by adult standards) the child can report an event.

3) **Pay attention** to the child’s language capabilities as you and she/he talk. Is child very verbal? Have good vocabulary? Does the child use lots of nouns, or does he/she rely mostly on pronouns? Are the pronouns correct? Are sentences short, long? If they are long, how are they put together: with “and”, “and then”, “because” (incorrectly); or does the child include connectives such as “while”, “during”, “usually”, “because” (correctly), “so”, “if?” The latter uses indicate a much more advanced capability to produce complex utterances.

Caution still must be taken, however, in your using complex questions and statements.

Advantage

Gives you an idea about how you should adjust your way of talking so that you and the child can communicate more accurately.

4) **Practice** with child on ways to help you get things right: telling you that you made a mistake, saying I don’t know (if true), telling you he/she doesn’t understand what you said/asked.

Advantage

Increases accuracy of responses; reduces suggestibility.

5) **Move into** the central event with another open ended question. Some interviewers use something like, “Well, ... why do you think you are here today?” Others (very successfully), use “I understand something may have happened to you (yesterday, a while ago). Please tell me about that.”

Advantage

Avoids a leading introduction to the event.

6) **Never** move quickly from one question to the other, especially if you have paraphrased a response. Paraphrases can be incorrect (using “in” for “on”, “privates” for “private”), and without a chance to absorb what you have said, the opportunity for a child to correct you is lost.

Advantage

Decreases the chance of miscommunication between you and the child, and your incorporation of incorrect details during later questioning, or in your reports.

Student Placements Needed

University of WA

Second placement

Final placement for 55 students starts from early to late February 2000 for 15 weeks. Final placement students need to finish their practicums before the start of first placements in early June. We are encouraging some flexibility in start and finish times so we can secure more placements, hence some students will start and finish earlier than their peers. We shall be working to the Fieldwork Syllabus we developed some years ago.

There will be five integration groups – some will be held on Wednesday mornings with the rest in the afternoon depending on the supervisors' wishes. Supervisors are invited to attend five half day seminars held on Friday mornings in University House throughout the placement – addressing such issues as orientation to the UWA Course, learning agreements, a Developmental Model of Supervision, teaching and learning on placement and preparing assessment reports.

This is a total of 15 hours professional educational which qualifies for CPE points with the AASW together with those earned for supervising a student. Liaison visits are made at the beginning and in the middle of the placement. Supervisors are provided with a workbook – and can, on application to the School, receive a reader's ticket for the Reid Library.

First placement

for as yet an unknown number of third year students – will run for 12 weeks from early June – with the same package of seminars/workbook/liaison visits/library ticket as above. Social workers thinking of offering to take a student are very welcome to attend the February series or the June series of seminars – as preparation.

Advanced Supervision Training

I shall be offering another 3 day Supervision Skills Course for 6 experienced supervisors in the middle of December. The letters have just gone to the agencies. We know this as SWAT training – Supervisors Willing Able and Trained – so that we have a pool of trained and experienced supervisors we can call on in 'an emergency'. I intend to offer another two such training courses for 6 supervisors in 2000 to build up to our goal.

We hope that this mix of a Fieldwork Syllabus and an Assessment Schedule – together with the Field Educators' Workbook and the concurrent seminars – will provide professional support and a working partnership between the student, the supervisor and the university teacher.

Maria Harries and I are ably assisted by Paul Murphy in the task of securing sufficient 'good learning placements' for next year. Judy Grimshaw on 9380 2990 is our contact with the outside world about placements and supervisors' seminars.

MIKE CLARE

Curtin University

The School of Social Work & Social Policy at Curtin University has several ways of acknowledging and supporting the valuable role played by field supervisors of our students. These take two forms. First, there is direct support to the role of supervisor during the placement period or of other associated opportunities. Second, there are benefits that are provided specifically for supervisors in recognition of their contribution to the education of new entrants to the profession.

Support during placements

Each placement offers the chance for supervisors to meet early in the semester to receive briefing about the supervision role and to exchange ideas with other supervisors. These seminars are backed up by written material to ensure that supervisors have necessary information about the placement and their role as educators.

One of the other ways in which field supervisors can be supported is through recognition of their role, and at Curtin this may be available by appointment as an adjunct tutor (an honorary position) that may carry with it certain benefits such as access to the Curtin University Library.

Many colleagues find that one of the ways in which placement supervision can be less demanding is in having confidence that resources are available to keep up to date in recent research or theory. A university library card can be a valuable tool in such circumstances!

Each year the School of Social Work & Social Policy celebrates the contribution of supervisors with a Christmas lunch at the Curtin Club. Not only is the Christmas pudding usually in great demand, but this occasion provides a really good opportunity for networking and for debriefing about all the fun and challenges of supervision.

On-going support and development

Outside the placement times supervisors can also receive recognition and support in their own further development through short courses and post-graduate studies. In the climate of a rapidly growing emphasis on continuing professional education (CPE) there is also a sense of partnership in the links between programs and field supervisors.

Curtin University School of Social Work & Social Policy has a well established range of post-graduate programs that cover areas such as counselling, professional supervision, research and evaluation, and social policy. These programs lead to the awards of Graduate Diploma or Masters degrees, including the Master of Social Work (MSW). Programs may be taken on a full time basis or one unit at a time.

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Spirituality & social work

We wish to initiate a discussion within the social work community in response to the articles contained in Net Watch, in the October 1999 edition of *The West Australian Social Worker*. We see this as an opportunity to address an area of concern by the community regarding increasing problems for individuals and their families concerning drug abuse.

The predominant paradigm informing policy and treatment for these problems is driven by cognitive behavioural psychology and focuses on a social learning dimension. This has been the major perspective informing academia and social work, which appears to see that problems of drug abuse as being outside its area of influence. Some like Bradley Googins (1984) see the issue as one of avoidance by social workers and has left social work to rely on psychology and the cognitive behavioural view to inform practice.

However, the predominant community view appears to favour the 12 Step movement as the best means of finding support and as a solution to problems of addiction. This now includes lesser known addictions as food, sex and other social issues. Many claims are made through the literature as to the relative success of the 12 Step movement in addressing many of the intrapersonal and interpersonal issues in relation to chemical addiction in particular.

In 1985 David Cox, a social worker, wrote an article in *Australian Social Work* about the 'missing dimension in social work practice'. He highlighted the two dimensional way in which clients are perceived and that far from being a holistic appreciation of the human condition, the perspective ignores a third spiritual dimension. He claims this dimension is very important in relation to the empowering process and suggests social workers should explore this area.

The concept of spirituality is problematic in academia, particularly so in sociological and psychological circles, where it is treated as highly suspect and anti science. As spirituality does not lend itself to 'scientific' controlled experimental investigation it would appear, it is dismissed as incomprehensible and not worthy of consideration in studies of the human condition. The inference being, it is assumed, that it belongs in the domain of religion and thereby, something of an anathema to 'science'.

In anticipation of this dismissal, Brown takes the concept beyond the confines of theology by presenting an existential explanation together with a discussion of the experiential, thereby broadening the concept beyond the confines of religion.

Brown's criticisms of the two dimensional view of humanity, forced on to us by psychology's focus on the physical and psychosocial elements, clearly aligns his critique with our view. This challenges the dominant paradigm driving practice with addictions, prescribed by the cognitive behavioural obsession with Bandura's (1961) social learning modality, which is clearly two dimensional in its approach.

Today the importance of recognising spirituality as an integral part of a human being is growing, including in academia. It is increasingly being realised as the missing part of the human triad of mind, body and spirit - the missing dimension to the holistic approach to the healing process generally.

The 12 Step movement was found on the recognition of this triad which constitutes being human - mind, body and spirit. This suggests why it has been so successful in dealing with alcoholism, where it began, and why it has generalised this success to many other areas of human experience.

The original organisation, Alcoholics Anonymous, did not promote this spread of its philosophy. It was sought out by others who recognised intuitively that the 12 Step approach had a universal appeal to those suffering from other addictions. Its promotional potential was in its attraction. Although the physical and to a lesser extent, psychological and cultural aetiology of the various addictions are different, ie differences in the physical and psychosocial domains, the common denominator appears to be in the domain of the spiritual where the empowerment process seems most vitalised.

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PRAKASH MENON 9414 6503

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The benefit for field supervisors is that in recognition of their involvement with students qualifying in the profession, discounts on fees for post-graduate units are available if taken within a year of supervising an undergraduate student. This in addition to any credit for CPE points that can be counted for AASW accredited membership.

From time to time the School of Social Work & Social Policy runs short courses, for which discounted fees are also available for field supervisors (with the same time limitations as above).

We consider field supervisors to be a crucial group of colleagues who play a major role in the development of our profession. We hope that the support that we are able to provide both honours this and makes it possible for supervisors to continue to be involved in this valuable work.

If you have any comments or questions regarding field supervision, please contact either Dr. Fran Crawford (Field Education Co-ordinator) or myself at the School. The practicum dates for semester 1 are 21 February - 3 June 2000 and for semester 2 are 25 July to 4 November 2000.

PROF. RICHARD HUGMAN

HEAD, SCHOOL OF SOCIAL WORK & SOCIAL POLICY

CPE Events

Reclaiming Communities Conference

Local Government Community Service Association of WA
7 – 9 December 1999, Fremantle Esplanade Hotel
Contact: Ph: (08) 9443 7322, Fax: (08) 9443 7423,
Email: lgcsa@net1.com.au

Share the Care

Carers 2000 Conference
29-31 March 2000, Brisbane
Contact: Conference Solutions, PO Box 238, Deakin West, ACT
2600
Ph: 02 6285 3000, Fax: 02 6285 3001

Promoting Equitable Societies in the Global Economy: Social Work in the 21st Century

Canadian Association of Social Workers World Conference
29 July – 2 August 2000, Montreal, Canada
Contact: CASW, Ph: (1) 613 729 6668, Fax: (1) 613 729 9608
Email: casw@casw_acts.ca

National Respite Conference – Respite: Choosing with Confidence

11-13 October 2000, Sheraton Perth Hotel
Contact: Ph: (08) 9332 2900, Fax: (08) 9332 2911
Email: promaco@promaco.com.au

LOCUM REGISTER

The WA Branch maintains a locum register for members of the AASW.

For application details please contact Liz Retamal, Executive Officer, 08 9443 2934, during business hours.

This is a free service to both applicants and employers accessing the register.

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