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Treating the person, not the symptoms: personal construct group therapy with adolescent girls

Consultant child clinical psychologist Heather Moran explains the value of long-term therapy and its application in her group for depressed and self-harming adolescent girls. In treating the person, PCP allows them to take stock of their lives and move forward positively into the future

For the past ten years, a community mental health nurse and I have run a weekly therapy group in CAMHS for up to eight adolescent girls who self-harm and are depressed. The group was set up, as a clinician initiative, to reduce repeat admissions to the children's ward following episodes of self-harm and to improve the efficiency of service delivery. The groups run for an hour and a half in term-time only, with a couple of extra sessions at the end of the summer holidays. It is an open group, with new girls starting as soon as a space is available, usually within a few of weeks of referral. Therefore, within any session, there will be girls at different stages of treatment. They attend weekly until we agree that they should finish their therapy, with most staying for six to nine months.

Heather Moran

Heather is currently a consultant child clinical psychologist working in a CAMHS service. She has particular interests in autism spectrum disorder, attachment problems and the psychological issues in adoption. She is part of the Coventry Constructivist Centre which offers training and workshops in personal construct psychology in conjunction with Personal Construct Psychology Association.

In this context of struggle and poverty, Newham's Child and Family Consultation Service (CFCS) is the sole community mental health provision for children and is itself struggling with cutbacks and the erosion of other statutory and voluntary services. In this article we focus on a model of provision for children and their families rather than our specific work with children.

A flexible label

The group is run in a city with a high level of social deprivation and poorer than average attainments for children and young people. Although girls are admitted under the general headline of self-harm and depression, this is a flexible label. They may be self-harming with risky behaviours, such as drinking, drugs, sexual activity and fighting, rather than cutting or overdosing. Most are not severely depressed at the time of admission and they may only have low mood or varying mood problems. However, these girls typically have complex and distressing family histories, difficulties with mood regulation, and most are underachieving or skipping school.

Serious levels of anger and anxiety are very frequent problems. Most of the girls have experiences of rejection, bullying, trauma and abuse – physical, emotional and sexual. Many have parents with mental health conditions or addictions. The banner of 'self-harm and depression' is an insufficient description of the extent and seriousness of their problems with relationships. There is a high risk of them becoming excluded from families, schools and their communities.

Personal construct psychology

The group uses an approach based on personal construct psychology (PCP), a theory developed by Kelly (1955). Key concepts in PCP inform the therapy and make it a flowing, hopeful group, in spite of the problems leading to referral and the subject matter of the sessions.

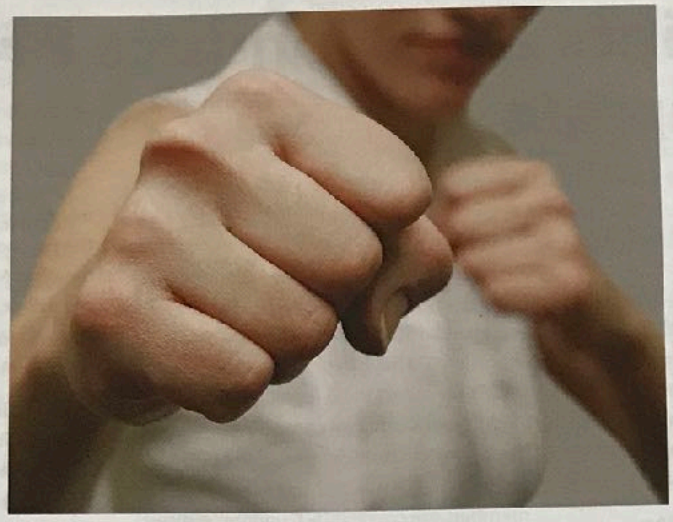
Kelly proposed that the sense we make of our experiences is personal. New experiences are understood in relation to our previous ones, gradually building a 'map' of how our interpretations of our various experiences fit together. When we can anticipate novel situations, which might be feelings or ideas rather than physical settings, we are comfortable knowing how to manage the experience (what to make of it and how to behave in relation to it). We compare and contrast all the time, noting whether this experience is similar to or different from our expectations. When we find that our 'sense' is not good enough, we refine our constructs, develop more constructs and make more connections between them. So the 'map' grows and is more and more useful for making predictions that work for us.

Other ways of looking at things

Kelly stressed that our personal constructions are exactly that: they might not be useful to another person. There are always other ways of looking at something, alternative constructions, even though we might not notice them. For example, a punch is a neutral event. It is our interpretation of it that makes it aggressive and frightening or a joke and funny: this

is related to our personal constructions of the puncher, the self and the context in which it occurs.

These notions are at the heart of every discussion in the girls' group. This leads us to be credulous, accepting that their construction is exactly that. For example, if a girl tells us that living with her mum's alcoholism is 'not as bad as people might think', we might discuss her construction of her mum, look at the circumstances in which it could be 'as bad as people might think', and consider whether there are situations in which her constructions of her mum and other mums could be helpful or unhelpful to her. We will explore the contrast to this: perhaps that her mum could be more damaging to her daughter if she stops drinking, or that if her daughter tries to stop her drinking the girl will experience her mum's fury and emotional abuse.



No value judgments

Making value judgments is not part of a PCP approach as all constructions of an experience are equally valid. We will not deny her construction but we will be pointing out that there are always other possible constructions and help her explore these. We will notice that these could be even more difficult for her to live with because of the implications they might have for her. If she started to construe her mother as abusive, she might need to consider herself as an abused person, risking her self-esteem and confidence. Hanging on to her construct of 'not as bad as people might think' could be protecting her view of herself as cared for and therefore valued. Changes in construing are risky and might have very threatening implications for a sense of self, so discussions like this are always propositional, inviting discussion so that the girl can explore alternatives gently in the session, where we are available to help her to consider the implications of reconstruction.

In the girls' group, we are always looking for signs that the mental health of the girls is improving. We notice small changes and draw attention to them. This gives us a positive focus. If an individual is having a hard time, we can see that her life is presenting serious challenges to her sense of self. At the most profound level, changes in these girls are often about them seeing themselves as survivors rather than as victims. This major change takes a long time.

Therapeutic engagement for long enough

Our experience of these girls tells us that it makes little sense to try to separate their disorders out for different treatments. The implication of change in one symptom usually has a significant impact on another. We generally find that symptoms of self-harm persist but their nature is changed, so cutting reduces quite quickly but is initially replaced by other risky and harmful behaviours. We need a long enough therapeutic engagement to help the girls understand the patterns in their construing, as we aim for a significant reduction in unhealthy behaviour and evidence that they can maintain this after they leave the group.

There is no fixed curriculum for this group therapy. We have messages we need to get across to the girls but we work with whatever they bring to the sessions about their week. We vary the content, style and psycho-education included in sessions according to the participants' needs at any one time. As we help them to change their view of themselves, we find that symptoms of mental ill health gradually reduce. Leaving the group is negotiated with each individual according to her needs. Some prefer a set date, some reduce to fortnightly attendance and some need to phase out very gently and then to have the safety net of returning at any time until an agreed date. They are not cured of all their problems but have enough confidence in their ability to tackle them without therapeutic help.

Good success rate

The group has had a good success rate, with few repeat admissions for self-harming. The mental health of girls in the group consistently improves and they re-engage with education. The girls complete two rating scales in every session, one focusing on how their week has been and the other at the end of the session to tell us what they thought of it (Duncan and Miller, 2008). Their responses on these scales indicate that they find the group helpful even when they have had an awful week. More important, the girls tell us that they get better in the group and we can see that they look better and that their approach to problems changes gradually.

Without proper therapy, these girls would be placing unpredictable frequent demands on the service, with repeated physically and psychologically harmful risk-taking and depression. Treating symptoms separately would deny their experiences as a person. By contrast, treating the person and their psychological and physical expressions of their construing allows them to take stock of their lives and move into the future feeling more comfortable with themselves. We are working with their constructs about the meaning of life, love, relationships. The longer therapeutic time is well spent. It saves money and time for mental health and other services by helping the girls become more able to deal with life and accept themselves as competent and valued. P

References

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