LUNCHEON ADDRESS — CHILDREN'S BUREAU

John Taylor

John Taylor presented a report of his *recent study tour.*

"On this marathon study tour I covered 8 countries in 7 1/2 weeks including Sweden, Norway, Denmark, The Netherlands, Germany, France, UK and home through India.

The initiative for the study tour came from my Committee of Management twelve months before suggesting that I examine the welfare system and the role of non-government organisations (N.G.S.'s) in countries that have, or have had, lengthy periods of socialist goverment. This was to gauge the likely trend of what we could expect in Australia under our "socialist" goverments at Federal and most State levels.

To this objective four more were added reflecting the significant stage of development of M.F.O.C. where new challenges and opportunities were opening with the movement of several programmes towards independence and the freeing up of some funds with the sale of the agency's head office site.

These additional objectives were:

* To examine innovative developments in child and family services, including services in child abuse.
* To look at the legal status and rights of a child who is deemed to be a "Ward of the State" and the subsequent care of such a child.
* To observe welfare research, monitoring and data collection in the child and family fields and particularly to see whether there was any co-operative use of such responses by collectives of agencies/govenment departments.
* Aged care in the family context.

THERAPY

Today I wish to speak on one aspect only, namely the appropriate place of therapy in the range of child and family services we might deliver.

Let me emphasise from the start we should be delivering a continuum of services from social action/social policy, community education, preventative services, family support, other secondary and the more intensive tertiary services. It is in this tertiary end of the scale that in Victoria at least I believe we do not shine.

I will mention just three key points which are used in distinguishing "therapeutic" *programs.*

1. Therapy involves the *intention* on both the part of the therapist and client to work towards personality and behavioral change (in general).

Sometimes in "Supportive Therapy" the intention maybe to prevent further deterioration that could be anticipated without such intervention.

2. A variety of *methods* can be used under the general umbrella of therapy — from specific behavioral strategies aimed at modifying behavior, e.g. in "phobias" systematically and gradually leading the person to confront the "feared situation" to psycho-analyse which seems to bring into conscious awareness concerns/ issues that have been unconscious but, nevertheless, (according to this theory) influencing the person's behaviour in maladaptive ways.

What they all have in common, however, is the use of *psychological methods,* stemming from particular viewpoints about personality, development, and behaviour (including interpersonal relationships).

3. Psychotherapy, therefore, implies some form of "contact" between client and therapist and places onus on the client to actively *co-operate* in the process.

Sometimes the contract can involve specific objectives, and specific time limits. It may also involve a range of expectations/agreements that the client will follow, e.g. abide by a particular behavioral regime to, at the other extreme, use the "therapy time" to speak honestly and openly as possible.

Therapy in welfare circles in Victoria is often seen as "precious" and more for the needs of the therapist rather than the patient. Also in a world of the shrinking dollar it is seen as cost inefficient due to the relatively low case load and often lengthy period of treatment compared with approaches that essentially tackle the environment of the situation (e.g. family group homes).

The therapy I came across in the countries I visited was robust, decisive activity, often with time limits set and the process spelled out in an up-front contract to which therapist and client commit themselves. A particularly impressive example of such an approach is conducted by the N.S.P.C.C. Child Abuse Team in Rochdale, U.K.

I raised the question, "isn't such therapy, particularly using a team approach, cost inefficient?" It was suggested that a short term intensive and effective intervention be compared with a long-term "containing" situation which often produces little change and possibly leads to expensive institutional care of parents and/or children when process breaks down.

Other examples of therapy were:

NORWAY
Family Advice Office of the Church — Family Therapy.

NORWAY
Modum Bads Nervsanitarium — Team Approach including Psychiatrists, Psychologist, O.T., Family Therapy.

NETHERLANDS
Use of Family Therapy with Offending Youths Survival Trends!

FRANCE
French re"Educator"

UK
NSPCC

UK
FSU Dance Therapy (have copy of job description).

UK
Parent manuals.

(Information about these programs is available from John Taylor Ed.)

CONCLUSION

"I conclude with the exhortation that our counselling/therapy should be more up-front in terms of defining the goals. Therapy should have a contractual component and lead to decision for all parties. Unless the client had made an act of will it is unlikely that any lasting change will have been effective."