



Grow to Grow Therapeutic Model

A psychodynamic developmental model to sustain engagement with people with complex mental health difficulties

We work within a developmental psychodynamic model. That means we consider the impact of early infancy and childhood experience, and the long term effects of trauma, separations, abuse, neglect etc. We believe that in a safe, containing space clients can recreate and talk about early traumatic experiences, providing an opportunity to work them through, which enables real and lasting change to take hold. We are particularly influenced by the work of D.W. Winnicott and W. Bion. However, we have a more flexible approach than a traditional psychodynamic psychotherapy model.

1. Intensive engagement based on a “two part” model

We work on the premise that the mind is not a unified whole, and all of us struggle to manage competing and conflicting feelings. With our young people we simplify this to discussing with them two parts of their mind that may conflict – one that wants to grow, develop, be successful and move forward in their lives; and one part that needs to repeat early traumas, and that works against progress, development and change. This part is what usually interferes with sustaining engagement, and leads to withdrawal and repetition of destructive patterns of behaviour.

For example, a young person who was rejected early in life may say she really wants to attend the project, and a part of her really does. However, another part of her believes she will be rejected, and behaves in ways that are likely to provoke rejection (eg. behaving dangerously so that she risks exclusion, or repeatedly not attending so she is given up on). Either way, in most instances, she will experience she is rejected again and nothing ever changes. With more paranoid young people, they will want to attend but a part of them will try to persuade them (often in the form of “voices”) that no-one likes them, no-one talks to them and therefore this project isn't really for them.

We tackle these dynamics in the assessment process by talking about them and talking about how together we are going to try to understand this part of the self and not let it spoil everything. Whilst young people are often very wary of talking about past experiences of abuse or trauma, they are, in our experience, very willing and eager to talk about a part of themselves that seems to sabotage progress, or at least about bad experiences that keep on happening to them. They are relieved that we are not blindly going along with the positive part that wants to be here because they know this is not the whole picture. For example, one young man came for an assessment with his father. His father said several times “he just needs a fresh start” I said I didn't agree with this and what he needs is to be able to stick with something. The young man said imploringly to his father “I've had so many fresh starts, I need something more than that”. He knew that a fresh start was not on its own going to make the difference.

So, how do we sustain engagement?

- We are very active. We phone or text young people when they don't turn up at the station. We will go to their homes to pick them up.
- We will talk on the phone to them about the sabotaging part of the self and ask them if they can overcome it and come in, even if they are late now, that doesn't matter.
- With those young people who are very anxious or paranoid about travelling on trains or busses we do travel training, doing the journey with them several times until they build up their confidence.
- We use the key working sessions to unpick and make sense of their particular difficulty; the message they hear in their voices or in their heads that tries to persuade them to give up.
- We are cautious about just praising when young people do well, aware that another part of them will get anxious we have forgotten about their trauma or suffering. So for example, we may say "well done, things are going really well, but we are all aware there is still a long way to go". This reassures them we know the road is long and we are not being over optimistic.

2. A Social Enterprise Model

A genuine social enterprise model generates the pressures and anxieties of ordinary work life, such as needing to meet deadlines, work hard, work together and communicate with each other and with the public. All of this is difficult for our young people – they usually come to us after years of retreat and social withdrawal (usually after the requirements of attending school have ended).

Horticultural therapy is often presented as simply a "wonderful experience" and whilst it certainly can be wonderful to be outdoors, in the fresh air and doing physical work, there are many difficulties and challenges for us and our young people. The weather is out of our control; the slugs and bugs destroy crops; there can be intense disappointment when something planted doesn't grow; anxiety that someone else's plants will grow better; worry that our produce won't sell and so on.

We use the key working sessions to observe and discuss these anxieties and the social pressures that emerge in the group during the day. Often young people will bring their difficulties to the sessions but if they don't we will sometimes raise something we have observed so that it can be discussed.

3. Wearing therapeutic hats whilst having real relationships

Being more active as therapists allows difficulties to be processed and moved on from more quickly. This is important because if a young person leaves angry, embarrassed or hurt, they can easily decide not to come back. Sometimes we will wait for their weekly key working session, but sometimes we might go for a quiet walk with a client to discuss something as it happens, to try to resolve it quickly.

We have our "therapeutic hats" on all the time, rather than relying on the setting of the room and the session time alone, so that we can speak to an underlying dynamic in the moment. For example, a young girl in foster care was very distressed when the cows were removed from their mothers. In tears, she asked me to allow them to stay longer. Rather than reassuring her or placating her, I was able to say "this has a lot of personal meaning for you and I can see it is very distressing". She could then hear her distress had been understood and calmed down.

However we also have ordinary relationships with clients, having a laugh and a joke, sometimes getting cross and frustrated. We also eat together every day. Sitting round a table, chatting over a healthy lunch that the young people have grown, harvested and cooked has in itself significant therapeutic benefit.

We work very much as a team to think about each young person in morning meetings, supervision and in our reflective team meetings to try to catch ups and downs as they occur.

We evaluate outcomes every three months. These reflect peaks and troughs but a generally upward trend, especially for clients who stay with us for more than three months.

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