Max and the knight: how a therapeutic story provided a connection point for child, family, school, human service agencies and community

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Stories deal with powerful realities. Realities that cannot be dealt with in other ways.

(Kornberger, 2006, p. xiv)

Stories are medicine, they have such power, they do not require that we do, be, act anything, we need only listen.

(Pinkola-Estes, 1992, p. 15)

Introduction

Education departments are increasingly being challenged by small numbers of children and families who test their resources, expertise and personnel in providing for their needs. In this paper I argue that current ways of supporting children and young people with complex learning, emotional and behavioural difficulties need to change, and move towards more holistic, collaborative and strengths-based approaches. I suggest that a different approach is needed, one that does not try to control or change a child’s behaviour but rather works from within to find new ways of creating and expressing energy, creativity and emotion. The story of ‘Taylor’, an eleven-year old boy, and his family provides an example of how a holistic approach led to transformational change in a child and his family, and in those educational and welfare professionals who supported him, through the use of a therapeutic story.
I first met ‘Taylor’, his family, teachers, social workers and other support staff when I was asked by a senior manager to provide advice in a case that was presenting a significant challenge for the education department at school, district and central levels. I brought a range of practical and theoretical resources gained through roles in a women’s refuge and in special education and at school, university and advisory levels to my work on this case. My experience also included solution focused counselling and family therapy.

I begin by sharing Taylor’s situation when I first became involved. I draw on information gathered from interviews and conversations with the child, his family and education department and other professionals, and from extensive reports and assessments. I then draw out the key issues and areas for potential intervention and locate these within a critical consideration of existing research on working across departments and agencies and approaches to working with children with complex needs. A narrative approach is used to describe, in depth, one aspect of the holistic intervention: showing how the use of a therapeutic story created a social network and space (Baldwin, 2005, p. 5) between child, family and professionals. A description of the stages of the intervention is interspersed with accounts of the way a therapeutic story was able to create connections, and with sections of the story itself. My aim is to convey a sense of the way the intervention unfolded organically over nine months. I conclude by discussing the strengths and weaknesses of the intervention.

Interagency Work and Children with Complex Needs

The intervention designed for Taylor was developed as a result of conducting a literature search as part of an inquiry into what previous educators and consultants working on the case may have missed. A number of micro and macro themes were identified and used to inform the intervention.

A majority of children and young people are catered for by universal care and education services, and a smaller group of individuals and groups may benefit from targeted interventions. However, a much smaller number require an individualised strategy or tailored intervention to cater for their complex needs (DECS, 2007, p. 11). Findings from a national survey
of the mental health of young people in Australia in 2000–2001 (Sawyer, 2001) showed that many mental health problems become apparent during the school years. Sawyer argues that this presents an opportunity to provide access via schools to programs and interventions to support those with mental health difficulties and those at risk for developing these in the future (2001, p. 807).

Most published, evidenced based programs that schools use to support children experiencing anxiety and challenging behaviours are cognitive behavioural therapy (CBT) programs (Campbell, 2007, p. 60). However, not all CBT programs work for all children. Very young children are likely to have difficulty in understanding some of the abstract concepts in this approach (Campbell, 2007, p. 61). Furthermore, because CBT programs are highly verbal, they may not be effective for children and young people with language disorders or multiple diagnoses of disability and mental health difficulties. Cognitive behavioural and behaviourist approaches that focus on changing behaviour may not be appropriate for children who have experienced trauma and are likely to intensify challenging behaviours (Jureidini, 2006).

An alternative approach, ‘self-relations’ or ‘self-generative’ psychology (Gilligan, 1997) in adult psychotherapy, takes as its starting point the view that symptoms are often a form of communication. Thus symptoms such as violence and withdrawal emanate from the frustration of not being able to express oneself in a skilful way. The self-relationship or self-generative approach focuses on supporting the process of self expression, allowing and helping it to grow, rather than immediately practising specific techniques to fix or eradicate symptoms. The role of the therapist or any support person is to be what Gilligan (1997) calls a ‘sponsor’, to help to awaken in the person a sense of their strengths and their inherent goodness, and help them to connect with this and bring it out into their life and the world. Gilligan suggests, for example, that Anne Sullivan served as a ‘sponsor’ for Helen Keller’s process of awakening (1997, p. 87). This approach has the potential to be adapted for working with children experiencing difficulties in a range of education and community settings, especially those with disabilities and mental health difficulties.

If practitioners take the time to identify strengths, interests and resources in children and families, and attempt to build a collaborative relationship rather than focusing on the correction of skill deficits and weaknesses,
there is increased likelihood of a positive impact. This orientation involves a strengths-based and solution-focused orientation at the micro level, which focuses on a family’s potential for change rather than on their problems. This general point is emphasised repeatedly in the solution-focused counselling and family therapy literature (Duncan, 2007; McNeil-ly, 2000; Selekman, 1997) and is being increasingly integrated into some school interventions in California (Duncan, 2007).

There is clearly a need to develop interventions that are developmentally appropriate and that recognise and cater for individual differences (Campbell, 2007, p. 65). Campbell (2007, p. 65) suggests that the incorporation of therapeutic approaches such as storytelling, artistic activities, play therapy and sand tray work could assist children with emotional and behavioural problems. Storytelling and artistic activities can support anxious children experiencing difficulties with self regulation, by providing a safe environment for children to consider and express negative emotions (Burrows, 2007; Campbell, 2007, p. 63; Moustakas, 1997; Jureidini, 2006, pp. 4–5) and stress reduction (Bar-tak, Bottroff & Zeitz 2005, pp. 320–22). Children may also be more engaged by non-verbal activities that do not require sophisticated language skills, and that are developmentally appropriate and engaging. As Campbell (2007) has suggested, therapies for children are still evolving. There is a need for practitioners and researchers to continue to trial and develop individualised and innovative ways to help children who experience anxiety and trauma. It is also important that teachers begin to look beyond the labels and see the uniqueness of the child (Van Manen, 1986, p. 18).

Therapeutic stories are one innovation. Therapeutic stories are stories written to help address unsolved issues, difficult transition or arrested development, or to help in preparation for a challenge (Kornberger, 2006, p. 94). Kornberger (2006) calls it the ‘art of the new Scheherazade’, the creative therapist and healer for the future, and suggests that:

> Stories that are tailored for the individual soul are powerful medicine … effective because they are made with the recipient in mind … part of the imaginal conversations that link one soul with another. (Kornberger, 2006, p. 94)

Such stories can assist in healing and in making a strong connection with an individual child, particularly when the right tale is told at the right time (Korn-
berger, 2006, p. xiii). Storytelling works with the expressive, imaginative ‘way of knowing’ or form of intelligence and is a more holistic way of understanding the realm of human cognition (Perrow, 2003, p. 3). The process of active story making takes courage and imagination where stories are recreated and tailored for particular situations (Kornberger, 2006, p. 93). Creating our own stories involves a creative process that is passed on to the child along with the healing power of the story content (Perrow, 2003, p. 2).

Not all professionals, however, are likely to be comfortable with using therapeutic stories. Teachers may not believe they have had enough opportunity to develop their own capacity to imagine and to use this in their teaching and guiding of young children (Perrow, 2003, p. 3). Many teachers believe they have not been sufficiently trained to use holistic approaches, and lack access to resources. That said, teachers who do participate in professional learning sessions incorporating holistic approaches often find them useful and engaging (Burrows, 2007). Further, school counsellors, special education teachers and primary class teachers are more likely than some other teachers to be able to incorporate stories and artistic activities into their work in the classroom.

A holistic approach may be needed not only in the form of therapeutic interventions for the child but also as an approach to forging strong partnerships between home and school (Burrows, 2004; Mickelson, 2000) and between family, school, agency and community (Sidey, 2001, p. 20; Teghe et al., 2003, p. 4; Tomison, 2004, p. 17). Working across departments and agencies can present challenges. Sawyer (2007) argues mental health interventions in schools will only be successful if close cooperation is achieved between staff working in health and education services (2001, p. 807). As a number of writers attest (Sidey, 2001, p. 12; Teghe et al., 2003, p. 8; Tomison, 2004, p. 4), however, education and welfare systems tend to have an uneasy relationship, leading to difficulties in collaboration, and young people and families not being able to access the supports they require. Sidey (2001, p. 23) has suggested this uneasy relationship is reflected at both local and international levels.

Sidey (2001, p. 25) argues that there are several reasons that organisations and professionals do not work more collaboratively. Schools often do not want to work with people without a background in education. Schools also tend to operate in a crisis response mode rather than one that is pro-
active and preventative. Further, schools tend to want to solve problems ‘in house’. Teghe and colleagues (2003, p. 8) also highlight the impact on collaboration of a lack of knowledge of the roles of each agency, about education, or social services, a lack of confidence and trust in other agencies, and a lack of knowledge of policies and procedures.

There is a need for government departments and agencies to begin to address the barriers to communication and collaboration both within and across their organisations. Communication within organisations such as education departments can also be problematic (Teghe et al., 2003, p. 5, Sidey, 2001, p. 24). Sidey (2001, p. 5) comments on the hierarchical nature of the Australian education system, while Fitzpatrick (in Fitzpatrick & Taylor 2001, pp. 3–4) has highlighted some of the complexities of working across the school, district and central level of education departments. He describes powerful experiences of confusion, contradiction, fear, anxiety, feelings of betrayal, competing loyalties and intense ‘top-down, bottom-up’ tension when he moved from a school based to a district based curriculum advisory role. He found that each level tends to operate separately, creating obstacles for those who wish to work more holistically. Pressure placed on schools, district and central office levels of education departments by disability discrimination legislation and policies of inclusion has added a layer of complexity to this problem (Keefe, 2004, p. 19).

Social workers are likely to be well placed to work with schools and to support them to coordinate more effectively with outside agencies due to their generally holistic, cooperatively and flexible approach (Teghe et al., 2003, p. 3). Teachers, however, tend not to have sufficient training or knowledge about where to get help or access supportive services (Teghe et al., 2003, p. 3). Teghe and colleagues (2003, p. 7) note that collaborative consultation between professional support systems with the schools and between agencies in their research in Queensland was minimal and at times even adversarial. They also argue that improved linkages between education systems and social services are essential if the current situation of fragmented social services is to be transformed into a system that addresses the multiple needs of children and families in a more comprehensive ways (Teghe et al., 2003, p. 4).

Tomison (2004, p. 8) suggests that a revolution has begun among pro-
professionals in Australia working in the child protection and child welfare areas, with a focus on health promotion and wellness type programs. Priletenksy and Nelson (2003) argue that there are three dimensions of well-being: personal, relational, and collective. Each needs to be addressed so that individuals are able to know themselves, relate with others, and connect with their community. This wellbeing revolution is also beginning to impact on schools and education systems, through the development of wellbeing frameworks and policies at federal and national levels (Burrows, 2006). It has the potential to link professionals working in different agencies through a more coordinated approach with a proactive and preventative focus, such as is beginning to occur in South Australia (Government of South Australia, 2007).

The absence of specialist mental health services in rural and regional areas can, however, add to the challenges for education and welfare systems of supporting children and families with complex needs. Many local services are under a great deal of pressure with most of the mental health services being delivered by generalist health and human service workers in rural and regional communities (Sherwood, 2003, p. 1). Sherwood (2003, p. 4) suggests that there is a need to deliver holistic interventions that use expressive as well as cognitive therapies to address the systems in which clients live.

Methodology

This paper describes an organic process of ‘interventive’ research. Information gathering and synthesising (Poulter, 2006, p. 334) has guided each step of the intervention and is assisting in the development of a theoretical and practical approach to inform future interventions. Tomison (2004, p. 4) has highlighted the difficulties in investigating complex highly sensitive real-world phenomena and the challenges of translating findings into useful forms. A narrative approach has the capacity to convey ‘the messiness of the real world’ and the ways in which education is deeply connected with emotion (Brookfield, 1990, p. 254).

In her research into the experiences of mothers of children labelled ‘behaviour disordered’, Mickelson (2000) found that a narrative approach was able to reveal the complexity and diversity of women’s experiences intersecting with professionals. She found this method was also able to convey a sense of ‘the synergy engendered by relationships in collabora-
tion when we have to figure things out together’ (p. xii). Mickelson found very little previous research that emphasises the voices of parents (2000, p. 55) and determined that this was an important area that needed further development. My own research into parent-teacher partnerships and parent voice confirmed her finding (Burrows, 2004).

The decision to use a narrative case study approach was also informed by my interest in contributing to practice-based knowledge around working with children who challenge schools and education systems. Rich stories of actual experience have the potential to stimulate insight and introspection and can even move people to action (Pugach, 2001, p. 442). The uniqueness, complexity and potential of this case study to be a form of revelatory research (Janesick, 2004, p. 43), and its usefulness for purposes of demonstration, led to a focus on this single case for an extended research project, of which this paper is a part.

Within the narrative that describes the unfolding of the story of Taylor and his family reconnecting with their resources, each other, the school and the community is also contained a therapeutic story I wrote for him. I was inspired in the writing of the story by the Russian fairy tale ‘Baba Yaga’ (in Pinkola-Estes, 1992). In this story the child Vasilisa is given a magic doll to help her deal with the impossible tasks given to her by the wicked witch – the fearsome Baba Yaga. The doll represents the keeper of the child’s wishes and intentions for her life and conveys blessing, consolation and help in the hour of need. The doll thrives on attention and helps Vasilisa, who left to her own devices could not accomplish her many tasks. With the doll’s help, however, anything is possible. I generated therapeutic metaphors for the story by starting with a focus on a magic knight who is a new, wise character that can represent the part of the child’s unconscious or higher self that can provide a solution and ‘sort everything out’ (Kornberger, 2006).

The story of Taylor tells of his beginning at a new school and his transformation over nine months from a child who saw no reason to live, to one who could sing, draw, play, dance, laugh and enjoy life. Taylor’s story is an opportunity to study a student in a real-world context where the boundaries of home, school, community are often blurred (Janesick, 2004, p. 73) and are certainly highly interconnected.

During the process of the intervention I collected correspondence from
Taylor’s mother and a range of professionals involved in the case. To include both the voices of these participants and enrich the narrative, I cite (with permission) selected extracts from this correspondence. Correspondence is not always presented chronologically, in particular those from Taylor’s mother, who kept a diary and sometimes sent me emails relating back to earlier events. Taylor’s parents gave me free access to all documentation, and told me that they wanted their story told because it may help other children. Taylor’s mother chose the pseudonym for her son. I have not revealed any identifying details.

The Intervention

Overview of the intervention
The intervention eventually designed for Taylor unfolded organically during a period of nine months. The intervention emphasised a strengths-based approach and building connections and communication. The approach was indirect, in that I visited the regional centre where Taylor lived on only five occasions during the intervention. I made connections with professionals involved in the case and maintained these relationships via email, sharing information and updating them on any new developments. During the visits I met with Taylor’s family and various professionals, and supported the school in the development of an individual education plan and in understanding disability legislation and policies. I did not work directly with Taylor but rather worked through his mother. The intervention was primarily delivered through her. I suggested activities, she tried them out and let me know how he responded, and we continued to fine-tune as we went along in a co-constructed process.

Stage I: listening to stories and building connections
From the outset, as I investigated the circumstances of this case, I aimed to ‘trawl the history for clues not symptoms’ and to view the child’s behaviour as an attempt to communicate and perhaps to tell us that things were not quite right in his life (Jureidini, 2006, p. 11). Jureidini argues that if a child’s behaviour is problematic to others ‘we know that, at least temporarily, those around him have not been able to scaffold his imagination and contain his feelings’ (2006, p. 6). Jureidini recommends that
professionals ask, ‘What is this child’s predicament?’ rather than trying to find out what is wrong with him or her (2006, p. 11), and that behaviour should be understood before it is managed (2006, p. 5).

I have constructed the following summary of Taylor’s situation out of my reading of the many files I received to assist in planning and guiding an intervention aimed at supporting him to attend school full-time. The summary is complemented by a direct quote from Taylor’s principal.

Taylor is eleven and has not been able to attend school for more than 1.5 hours per day since beginning school at five. He has been labelled ‘ineducable’ due to his behaviour. Taylor’s behaviour difficulties began when he was at kindergarten when he used to run away, hide, or refuse to go. He had been diagnosed with a language disorder and was recommended to begin kindergarten a year early with the aim of helping his language. It was not known at that time that epileptic seizures were causing brain damage to the language centres of the brain. He was videoed at kindergarten during an undiagnosed seizure as evidence of displaying aggressive behaviour and began school with a label of ‘behaviour disordered’. He was later diagnosed with autism and epilepsy. His IQ has been identified as below average, with a marked deterioration since the first test at age five which indicated a high average intelligence.

He and his family and school have struggled to manage his violent behaviour over many years. He has missed so much schooling that learning and socialising in a classroom presents many challenges. The principal, teacher and school support worker held the view that his behaviours resulted from his need to control and manipulate others and his need for increased boundaries and clear consequences. This view was supported by an external consultant. There was also a view that there were too few boundaries in his home environment and that this was contributing to his aggressive behaviour.

A ‘calm down’ room was used initially as a strategy to support Taylor to choose safe ways of dealing with his frustration and aggression. The room was later used to contain and confine him which caused many ongoing problems. At this time he was found trying to get into the rubbish bin, saying ‘I am just a piece of rubbish, put me out with the bin’.

When Taylor attended school the following year he worked one-to-one in an office with a school support worker. If he completed enough work on his
worksheet he was able to invite another child to play a game with him. This was quite often unsatisfactory because Taylor would either refuse to comply with the task, or the other child would refuse to play by his rules and Taylor’s aggressive behaviours would lead to him going home early. The frustration of not being able to attend school and be part of a class contributed in part to violent outbursts in community environments, leading at one point to him being held down by five medical staff in emergency department of the local hospital and given high levels of medication. His behaviour and lack of school attendance had contributed in the past to family breakdown and increased stress levels and intensification of mental health difficulties. He has attempted to kill himself, is hypervigilant, has extreme reactions to threatening circumstances, and has sleep disturbances.

The perceptions of the principal of Taylor’s school at the beginning of the intervention add further contextual information:

We need unity in our decision making with this case. The lack of unity with school and outside agencies puts extra pressure on the parent and the school. Complex cases are handed on without deep understandings (especially the political agenda). Add to this the actively negative attitudes to the schools from services when they have no understanding of the reality of school life.

We need to balance the directions to seek advice from other ‘experts’ who come from different fields and have different perceptions and interpretations – if one fix doesn’t work, try another then another and then start again with someone new. I wonder if there are other cases where the schools feel bombarded by reports/advice and have to pick their way through a mountain of stuff and or get sent to other services that don’t offer what we think they will.

How can we support the front line in a proactive and preventative way? Teachers and leaders at the school felt all services were in effect gathered against them. With the driving focus on inclusion. Face to face with a child in rage is enormously different than reading it in a report.

I believe everyone individually did the best they could with the knowledge they had. Hopefully more systemic thinking will help us work more effectively and proactively. (Principal,
After spending time reading the files I met with Taylor, his family, teachers, school and district support staff and social workers from outside agencies. Initially I met individually with each person, with follow up emails to both clarify information and establish connections.

First, I met with Taylor’s mother in a place of her choosing. She was obviously very stressed, and concerned about her child. She told me later that she opened up because I did not give her ‘the party line’ and she could see that I was prepared to listen to her story. She gave me some valuable background information and told me that she had not been asked by any education department professionals for her perspective before this. She spoke to me of how she had to approach her son as she would a traumatised and wounded dog. She said that he was so anxious about the ‘calm down’ room incident that he was always on the lookout for signs of disapproval, or words that could mean failure, which might mean something bad was going to happen to him. She told me that he slept most of the time in a caravan out the back or under her bed as these were the only places he felt safe. She also said that he often drew pictures of a man hitting a child.

I then met with Taylor at the school. During my meeting he told me that his father had told him to tell me all his problems and I would sort them all out. I asked him what was bothering him most. He told me that he wanted to play with his friends and he was often not able to because he did not complete his set work in time. I wondered aloud if it might be possible to combine learning and being with friends. This comment seemed to have a negative impact on him as he picked up his bag and walked out of the room. I felt that I had clearly not chosen my words well and was somewhat embarrassed about this. The principal then appeared and said I had best not follow him as anything could happen. I was struck by a strong sense that he was a child who had experienced trauma, and was highly anxious. His principal however replied that she would ‘never have seen him as a child who was traumatized’. I felt that this disjunction could be a clue – that it could indicate that she and other professionals who had been involved at the schooling level over the years had missed something.

I decided to leave the school for that day rather than add to the stress Taylor was obviously experiencing. I heard later that Taylor was very sur-
prised I was leaving because apparently he was only going down to the car park to see if his mother was still there, as he thought she would be able to explain his situation more clearly. Later that day I spoke with Taylor’s mother on the phone. She said that in many ways it was good that I had had this experience because it gave me greater understanding of the challenges involved.

During this conversation I asked her about his strengths and interests and heard that he had a strong interest in drawing, but that his pictures had begun to appear less often, and he was no longer using colour. I asked to see some of his pictures. My next meeting with Taylor at school the next day was spent looking over them, admiring them and asking open-ended questions. This was a much more comfortable and enjoyable meeting for both of us and it was clear that Taylor enjoyed drawing a great deal. After a while, he said:

I want to be an artist when I grow up. I remember seeing my mum drawing when I was three years old and I knew I wanted to be just like her and be an artist. (Taylor, personal communication, March 19, 2007)

When I later shared this with Taylor’s mother she was amazed that he was able to remember back that far and communicate this wish so clearly to me, especially since he had a language disorder and memory difficulties. She told me that she had previously been employed as an illustrator but had had to cease her work due to Taylor’s seizures and behaviour difficulties. It became increasingly clear to me that working with this family’s strengths and interest in art would be a likely way to facilitate the bringing about of a new, more positive direction within the family and other social contexts (Selekman, 1997, p. 17). I also began to notice that when this child’s mother spoke about her child’s drawings, we were having a different kind of conversation, the kind that McNeilly (2000) calls ‘conversations to help healing’ (p. 144). Such conversations bring more positive, meaningful and relevant experiences into conscious awareness. In these moments, her and her child’s difficulties seemed to be less present, somehow.

As I began to investigate more deeply the situation of this child, I met with professionals from education, health, social and disability support organisations and found that most of them were experiencing high levels of frustration in relation to this case. The situation had become increas-
ingly out of control and there was a lack of overall coordination and communication. As one education department policy and funding manager later noted in a reflective communication:

I can understand why the family was so frustrated. Nothing seemed to happen in between meetings although a number of valuable ideas and recommendations were put forward. The main obstacles seemed to be a lack of communication and coordination rather than funding. (Personal communication, July 11, 2007)

After I had spent three weeks actively engaged in gathering information and establishing connections with a range of professionals and the family, Taylor’s mother, for whom things were clearly not progressing quickly enough, wrote an email to me and others involved in his case:

Dear All

Frankly I am not sure who I should be contacting so here goes all. Taylor has had a busy weekend with lots of things happening. However after another disappointment with his only constant school companion (1 1/2 hrs pw) being unavailable as he was at a friend’s house, Taylor has once again displayed his longing for peer socialisation. He says he would give up all his birthday and Christmas presents forever to be in a class of ‘people’. He says he no longer wants to go to school anymore. He cried himself to sleep for just under an hour before falling asleep about an hour ago. I believe he has reached the end of his tether and he will refuse to go to school from now on under the current conditions.

I want an answer for this long standing problem. I do not believe a child should be so isolated from his peers in a school environment. I reiterate our preference for him to be returned to his enrolled class or to a class at the special school. I believe Taylor has been incredibly patient. I want him to be part of the community and not segregated from it. I would like firm plans for this to occur in term 2 this year. I would appreciate a prompt response to this email. (Personal communication, April 1, 2007)

Stage II: accessing diagnostic information to inform planning

In this stage I decided that it would important to develop strong links with
as many people involved in the case as possible in order to create connections and share information about actions taken by the department to support Taylor and his family. I therefore kept in regular email contact with the social workers from the different agencies as well as with the principal and with a central office manager with whom I was in close contact.

I believed that the family and professionals needed a clear understanding of the role of trauma, anxiety and fear in Taylor’s behaviour. Therefore, I recommended that Taylor and his mother met with a child psychiatrist. I believed that if I was able to draw into the mix an official diagnosis of what I had intuited, I would be better able to drive an intervention oriented towards building Taylor’s sense of security and reducing his stress levels. I also hoped that if he were to be diagnosed with an anxiety disorder, it would help school staff understand that he had not been choosing to misbehave and that they would need to take a different approach to behaviour management.

The psychiatrist’s report did indicate that Taylor had experienced trauma:

(His) experiences of schooling, seizures and autism have contributed to him having an anxiety disorder which has only recently been diagnosed. This approach led to him experiencing trauma as a result of ‘time out’ practices at school. His language and cognitive difficulties aggravated his fear due to his lack of understanding of the circumstances and his inability to communicate his emotional state. While the seizure activity has contributed to his language difficulties, his interrupted and fragmented schooling has limited his access to learning and the psychological factors, in particular the anxiety, have contributed to the observed deterioration. (Psychiatrist’s report, May 2, 2007)

As anticipated, this report did help school and district education department staff to see the situation differently. Previous advice sought by the school and district office by a cognitive behavioural psychologist led the school toward trying to control his behaviour and increase boundaries. The principal told me that if she had known earlier that he was traumatised they would have proceeded quite differently (personal communication, May 9, 2007).

On the basis of the new information, central, district and education department staff met with Taylor’s parents to propose that he attend a local special
school where his special language needs and his need for a safe environment (and a “fresh start”) could be better supported. His parents agreed to this proposal and it was decided that he would begin transition visits to his new school in Term 2 and then begin attending each day in Term 3. It was decided that the new information would be shared with all relevant professionals in a professional development session and used to inform the development of a collaboratively developed individual education plan.

Stage III: addressing the anxiety and trauma through a focus on strengths

I now knew I needed to find a way to support Taylor to feel safer and secure within himself, his home and in his local environment. He was not secure in his home or community environment, and I believed that he would not feel safe at school until he had experienced safety at a more fundamental level. Jureidini (2006, p. 6) has suggested that the professional will be of most use to the child and family when she can use her imagination to solve problems. With this in mind, I looked out for ways I could creatively engage the family as a way to connect both with me and with each other and begin to generate the capacity for more optimistic thinking and greater self-efficacy. As school holidays were coming up, I wanted to find a project that Taylor could be positively engaged in at home, that would help to ease the stress he and the family had been under and that would support him in the transition process.

I had already become aware of the family’s interest in art so I suggested writing a therapeutic story that Taylor could illustrate during the holidays. Taylor’s mother thought that he would be interested in such a project, so I wrote the story one Sunday afternoon and emailed it to her. The next day the illustrating was already under way. Taylor’s mother later told me she felt that he initially took on the task of illustrating the story because of the interest I had shown in one of his previous drawings, and he felt that I had asked him because he was a ‘good drawer’. His mother wrote that the illustrating became a worthwhile project to him because:

He felt like he was achieving something and gave him purpose to his days. The reason I think that is because it had been difficult to get him to commit to anything much long term and he persevered through this process and even dreamt one of the pictures. (Per-
The aim of the story, both in content and illustration, was to reconnect Taylor with his inner resources. I also felt it was important to include Taylor’s mother in the process as it not only allowed the same process to work on her, but also so that their relationship, which was tested at times, could be strongly reconnected. She later told me that:

> It gave him a thrill to show and share each picture as it came along with me. So the sharing happened whilst he was doing the illustration even before he had the chance to show yourselves and people at the school. (Personal communication, July 29, 2007)

**Max and the knight**

Somewhere in the world, I cannot tell you exactly where, there lived a boy called Max. Max had been feeling for quite a while that something was missing in his life. He couldn’t quite put his finger on it, but things just didn’t seem the same. He was sometimes unhappy but not all the time. One night he had a strange dream …

In the dream, he was walking along a path, when he met an old lady. The old lady said to him, ‘Max, I have something special for you. See this little wooden knight with the magic sword? I am giving it to you, it is something my own father gave me and you must never show it to anyone. It is just for you. Always carry it with you wherever you go. He will help you whenever you are in trouble and he will comfort you. Whenever you need help, go somewhere quiet and give him something to eat and he will tell you what to do’.

Then Max woke up and it was time to get up for school.

He didn’t think any more about the dream. He wasn’t feeling very well that day, he was a bit tired and then he got a bit upset when he didn’t understand something his teacher wanted him to do. Some of the other children laughed when he showed his confusion and the teacher thought he hadn’t been paying attention. This made him feel a mixture of sad and angry, but he was used to feeling like this, more and more lately it seemed.

Then suddenly he remembered the dream, put his hand in his pocket
and there was the little wooden knight with his magic sword!

He happened to have some nuts in his other pocket, so without anyone seeing, he fed the knight as the old lady had instructed him to.

As soon as the knight began to eat, his eyes shone as though they were human and he suddenly became alive.

Max was shocked for a moment, but the knight smiled up at him and said: ‘Don’t be frightened Max and don’t be confused about what you need to do at school. Sit down quietly here with me and relax and after that you will feel better.’ Max gradually found his confusion slipping away from him and soon he did begin to feel much better.

After that, any time Max felt anxious, or sad, or angry, he would turn to the little knight for comfort. With his help, his difficulties became easier to bear.

Soon Max started telling the knight all his troubles. How he was sometimes hurt, and felt that people were not listening to him and that they didn’t understand him. Sometimes he even felt his friends didn’t understand him. The world really was a very confusing place for Max! Sometimes he felt like he was in a fog, or a glass bubble, living in a different world than everyone else. Other times the fog would lift and he felt much better …

Taylor had a powerful dream about Max which indicated how much the story had been able to connect with him, as his mother describes:

The other day Taylor fell asleep for a couple of hours and when he woke up he had a dream of Max in a bubble. He was so fixated on getting his dream on paper that he asked if he may stay up later. Max appears entrapped in this bubble with so many people and people’s faces crowded in around the bubble but never reaching Max through the bubble. He is so happy with his book project and it is having a real calming effect and giving him something worthwhile to focus on. (Personal communication, May 20, 2007)

**Max and the knight (continued)**
Anyhow, he told the knight about all these feelings and he felt for the first time as if someone really understood his plight. He felt like he had someone in his world now that made him feel safe and secure.

Max asked his mother to make sure he always had a handy knight sized pocket in his jeans and shorts, but he did not tell her why. He kept the little figure in his hand all night long, too. Sometimes he woke up in the night and would give the knight a nut or a seed or two, or a couple of crumbs from a cake he had made, so he would wake up and talk to him.

It took him a while to trust that his new friend the knight was always with him. Sometimes he would go to school or the shops or be somewhere that made him a bit anxious and he would start feeling panicky and frightened. He didn’t like this feeling at all as it would get really strong and he felt like it would take him over. This didn’t happen as much anymore but if it did, the little knight would leap up and down in his pocket, jiggling furiously until he realised, touched him and straight away he could feel himself calm down. Somehow, too, at those times when he felt really bad, the knight seemed to sense it and just wake up of his own accord without being fed.

Gradually Max began to feel better about a whole lot of things in his life. It made such a difference to have a friend there any time he needed him. And sometimes his friend was able to help him with things he needed to do at school, like remembering the rules of a game. Max developed a special code for communicating with the knight, so no-one would find out about him. The knight was right about just about everything but sometimes his spelling or his sums weren’t quite right!

Sometimes if Max was faced with a particularly difficult task he would feed the little knight with the magic sword with one or two of the sunflower seeds he always kept in his pocket and ask him how to do it. Sometimes he still felt he couldn’t do it, it was just too hard, and his little friend would say ‘Codswallop! You learnt to walk, didn’t you, you learnt to swim, didn’t you, you learnt to draw, and to make cakes! So you can learn to do this … especially
with me here to help you! It doesn’t matter if you don’t get it right straightaway, everyone needs a little time!

I gave the main character, Max, a problem which did not replicate, but paralleled Taylor’s difficulty. I also used a parallel learning situation from a previous success, such as when the knight says ‘Of course you can do it Max! You learnt to walk, didn’t you, you learnt to talk didn’t you, and so you can do this!’

When Taylor was busy illustrating the story, he was heard telling each new visitor to the house his own version of it, as he internalised it and made it his. It even went further than that, as many people he knew and some he didn’t know celebrated the story with him and even shared their interpretations with him. These developments accord with Kornberger’s description of ‘the stage of imaginal empowerment and creative activism. At this point the patient becomes the healer, the listener becomes the teller and the reader is the new maker of tales’ (2006, p. 95).

Taylor did appear to be showing signs of a greater sense of optimism, as this email from one of the social workers involved in the case suggests:

Just a bit of an update, I had a very positive and energetic home visit with Taylor and his mum on Friday afternoon. We had a bit of a joke in regard to what you’ve done with this book! I’ve never seen Taylor so full of energy and so excited about something … (Personal communication, May 7, 2007)

The following email, sent to me by Taylor’s mother only six weeks into the intervention, shows the dramatic turnaround it is possible to achieve through a strengths-based approach:

Again I must say I can’t believe the gains Taylor is making in such a short time … you won’t believe how many false hopes we have been given over the years – but this is different, it’s not manipulating his environment or behaviour management but changing the very way in which he perceives things through giving him a sense of self value. (Personal communication, May 24, 2007)

Around this time the content of emails from the previous principal, social workers and a local ex-principal who had been appointed as a liaison began to reflect the impact the story was having as it became a focus of discussion in the home, school and community as something positive that had engaged the family and was evidence of Taylor’s artistic ability and his
perseverance. It was if the entire focus of the case had shifted – to what could be achieved rather than the number of obstacles.

Max and the knight (continued)

So Max knew he could count on the little knight with the magic sword, although now and again he thought he shouldn’t call on him all the time because he might need a rest. His new friend said not to worry though because he wasn’t like human beings and didn’t need as much sleep.

Max felt a bit tired himself when he heard this and while he was yawning he heard the little wooden knight with the magic sword say gently, ‘Max my boy, why don’t you have a nice rest here by the stream near the willow tree. Just have a nice little relax and I will stay awake and keep guard so you are safe.’

‘Have a nice restful time, listening to the gentle swish of the leaves in the wind and let the sunlight wash gently over you – have a really good rest, better than you have had for years, because you are always safe with me and I love you.’

Max hadn’t really intended to go to sleep, here by the stream in the day time, but he was tired and after all he knew his friend the knight would be there to protect him … and gradually he felt his eyes shut and he heard the swish of the leaves in the wind and felt the soft sunlight on his skin and there he was in dream land, all the while holding on to his dear friend, the knight, who was sitting on his chest, keeping guard there in that place where Max lived.

The End

Stage IV Utilising resources

I asked Taylor via his mother which part of the story he liked the most. He explained to her that he liked the part where Max and the knight are resting by the stream under the willow tree. I had included language in this part of the story to calm and even induce a trance-like state.

On one particular occasion, Taylor did not want to go to school as he was anxious about something, but eventually changed his
mind, put his bag on his back and his toy knight in his pocket and headed out the door saying ‘Now I am just like Max!’ (Personal communication, June 7, 2007).

On another occasion Taylor’s toy knight accompanied him home from school for the holidays. In a game (recounted to me on June 22, 2007) the knight can now fly and asks his mother ‘Do you need rescuing?’ ‘Yes’ she replied. The knight then turns to Taylor in the game and says ‘Come on Taylor, you know what to do!’

As Peacock and McNeilly (2007, p. 3) have noted, when we first meet a client or person in need of support they are generally out of touch with their resources. The Max story first reconnected Taylor with himself, but also with his mother, then family friends as they visited the house and wanted to hear his version of the story and then, gradually the wider community through a ‘launch’ of the book and restorative visits, for example to the police station.

The launch was organised by a social worker from one of the agencies closely involved with the family, with the catering paid for by the education department. The social worker worked closely with Taylor to jointly plan the celebration, including doing the food shopping and decorating of the venue. In this way it was possible to use, as Selekman puts it:

> an audience of friends, relatives, and significant others in the identified child client’s life to bear witness to his or her competencies ... The telling and retelling of the child’s new evolving story of competency is empowering and can create possibilities (1997, p. 21).

In this ‘audience’ were Taylor’s new and previous principals and teachers, along with extended family, family friends, carers, local minister and workers from a range of outside agencies, including a head of disability services to childcare. This linking of the people around Taylor helped with the transition to the new school. ‘Max’ was now heading out to the wider community to weave his magic.

The story eventually became an authentically co-constructed artefact that was professionally printed, launched in the community by a local historian/writer and distributed as a gift to extended family members, education department managers at the central level, principals, teachers, ex-teachers,
social workers, lawyer and advocate, police officers, pastor, after school care and domestic violence workers and the local doctor.

Even before the launch, Taylor’s mother wrote that:

Max and the knight is touching people already and is going far and wide. We are facing a dilemma now – so many people are interested in a copy of this book! Grandparents, us, his sister, carers, next door neighbours and they are all even willing to pay for a copy! (Personal communication, May 20, 2007)

The book provided an opportunity to set up links between people so they could be a resource and support for one another. During the launch, workers, family, educators and community members were able to interact in positive and connecting ways, sharing and celebrating Taylor’s growth and allowed for the creation of positive meaning through a revision of old stories and the construction of new, generative ones (Selekman, 1997, p. 21). Many of those who attended had heard about each other but never met, or else they had met during intense meetings called to address a particular crisis.

After the launch Taylor visited the local police station to drop off a copy of the book, since the police had previously been called to the home during aggressive episodes. His mother later emailed that:

The police officers were suitably impressed and said that he was most welcome back to talk with them at any stage or especially to bring them another book … It’s pretty amazing after his last visit to the police station and his response then to now! The policewoman was very interested in the story and picture and promised to pass the book on to the police officer who was bitten by Taylor, whom Taylor has accepted made a mistake in pinning him down, but who was sorry for the confusion and for scaring him afterwards. She is going to put something more positive in the files than the current document which includes ‘this kid has teeth and knows how to use them!’ (Personal communication September 19, 2007)

After the book launch a meeting was held at the new school (which he had been attending part-time for a few weeks) with central office, district and school staff, Taylor’s parents, and the social worker from the disability agency to develop an individual education plan. This documented
Taylor’s strengths, interests, learning style, difficulties, and agreed upon strategies for communication and learning and managing behaviour. It was decided that he would gradually build up to full-time attendance during that term.

During the course of the intervention Taylor moved through various phases of development where he was first able to feel more at ease at home, then in the community in the presence of his family, and then at school, eventually building up to almost full time attendance. This was a dramatic shift in a period of nine months since the intervention first began.

Taylor’s mother wrote that:

Absolutely his whole life interpretation has changed. He no longer just accepts that the world hates him, that he has to be perfect, and that he has nothing of value to offer. His physical signs, language, concept understanding, independence, short term memory problems and social graces are most definitely drastically showing improvement as his self esteem improves. (Personal communication, July 15, 2007)

This increased sense of community connection had a positive impact on the family, with many people noticing the changes. Being part of a community was an important part of his healing, as was being part of a school community, as his mother wrote:

He really is a part of a class now isn’t he, and in all the things that happen when you are part of a community and not just a visitor. (Personal communication, July 28, 2007)

Stage V: maintaining the connections

By the final term of the year Taylor had attended school almost full-time. Most of the changes were already in place and life for the family was becoming more settled. From time to time issues arose at school to do with relationships with children and teachers. I suggested that Taylor’s mother set up a sand tray at home, to help him process his emotions safely. He was having a conflict with his teacher at one point and dealt with that by drowning the ‘teacher’ figurine in the sand tray. This final stage of the intervention also focused mainly on supporting Taylor’s mother to support her son, by suggesting activities, providing feedback and listening. Communication from
Taylor’s mother had by now dramatically reduced, because she had developed a greater sense of trust in the education department at the school and district level. She has also become engaged in helping newly arrived refugee children and their families to the region, through the use of stories and drawing. She was now much more able to trust that Taylor will be safe at school and she is no longer required to wait for a phone call from the school to go to collect him due to a behavioural disturbance.

School and district staff gradually took over managing the case and central office staff were only occasionally called upon. Workers and educators began to be more familiar and comfortable with one another. Social workers are now invited into the new school, to be part of meetings with the parents where Taylor’s successes are celebrated and his needs discussed. One of the social workers was also invited to the school to talk about the role of her agency and what it was able to offer the school and its clients. The principal and teacher were now attending the children’s hospital child development unit meetings and video links with the psychiatrist, paediatrician and neurologist along with social workers and representatives from other agencies. Education department, disability and child mental health service and vacation care workers were now given the same updated information as to Taylor’s physical and mental health situation with the aim of facilitating a more coordinated and consistent approach to support his learning, emotional and physical needs.

Discussion

While each case requires an individual approach to some extent, there are also key elements in Taylor’s intervention which could be helpful for other cases. I will now discuss the strengths and weaknesses of the intervention.

The issues in this case were intensified by the breakdown in communication between the education department, the family and outside agencies. Each group appeared to believe the problem lay elsewhere and that the obstacles were insurmountable. The process of inquiring into the case and interviewing all those involved to get their perspective was helpful in that people had the chance to tell their story and be validated in their attempts to support Taylor. While the hierarchical nature of the education department did create difficulties at times, with professional relationships
being tested by territoriality and conflicting intra-department allegiances (Fitzpatrick & Taylor, 2001), a ‘top down approach’ was also of some benefit in this case. Bringing in an outsider, from central office, with a mandate to find out what had been missed and to come up with an intervention made it easier to access people and assessments and make recommendations. I also did not have any history with the family or the region and was therefore able to begin afresh.

Building a positive relationship with the parents was crucial but may have led to teachers and principals having the perception that I was aligned with them. It is important to strongly validate the work of teachers as well as parents (Duncan, 2007, p. 40); something that is often missed. In future cases it would be helpful to ensure stronger alliances are established with school staff through validation of their efforts (Duncan, 2007). In particular, hearing the stories of the parents, asking them about their hopes and dreams for their child, and meeting Taylor helped them to begin to trust in the department again and to re-invest their hope in a positive outcome. The positive and trusting relationship that developed helped to recast the family at the central level of the department and people who had previously been involved and not sought out the views of the parents began to realise what they had missed. The parents also began to speak more positively about sections of the department and in combination with the linking with professionals with outside agencies, also helped to recast the department in a more helpful light.

It is also important to support parents in ways that do not disempower them. At one stage the parents did not feel that they had a voice in the school unless I spoke for them. I realised I needed to take a step back and begin to listen, support and encourage them to be more proactive on their own behalf.

In this case, central office education department support assisted the principal and district officer to begin to work and communicate more effectively in a case that had potential legal ramifications in relation to disability discrimination. This potentiality was likely to have contributed to the communication breakdowns both within the education department and across agencies. Previous research has found that principals tend to become very anxious and fearful in such situations, rather than acting more proactively and preventatively earlier on (Keefe, 2004). The relationship building and networking that occurred through the vehicle of the story and extensive
consultations helped to break down some of the barriers to successful interagency collaboration identified in previous research (Teghe et al., 2003; Sidey, 2001; Tomison, 2004) and also helped to reduce fear by changing to a positive focus.

A key factor in the success of this intervention was the involvement of Taylor’s mother. She was able to take up many ideas and suggestions for activities, such as drawing and sand tray work, and to implement them at home. In another situation a parent may not be able or available to take up this role. However, in my experience it is usually possible to find a teacher or support worker who is able to connect with a child to work holistically and therapeutically with support, guidance and resources.

It is important to appreciate that the social workers involved in the case also wanted to work in more holistic and connected ways (Teghe et al., 2003), but were limited in their ability to do so. Their stories indicated that they encountered significant difficulties in working with the education department at the district and school level on this case and others. As two communicated to me:

I felt blocked by the department. It wasn’t clear to me who was involved. I am relieved about this new involvement. The department needs to listen more to other agencies and not just support the school directly. I feel that my expertise has not been valued, I have not been drawn in. (Personal communication, August 11, 2007)

I have found that some schools are easier to work with than others. The department seems very autocratic, each school is defined by its own leadership. I can get into some schools and do a lot of work, others won’t let me in. I don’t think my expertise is really valued by many schools. Schools generally don’t tend to respect social workers. They are marginalised. I heard about one school that had a social work student placed there and she said no-one talked to her and she never wanted to go into the staff room. (Personal communication, August 11, 2007)

These perceptions are somewhat countered by the claim of an education department manager, who corroborated the principal’s view that it was outside agencies who were difficult to deal with and often did not follow
though (personal communication October 15, 2007). A common view expressed to me by a number of professionals across different organisation was that each was hampered by its own ‘red tape’ which made it difficult for them to share information and work collaboratively.

The social workers involved with the family had already understood Taylor was traumatised, but they had not been able to get an official diagnosis due to a lack of specialised mental health support at the local level (Sherwood, 2003). One of the social workers had been trying for many years to support him to process his powerful emotions. However, she had believed that unless the schooling situation was sorted out, her interventions were not likely to be successful (personal communication, August 9, 2007). Social workers also told me that that there were limits to the services they could provide due in part to the amount of time it took to support the family with what they saw as a problem that should be owned by the education department.

Yet there were also difficulties within the health sector as well, as is clear from the Child Development Unit’s report (October 10, 2007)on Taylor:

This case is important in demonstrating how things can go awry for a child who needs help through more than one specialist, the lack of communication between these specialists, but that things seem to be finally on the right track.

Taylor had seen many specialists, each with their own orientation, but a psychiatrist had not been involved until this intervention began. It is possible that the stories told about the child by education department and other professionals led to a focus on outward behaviours, and the need to change them through medication for epilepsy, or cognitive behavioural strategies for the autism. Another way to approach Taylor’s situation was to consider his inner world and see the aggression and withdrawal as forms of communication indicating something was not right with that world (Gilligan, 1997; Jureidini, 2006). Once Taylor’s anxiety and experience of trauma had been officially acknowledged it became easier to gain acceptance for a holistic approach that was focused strongly on helping him to feel safe, firstly at home, then in the community and then school.

Working with the child and family’s strengths, interests and resources (Selekman, 1997) through the story, art and sand tray activities was a key factor in the success of this intervention, as it allowed Taylor to begin to
express some of his inner turmoil and fear, in a safe way (Jureidini, 2006; Campbell, 2007) and alongside his mother, who also benefitted from returning to her earlier love of art. In this case the interest in art certainly helped to facilitate a holistic approach. In a case where a child and family did not share this love of art, a different approach would need to be taken, but it is possible to build interventions, as has been done previously, based on a love of, for example, cats, wheelchair rugby, poetry and martial arts, if a professional is able to use her imagination to help a child (Jureidini, 2006). Not all teachers are comfortable with a holistic approach to curriculum, however many teachers are familiar with the notion of finding out more about how a child prefers to learn and helping them to draw out their strengths.

In this case, the writing, sharing and illustrating of a therapeutic story was a useful vehicle to engage Taylor and his mother’s interests as well as to foster links between and among professionals and the family. The illustrated book became a symbol of what Taylor was able to achieve after many years of being unsuccessful at school, without the usual homework, project tasks and term reports, and he was able to share his success with his extended family and friends. The story became a positive focus and connecting point as there was now something positive to share and talk about, whereas previously the difficulties with schooling were overwhelming and tended to dominate any meetings. The story led to family, friends and professionals being able to share in a joyful process of a child’s engagement and achievement. It was as if this was a common goal for all and therefore transcended traditional professional territories and boundaries. In another case the focus could be on a child’s project, a sporting achievement or other product or activity.

The story also operated on a powerful metaphoric level identified by previous researchers (Kornberger, 2006; Pinkola-Estes, 1992), by suggesting it was possible that Taylor, like Max, could access support when he needed it and that he did not have to carry the burden of having to sort everything out himself. It also helped Taylor to relax as he thought of Max, with the knight with the magic sword sitting on his chest, keeping watch while he slept by the stream.

Previous research by Campbell (2007) and Bartak and colleagues (2005) supports the conclusion that the holistic and developmental approach in this intervention led to enhanced wellbeing, increased sense of personal safety, trust and reduced stress and symptoms of autism and anxiety. Tay-
lor was able to progress at his own rate and his mother gradually felt secure enough to give him the space to make friends, have sleepovers and attend a camp away from home and parents for the first time.

The medical specialists involved are unable to explain medically the improvement in Taylor’s language and memory skills and the reduction in his seizures. I suspect the psychiatrist would see this as being due to Taylor’s increased feelings of safety, security, belonging and self-efficacy (see also Jureidini, 2006).

It could be tempting at this point to base a model of intervention on the use of a therapeutic story written especially for a child. However, while some people might see a technique or strategy in this case study, and want to apply it in other situations, a therapeutic story may not necessarily be appropriate or successful in a different context. From the perspective of a solution oriented approach to counselling, the point is not that a universally applicable technique has been discovered but rather that in this particular case a professional had the mandate, and also the willingness, to connect with this child and his family and to find the best way to draw out their inner resources (see Peacock & McNeilly, 2007).

**Conclusion**

I conclude with a description of a dream Taylor’s mother had about her son and generously shared with me. The dream gives a rich picture of the situation of her child and his inner and outer development during the time I was privileged to work indirectly with him, via his mother:

Taylor put on a coat of nails when he was young. Some of the nails were facing inwards, some outwards. It was quite heavy – being made of nails you see – but over time that very heaviness became reassuring. That heaviness however also limited growth and movement. If someone came too close to him the risk was he would be injured by the nails sticking inwards or they would be by the nails sticking outwards. At home we saw the coat of nails and waited for him to come to us as we did not want to hurt him. At school they did the opposite and came in close not seeing the coat of nails and were perplexed when they got hurt and were unable to see that he too was hurt when they were.
Then you came along – you saw the coat of nails – it was obvious to you. You thought that maybe there was a reason behind him wearing it. Soon you thought to ask him if he wanted to keep wearing it. No-one had ever asked him that before so he didn’t know it was an option. The coat had been on so long that he didn’t know how it would feel like not to have it on. This is why he needed you – because you had been the one who suggested he take it off. Initially he felt vulnerable without the weight and the strange security he felt by having worn it for so long … But you are right, without that weight and movement restriction he is able to exercise his muscles. (Personal communication, July 12, 2007)

The case study of Taylor provides an example of how a therapeutic story allowed a disconnected child to reconnect with his most resourceful state so he could then move in his life outside in a way that made the ‘extra-therapeutic effects more available’ (Peacock & McNeilly, 2007). Perhaps we can learn something from the psychologist Erickson, who apparently almost never met a problem he could not solve and was able to ‘ferret out strengths and abilities in the midst of seemingly intractable pathologies’ (O’Hanlon, 2006, p. 87). I hope that this account offers some insights for readers into ways of working with complex children who require an individualised approach. It will not give us a formula for doing so. Nonetheless, many people have been heard saying they wished they too had their own knight.

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Heineman.