Marking our journeys alongside young people

James McParland, Iman Khan & Lucy Casdagli

We describe different ways we mark our psychology 'journeys' alongside young people, including how to punctuate the work with reviews and ways of marking endings. The theory underpinning these ideas is explored and the experience of a young person Iman, who we have journeyed alongside.

WE PROVIDE input to a number of medical teams in a hospital paediatric context. This includes young people living with chronic fatigue syndrome, medically unexplained symptoms and other chronic health conditions such as diabetes and cancer. We work with outpatients and inpatients and contribute to a multidisciplinary team during complex rehabilitation admissions.

The metaphor of 'journeys' provides a framework to guide our work with young people. Journeys often begin with planning, route-finding and maps. Later stages involve checking, re-routing where necessary and celebrating movement toward preferred destinations and arrival.

When working with people therapeutically, we often find their journeys to be complex, unpredictable and dependent on a number of contexts such as physical health, material resources and effective helping relationships. Life experiences can shape and influence these journeys and curiosity about how people respond to what happens to them tells us about their values and what they hold precious. This connects with David Denborough's (2014) 'Journey of Life' which seeks to bring forth the skills and abilities that people have used along the way, termed their 'tools for survival', noticing how they have overcome challenges, along with highlighting future aspirations. We have found thinking in terms of such 'journeys', informed by narrative ideas, has helped move people towards their preferred direction.

Maps guiding our practice

Various ideas and theoretical concepts inform and underpin our practice which constitute our 'maps' and help guide us in our questions and intentions.

A narrative concept which connects to our practice is: 'migration of identity' (White, 1997). This involves acknowledging that creating desired change through therapy involves a substantial life shift, as you intentionally leave your current ways of being to make a new life more consistent with your preferred direction. Although this may be towards a more desired destination, it involves leaving familiar and known territory. This map involves three phases: 'separation', 'liminality' and 'reincorporation' which are discussed below.

In relation to concluding our work, a systemically informed 'map' we consult is one of ending discourses described by Fredman and Dalal (1998). These are informed by personal and professional beliefs that we and our clients bring to therapy, having an effect on how to coordinate meaningful and coherent endings. They suggest five common discourses: loss, cure, transition, relief/release and metamorphosis. These discourses can be used to inform questions during the final stages of work.

Setting forth

We begin our journeys with young people when we receive a referral. We intend to start well, so information from 'relationship to help' (Reder & Fredman, 1996) conversations with identified members of the problem-defining

system and an initial consultation with families informs how we proceed and what might be of use (Christie, 2008). Throughout, we are centring the young person's voice and considering their hopes, which starts to give a sense of their preferred directions.

We appreciate that 'setting forth' involves a step into the unknown. This constitutes the necessary 'separation' phase of migration of identity (White, 1997). As this is an uncertain stage, with a lack of clarity about the duration of the journey and what will happen along the way, we foreground looking after emotional safety. One way we do this is through the problem-free talk, which enables the young person to connect in a context of competence and intends to create a 'safe place to stand' from which to view challenges (Ncube, 2006). We also spend time warming the context through 'talking about talking' (Burnham, 2005), e.g. asking *'how can we make sure the talking here feels comfortable and useful?'*. If we agree to embark on a journey together, we contract a number of sessions and establish a project connected to the young person's interests, often using relevant metaphors, with scaling towards their preferred future.

Waypoints

'Waypoints' are traditionally used to indicate an intermediate point on a route of travel. In our context we often punctuate intermediate points in our work with 'reviews'. These are set up from the beginning as an opportunity to check-in and consider any developments in line with the original project. They are ideally facilitated by another psychologist, enabling the young person's psychologist to join them 'in the system', with the talking done 'through' the facilitator. The intention is that the young person and psychologist can listen to each other and not feel they have to respond directly. This creates a listening position and potential reflecting process on the therapy itself, allowing people to express different viewpoints.

Reviews provide an opportunity to connect important people into the work, to bear witness and share any developments they have noticed. Young people that have been meeting for individual sessions may wish to invite a family member. Another way of 'spreading the news' is writing a summary letter which is sent to important people in the network (Freedman & Combs, 1996).

Reviews often begin with a chance to highlight any developments that have been noticed. We use the term 'developments' rather than potentially loaded 'progress', which may not fit for how the young person or their family view the situation and has the potential to feel disrespectful (Afuape, 2011). We appreciate that people have different relationships to 'change talk' and praise. As these developments, however small, are being described, we invite the young person to evaluate and take a position on them. We ask questions informed by narrative and solution-focused approaches, based on William Madsen's (2007) collaborative helping maps, providing an opportunity for re-storying and thickening stories of ability. This may involve re-authoring questions, such as 'what steps did you take to change the problem's influence?', or problem resurgence questions such as 'how might you stop this issue making a comeback?'

Examples of review questions:

Have there been any developments?

What have you noticed?

What made them possible?

Who else has noticed?

What have you learned?

Was there a particular turning point?

One of the intentions of reviews is to explore the usefulness of the therapy space so far. This does not involve embodying a critical stance towards practitioners, but rather an acknowledgement that therapy is a co-evolved space; relational reflexivity requires examining whether therapists and clients are co-ordinating their resources to create therapeutic relationships (Burnham, 2005).

One context for reviews may be that the work is feeling stuck or that limited develop-

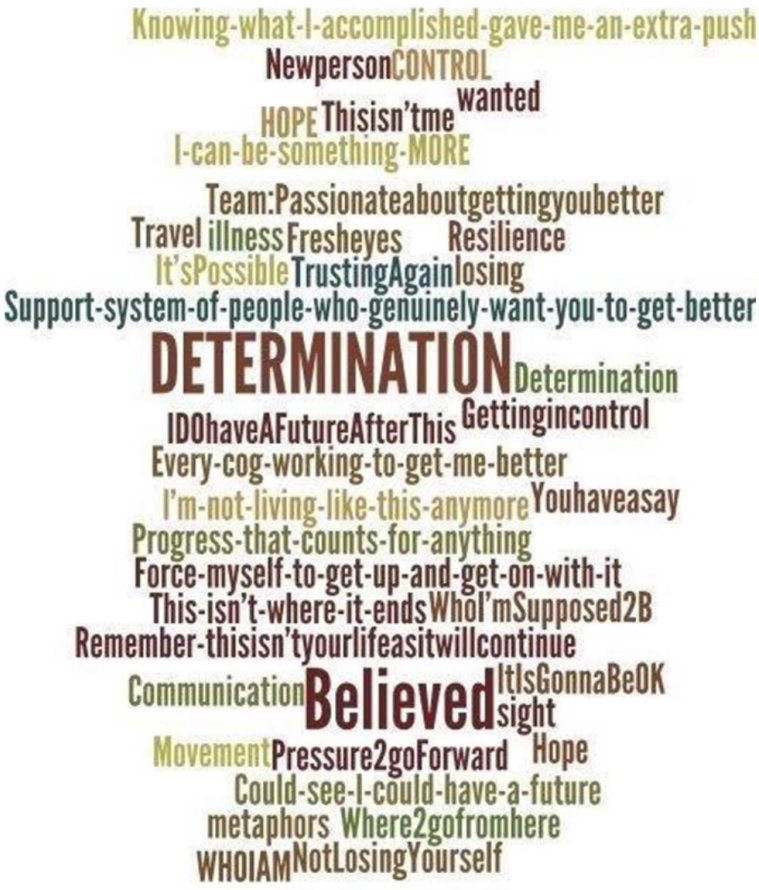
ments are being made. It feels important to acknowledge the 'liminal' phase of migration of identity, which can leave people feeling 'betwixt and between', with feelings of despair and confusion as they break from the known (White, 1997). It's important to validate a client's determination, despite limited progress, and also to not construct any 'turning back' as a failure. Clinicians may also feel clients are 'resistant' to change; this may indicate clinicians are too far ahead and be a communication of a need for 'greater agency or safety' and a slowing down or getting alongside (Afuape, 2011). It can be a relief to name when things are not working in therapy, connecting with a 'relief/release' ending discourse. This does not mean the 'blame' lies with the therapist or the client, but rather provides a chance to refocus, which can help shift things.

Reviews therefore present an opportunity to refocus the direction of travel for subsequent sessions, such as revisiting the initial project or defining a new project and re-contracting. It may be that the work has felt enough, and the review provides an opportunity to end. We do not always have the possibility of another clinician facilitating and young people have at times expressed a preference to not have an additional psychologist present. Within this context, we would still intend to set up a review session, staying as close to the process described as possible.

Different avenues for ending

As we bring our psychology work to a close, we are entering a 'reincorporation' phase in relation to migration of identity. This phase involves arriving at a new destination in life, which is hopefully a preferred fit while acknowledging potential challenges of ending psychology and the influence of 'loss' discourses. The practices we draw on to end the work intend to facilitate 'reincorporation'. This creates opportunities for the young person and their family's hard-won

Figure 1: A wordle of quotes from young people who attended the outsider witnessing group



knowledges, skills and new identities to be emphasised, witnessed and documented. They draw on the concept of 'rites of passage' and the narrative practice of 'definitional ceremonies' (White, 1995), offering the opportunity for stories to be told and witnessed. Outsider witnessing practices enable young people to feel their story has influenced someone else, which can be validating.

One avenue for ending is through 'Outsider witnessing groups' (Christie et al., 2016). These involve young people who have previously been under our service coming back as 'experience consultants' (Walnum, 2007) to young people coming to the end of their work. The groups involve reciprocal witnessing of one another's stories, sharing stories of strength and resilience and ways to manage the challenges that illness can present. Young people attending for the first time have felt this has inspired hope, positivity and opened up possibilities for the future. The 'experience consultants' have found this process empowering to realise how far they've come on their journey. See Figure 1.

Another avenue when young people end work with the psychology department and wider team, is a 'Graduation' definitional ceremony. This involves reviewing and commemorating how far they have come, milestones achieved, the important people who have been alongside them and the skills and abilities they carry with them into the future. There is acknowledgement that journeys are rarely smooth with challenges overcome as well as potential challenges on the horizon.

One young person described the process as 'the chance for everyone to see who I have become', connecting to the concept of a migrated identity. We create opportunities for professionals to acknowledge how they have been transformed, sharing what they have learned and how their practice has developed as a result of the therapeutic relationship. This connects with a 'metamorphosis' discourse, acknowledging mutual transformation.

REFLECTIONS FROM A YOUNG PERSON

Iman is a young adult who accessed our service for a number of years when she was a teenager and is now one of our experience consultants. Here she shares some thoughts and reflections on the waypoints she encountered along her journey.

Having a review was very refreshing. It was something different having another member of staff mediate while both the psychologist and I shared thoughts, feelings, accomplishments and goals. This made it very resourceful to understand both perspectives and to recognise areas of common ground. Additionally, it was beneficial to hear the psychologist's analysis from a different angle as opposed to being spoken to. This helped us develop a stronger mutual connection, which I found to be quite restoring.

The graduation ceremony was very reflective and attentive. It made me feel calm and accomplished. Reflecting on the time I spent in the service from start to finish brought me to feel very appreciative and humble. I also thought it was kind of the staff to actively take time out of their busy schedule to be present, to share their loving words of encouragement, to reflect, to enlighten me and my family with their compassion and to provide their warmth and support. Showing this kind of support can provide closure as sometimes we can feel a bit nervous for the future (and potentially a different service) ahead. Therefore, the ceremony ultimately provided reassurance and ease.

Being invited to come back in a different role as an experienced consultant was very honouring. It made me feel fulfilled and valuable. It's very nice to be able to contribute and offer constructive suggestions and it allows me to flourish as an individual and explore my experiences and achievements in more depth. Furthermore, I feel enlightened to hear others' outlooks and perceptions on various ideas and experiences. Coming back to help is also a nice way to still feel connected to the team; to give back and to show my commitment and appreciation for them.

Graduation ceremonies are co-created with the young person. They are invited to consider what and who would be important to have present at a graduation celebration, such as food, music and special people, as well as sharing any important documents they would like acknowledged. For example, young people have made slideshows, short videos and songs describing their journeys and thanking their team. We also award the young person with a relevant and personally meaningful certificate, based on the idea of a therapeutic document (Fox, 2003). For young people who may have missed out on educational ceremonies due to health, this can be a particularly powerful process.

The journey continues…

We have found this way of working to be sustaining, through holding onto successes, positioning young people as active agents in therapy and keeping a future focus. The young people inspire us, as do colleagues from other health professions who generously offer their skills and abilities and join us in unfamiliar territory as outsider witnesses.

Our journeys together continue to evolve. Young people that have 'graduated' have joined us at conferences to discuss their journeys and inspire other professionals. Therefore, these transitions are not finite, and people often stay connected to our service in different ways.

James Mcparland, Clinical Psychologist, Child and Adolescent Psychology Service, UCLH
james.mcparland@nhs.net
Iman Khan, Experience Consultant
Lucy Casdagli, Clinical Psychologist, Child and Adolescent Psychology Service, UCLH

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