From the land of problems to the land of solutions – in-patient systemic psychotherapy for children and adolescents

How children and their families can experience in-patient stay as a transition

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Introduction

Working with children and their families in a paediatric psychosomatic ward me and my colleagues developed a psychotherapeutic model for in-patient treatment, which is orientated towards systemic, solution-focused an narrative approaches.

This article summarizes the conceptional considerations and therapeutic actions of our work.

The institution described here is the psychosomatic ward of the children's unit of the public hospital in Salzburg, Austria. The multi-professional team working on the ward consists of medical doctors, clinical psychologists and psychotherapists, nurses, carers and functional therapists. The ward has its own school at its disposal. Children treated here are between six and fourteen years of age. Being part of a central hospital the psychosomatic paediatric ward is considered and frequented as the first place to contact in all problematic psychosocial and psychiatric situations. The children are referred to the ward by schools, youth welfare

departments, general practitioners and psychotherapists. In many cases parents or educational institutions turn to the ward directly.

Pre-thoughts

Having the duty to develop an in-patient therapeutic programme together with my colleagues, the following questions preoccupied me:

- what happens, if we define our work as creating a setting which enables our clients (the children and their parents or other systems of reference) to develop stories about themselves which have more to do with strengths and abilities rather than deficits and problems?
- If we want to create such a setting: which perspective is our in-patient treatment in need of, which orientation do the care institute's employees require, how can the various attempts of the different sub-systems – on the one hand the professional systems, on the other hand the „systems of clients“ – cooperate in an optimal way?

In the following I would like to present some ideas concerning these questions and describe possibilities of translating them into action within the framework of our ward's programme (see Walter, 1998a).

Land of problems – land of solutions

Using a certain metaphorical language one could say that those families which are turning to our institution for help live in a „land of problems“. The scenery in this land of problems is characterized by long stories of descriptions of difficulties, symptoms, helplessness, unsuccessful attempts to solve problems, guilt, failure, shame, suffering and incompetence. Often these stories are confirmed by the social environment – by relatives, neighbours, friends, and in the first place by professional helpers who add corresponding technical terms in order to give this land of problems certain contours.

Considering solution-orientated psychotherapy also in an in-patient context as an aid to a transition to a „land of solutions“, we will search for possibilities of how new stories can come into existence within the framework of in-patient treatment, and which can also

constitute a new geography in the lives of our patients. The reason for this is that this land of solutions consists of descriptions of wishes, hopes, goals, strengths, resources, positive exceptions in the lives of the children and their families. Exploring it, richer stories which convey sense and which enable self-awareness of competence and new solutions show up. Like this, our patients and their families become travellers within the transition to their land of solutions and the professional helpers of the institution become their couriers. They can all consider themselves as curious explorers on their way to a world, which still has to be discovered.

Rituals of transition and in-patient stay

Following Michael Durrant (1996) the description of in-patient stay as a transition constitutes the main metaphor for all of our therapeutic actions. Transitions and rituals of transition connected to them play an extremely important role in anthropology and ethnology (van Gennep 1981). Rituals are symbolic actions which have been developed in cooperation. They do not only contain the ceremonial aspects of the actual presentation of the ritual, but also the process of their preparation (Roberts 1993). Obviously all human cultures have developed a large number of rituals in order to express symbolically, to mark, accompany and ease meaningful transitions in the life-stories of people and in the developmental history of families or groups. It is always a question of transitions from a state of lower competence to a state of enlarged competence actually concerning recognition and acknowledgement by the outside world as well as referring to a changed inner reality (identity) which is equipped with an enlarged consciousness of competence. In the context of rituals to do with puberty (in the sense of a transition from childhood to an adult phase in one's life) in some cultures three phases of rituals of transition can be distinguished: In the first stage, the phase of separation, special preparations are made and new insights are passed on while the framework is created, within which special events are marked. This time of preparation for the ritual is just as important as the actual ritual itself. The second stage is the phase of threshold or transition, within which people actually take part in the ritual, experience themselves in a new way and take on new roles and new identities. The third stage is one of reintegration, which reintegrates people in their new status into society (Roberts 1993).
These structures of development and change which are passed forward by many cultures put pictures at one's disposal which are extremely suitable for giving meaning to the time of in-

patient treatment to the children and their families, which again makes it possible for them to integrate this time in the „story of their lives".
In this context "transition" then describes a decisive point in a shorter or longer process of the development of a problematic story (White 1986) or a „system of problems" in the understanding of Goolishian and Anderson (Anderson, Goolishian a. Winderman 1986). It also describes a decisive point which firstly facilitates the transition from descriptions which are orientated towards deficits by the persons involved to descriptions which are orientated towards competences and which should secondly convey experience of competence and strength in the framework of a subject and in view of a common goal.
In the end of this phase of transition is the integration of new experiences, descriptions and views into everyday life of the family, the practical proving of change and therefore the actual work.
Also we adopted the picture of the three phases of the ritual of transition and consequently define the complete in-patient process on the basis of this metaphorical description in the following way: Before the in-patient stay (preparation of the ritual) it is a question of the clarification of a subject („what is it all about? What do I want to practise, learn, understand in a new or different way?") or a goal („What do I want to / what do we want to achieve by it? At which point can in-patient treatment come to an end?"). The beginning of the stay is marked by the „phase of separation". The important thing here is that we do not stress the physical separation, which is bound up with the admission to hospital, but the beginning of the child´s and its family's breaking away from the problem and the past which is seen in a negative way; their breaking away from previous problem-centred points of views or previous attempts to solve problems and from ways to deal with the difficulties.
The time of the „phase of hovering or transition" is a time of practising, of trial and error, of success and failure in an atmosphere of „making it possible". All family members should be enabled to practise new points of views and new ways of acting.
In the „phase of reintegration" the focus of attention is directed more towards the meaning which these new experiences can have in everyday life and, most importantly, how these experiences can be integrated into everyday life. Out-patient psychotherapeutic support should assist the client to manage the actual work of integrating these new experiences. The end of practising and experimenting should be celebrated and such a celebration deserves the gravity (and serious joy) of a ritual event, in which the „new status" should be announced publicly („what we have achieved").

Exploring the land of solutions

Focusing the land of solutions itself during the entire in-patient stay is just as important as the structuring of the stay as a transition from the land of problems to the land of solutions.
Solution-orientated actions in the tradition of Milton Erickson and in the new conception by Steve de Shazer and his team (e.g. de Shazer 1986) have reached great dissemination in systemic psychotherapy (see Walter 1998). Working within the medical context of a hospital it is unusual to carry out a model of clinical work, which starts out less from the expertise of the professional helpers, but which stresses the equal discourse and the cooperation of everybody who is involved in the transition. Often it really constitutes a disturbing provocation not to fulfil the usual expectations of clients who are closely attached to their "problem-trance" and to interrupt the "problem-talk" (see de Shazer 1989). Often families develop "problem-stories", explanations, causal theories to do with unwanted facts over longer periods of time. They expect their lay discourses about problems to be carried on by experts in their professional discourses about the problem. Their expectation is normally supported by clinical institutions, seeing as their logic corresponds to it, having developed a high awareness of problems and pathology and the terminology which goes with it. Also this view corresponds more to what is expected of psychiatric institutions by the social context which hospitals are embedded in.
Already in the phase of the preparation of an in-patient stay and at the point of the admission, the consistent orientation towards goals and solutions rather than focusing problems and the various ways of describing or explaining them ("diagnostical discourse"), constitutes an implicit invitation to our clients to enter the phase of separation, i.e. to say goodbye to the discourses of problems, to leave the land of problems and to move towards the land of solutions. To express it differently – in the way Durrant (1996) has done – it is a question of overcoming a "context of failure" within which our clients experience themselves and to develop a "context of competence" instead.
Against the background of this point of view, already in the preparation of the in-patient stay a question arises which is not self-evident for psychiatric institutions: *Is the in-patient stay actually the best kind of support for the entire family in this particular situation and if yes – why?* If a – sometimes provisional – answer to this question can be found by all persons involved "the experience of the meaning of it all" arises in our children and their families, as well as in the employees of our institution, which helps us to get through difficult situations.

Like this, the in-patient stay in a psychiatric institution is no longer the last way out of a necessary evil.
The orientation towards goals and solutions invites our clients to cooperate, because it waters down the distinction between patients and experts (according to Tom Andersen (Andersen 1991)) and offers an equal discourse to find solutions, which should turn children and their families more and more into experts on their own lives.

Discovering one's own strengths

In the discourse with patients and colleagues and against the background of our considerations so far it appears only logical to stress strengths, abilities and "resources" of the admitted children and their families. If the in-patient treatment is governed by the idea to help patients to build on the strengths and resources which they already have and to develop their own solutions, a "context of competence" can be developed.
Accordingly, the goal of in-patient treatment is not to "repair" patients, but to assist them in the development of pictures of themselves which allow them to experience themselves as potentially successful, competent and able to reach goals which have been developed in co-operation.
This principle does not only constitute a change of perspective for our clients, but it is also a challenge to the employees of a psychiatric institution. It is not easy to hold out to it, because it is opposed by the socialization of the psychiatric institute's employees on the one hand and by the "philosophy" of a hospital and the social context which it is embedded in on the other hand.
We have experienced that often it can be more useful not to avoid discourses of pathology and deficits right from the start when talking to patients and the care institute's employees. To act according to the goal to connect ourselves to the meaning patients give to their world, to the communicational habits of the employees of a psychiatric institution and to the logic of a hospital we often see the necessity to take up and overcome the problematic discourse in each individual "case of treatment".

Making sure that too many cooks do not spoil the broth

In order to use the resources of all persons involved in this "joint project of transition" in an optimal way we orientate ourselves towards Helm Stierlin´s (Stierlin and Simon, 1984)

concept of “cross-reference individualization” as a theoretical base for creating a suitable way of cooperation:

Complex systems (a therapeutic system in the framework of an in-patient stay in a hospital can be described as a system of extremely high complexity) can benefit from and develop their chances to reach a joint purpose best if

1. all persons involved (child, parents, the various therapists or carers, etc.) as well as all sub-systems involved which the child is embedded in (family, other systems of reference of the child such as living-community, etc.) and all sub-systems of the clinical institution (medical, psychological, psychotherapeutic, ergotherapeutic, etc.) discover and develop their chances to make a contribution independent of each other and coming from within themselves (process of individualization) and if
2. these contributions are connected to each other in the best way possible in the framework of a joint subject and goal as well as in the conversational structures which are appropriate for it (process of reference).

According to Kurt Ludewig (1988) this also appears to be a possibility to manage a transition from “clinical systems”, whose thematic link constitutes problems to a “therapeutic system” whose link is the “issue of the stay”.

Correspondingly we experiment with the course of an in-patient stay, which is accompanied by the following phases of the course and conversational structures:

“Clearing up” conversations - phase of preparation:

Normally the persons to whom the child relates most closely to turn to the institution having different problematic situations and usually unclarified expectations in mind.

In the phase of preparation the parents or the child’s relevant system of reference and the child itself are invited to one or more conversations by the psychologist/psychotherapist in order to clarify the following questions: Which problems is it all about? What could be a topic and a first temporary goal of in-patient treatment? Is the in-patient stay really the best kind of support for the child and its family or for its relevant system of reference, or are there more suitable possibilities (for example, an out-patient family therapy)? In which way does the in-patient stay constitute the best kind of support, what should be experienced, practised, learned or achieved here?

Eventually our concept is introduced in these conversations, and in the long run it is a question of whether the child and the persons to whom it relates most closely to are willing to participate in the work suggested by us. If these conversations result in a decision in favour of the in-patient stay, an appointment for a conversation aiming at the admission to the hospital is made.

Conversations aiming at the admission to hospital – initial phase

The conversation aiming at the admission to the hospital already constitutes the first conversational structure which should help to direct and to thicken the complete process of the "cross-reference individualization" in a symbolic way. This is why everybody who can (or wants to) make a contribution to the work at the agreed issue takes part in it: the child, maybe its brothers or sisters, its parents or relevant system of reference, the head ward doctor, the case-managing psychologist / psychotherapist (who has in most cases also established the preparatory conversations with the child), a representative of the team of carers, maybe an ergotherapist, a social worker, a representative of the hospital's school.

In most cases the meeting is presented by the head ward doctor. First of all the outcomes of the temporary conversations are summarized: which problems is it all about? What can be a temporary goal of the in-patient stay? Which issue should be worked at?

Also it is discussed what partial steps on the way towards the goal (within the first two weeks of the stay) can consist of. Everybody involved in the conversation talks about his / her possibilities to make a contribution.

This signifies the start of the initial phase which is characterized by getting to know each other, by a better understanding of the child and its family's strengths, resources, problems and restrictions and by the checking if the pursued way and the temporarily formulated goal are suitable or if they should be changed or modified. These impressions are exchanged in short case-consultations by those taking part in the discussion. Also, in this way a new understanding of diagnosis is developed: It can be considered as a widened framework of insight, which should, during the entire course of the stay, create descriptions relevant for acting. Descriptions which connect statements about resources and strengths as well as about restrictions (deficits and phenomena which are defined as being pathological) to the goal which is strived for.

“Reflecting conversations” – phase of transition

After the first two weeks, and after that every second week, the persons who have taken part in the conversation aiming at the admission to hospital meet again in order to reflect the questions: what has been achieved so far? Which resources and restrictions have become (more) apparent in the process? Is the goal still appropriate or does it have to be changed or modified? Which contributions for the next two weeks are contemplated by the persons involved? How much longer should the stay still be continued for? These “reflecting conversations” accompany the entire “phase of threshold or phase of transition” because in these phases new experiences should be made and an opportunity should be given to all persons involved in the process to reflect on theses experiences.

Phase of reintegration – final conversation – final party

The issue how these new experiences can be transferred to the family’s everyday life is paid attention to right from the start. Like this, the “granting of leave” to the children assists experimenting with the new experiences or the new abilities in the family.

Naturally, in the last phase the main focus is more on the issue of the integration of the various changes into the children’s family and school environment.

In a final conversation – again in the presence of all persons involved – a résumé about the stay is made, achievements are described and issues and arrangements for the time after the stay are discussed.

Eventually a final party is planned which should refer to the success in a symbolic way.

Making it possible to experience the goal, the solution and the transition in psychotherapy

Also the contents and methods of the work in the concrete individual or family therapy (which is done in the context of the in-patient stay) orientate themselves towards the ideas of transition, land of solutions, goals and resources.

Various ways of expression and description corresponding to the age of the child underline and support the metaphor of transition and the work at the change which is orientated towards goals and resources.

“The journey from the land of problems to the land of solutions”

I place two posters on the floor and ask the child to draw the outlines of its land of problems onto one of them. Afterwards the child and I write down all those terms which are connected to the land of problems onto this poster. Next I ask the child to draw the contours of its land of solutions onto the other poster and we write the suitable terms onto it. Now we can face the creation of the transition between the two posters. Is it a bridge? Is it a path? Is it a mountain pass? There are no limits to creativity. The in-patient stay and the work at the change have now got a metaphorical framework, which we can always take up again.

Producing video-clips

Seeing as especially children like to tell stories and watch films, I often invite young clients to draft a script for a short video-clip which should express how they will be once their stay has successfully come to an end (see Walter 1999). Clients then are the authors of the scripts and the directors at the same time. I am the “assistant producer”. We work out special, thickened scenes in a detailed way which should constitute an aimed at condition. We discuss in detail the shaping of the picture, the spoken words, maybe the music or sound in the background. Of course, in each case the client is the principal actor/actress.

Moving towards the “target-chair”

Attractive pictures hold an attraction. I invite my clients to place a chair for the presence and another one for the aimed at future, which has been described beforehand in the video-clip. The chair should be positioned in the room so that a distance emerges, the distance which should express the process of change during the stay symbolically. The next step is to walk through this distance (towards the target-chair) and to sit down on the target-chair. Now an “interview at a point of time in the future” takes place, whose questions refer to what has been achieved and to the “execution” of the “therapeutic course” (see Walter 1999).

Sketching goals and solutions

The belief that all children like to draw is a widely spread error. However, I recommend those children who do in fact enjoy it to draw their lives at the point at which they have reached their goal or to draw what their lives are like in the land of solutions. Obviously it is also possible to draw the land of problems and the land of solutions or the “connecting path” between them.

Sketching externalized problems

Problems, obstacles, difficulties can not only be described in an externalized language (see White 1990) but they can also be drawn excellently (at least by those children who enjoy drawing). I will never forget the innumerable “anger devils”, repeatedly drawn by nine year old Markus – though they got smaller and smaller in relation to himself each time.

Stories and fairytales

Many fairytales deal with issues of transition, journeys to a far away or strange country or attaining important goals or wishes. Often it is helpful to develop a story which is suited to the child’s special situation and which is about the overcoming of obstacles which block the way to success.

Going on a journey with the glove puppets

Especially when working with smaller children it is great fun to use glove puppets. I have a complete „zoo“ of glove puppets at my disposal which makes it possible for the children to choose an animal, which they can identify themselves with a lot. Furthermore there is, for example, the „health bird“, the „smart fox“ and the „good mother of kangaroo with her baby in the pouch“. They all help in their own way to find the difficult way to the land of solutions and to walk it. They all get a voice and they can advise and praise or tell stories.

Drawing up a “goal-homepage” on the computer

Working with many older children and adolescents the computer turns out to be an amazingly attractive aid and a valuable therapeutic resource. I draw up their special “goal-homepage” in cooperation with “the kids”, which contains their goals, shows the obstacles, which have to be surmounted and eventually their current position on the way towards the goal. Each time it impresses me how much young persons know about the graphic processing of an issue at the computer and how dedicated they are to create the topic.

Planning a final party

According to Durrant (1996) each end of a stay is celebrated with a final party. In the process it should be referred to the clients´ successes and strengths, but also to the efforts on the way. A rather long time before the end of the stay I discuss with the children and their families possibilities how to celebrate the party. This discussion deals with finding which successes

and efforts should be talked about at the party. Like this, success can be anticipated symbolically.

"Our journey" with this model has not yet come to an end – in conclusion some of our experiences

The "success" of the in-patient stay in the framework of this model depends in the first place on two factors: How well can all persons involved accept their invitation to cooperate, and how well do all persons involved manage to retain an attitude orientated towards goals and resources?

In any case this model constitutes an invitation to the children and their entire system of reference to cooperate intensively.

For example Herbert, a ten year old boy whose problem was wetting the bed at night, as well as his foster mother, managed to accept this invitation in an optimal way. We arranged that "keeping the bed dry" was the goal. In this context Herbert and I worked out a video-clip and I interviewed him on the "target chair" about the issue "my bed is dry". Now the "battle against the wetness" started. In cooperation with the persons who were in charge of him various strategies for the battle for the dry bed were developed. In the family therapy the issue "who is responsible for what?" was attached special importance to. Like this, the foster mother's contribution was to take on as little responsibility as possible for the situation at home in the weekends. The focus in the individual therapy was at which point relaxation was to be recommended and what the taking on of responsibility could be like in various areas. Herbert drew an impressive "stress demon", which had caused him distress over and over again. We contemplated strategies of relaxation and "mental strengthening", which would enable him more and more not to give room to the "stress demon" in his life any more. In his last drawing the "stress demon" had taken on a really ridiculously little stature and Herbert appeared a kind of a muscleman. During the course of his stay he experienced a real phase of growth and development. The battle against the wetness had nearly been won by the time of the end of the stay, the course was set in the direction of a final victory.

The invitation can not always be accepted by everybody straight away.

Like this, the issue "becoming an expert in dealing with uncontrolled behaviour" was arranged with, for example, nine year old Sascha's family. Sascha had been described as being hyperactive and as being extremely aggressive in his social behaviour. The goal was

supposed to be that Sascha would be able to visit school again. He had been expelled from his school because of massive conflicts with his teachers and other pupils. After some time the intensive integration of his parents resulted in a noticeable change of the entire situation. If so far the parents had been outsiders, who had been held responsible for the problems by various social institutions, they then experienced the care institute's employees' respectful attitude towards their growing competence and their engagement. Obviously this was a new experience for them and facilitated new steps of change. Like this the mother came out of her peripheral position in the family and took on more and more parental functions. In order to let himself get involved in the issue "becoming the boss in one's own home" it took Sascha some time and clear parental instructions. He was able to pick up my idea to draw his house and himself as the boss in it. The artistic result was impressive. Gradually he got better at learning not only to respect his "changed mother", but also other adult people on the ward – carers, teachers of the hospital's school, etc. It came to a productive cooperation between the parents, the carers and the teachers of the ward. The integration of the social worker of the responsible youth welfare department facilitated the establishment of cooperation between parents and the youth welfare department, which had been inconceivable so far. In the course of the entire process we succeeded in connecting parental, pedagogical, psychotherapeutic efforts and those of social workers in a manner which made it possible for Sascha, his parents and professional helpers to develop an awareness of competence (against the background of this extremely difficult initial situation).

Gradually we got better at understanding that an in-patient stay can also be turned into a transition, if the desired reintegration into the family is not possible any more, if appropriate social measures have to be taken to protect the child or if the child's accommodation elsewhere constitutes a better alternative. Then it indeed is also a question of the separation from the original social environment and about the task to develop new conditions with the new persons of reference during the stay which facilitates an integration into a new milieu.

We succeeded in this with, for example, Bernhard, an eight year old boy. He showed a considerable developmental retardation and obviously he could not be supported in his family environment in an optimal way. The stay constituted a transition in so far as we succeeded in our work with the family in promoting the parents´ responsibility and competence for their son. They increasingly saw that the accommodation in a fostering institution, which had been planned by the youth welfare department, was a chance for Bernhard and they managed to support this plan actively. In this way they gradually began to experience their parenthood less in terms of failure. The situation of separation which had been so difficult in the

beginning could be practised and succeeded more and more. Parents and helpers saw themselves more and more as competent and responsible “transition companions”.
Our journey has not yet come to an end. We experience ourselves as explorers, too, who scout a fascinating territory. Namely, a land in which many creative possibilities and possibilities full of relish can still be discovered. Possibilities to accompany children and their families at the transition into their personal land of solutions.

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