



Marianne Haugvik Oslo Review by Anne Grete Hersoug

Time-limited intersubjective child therapy (TIB)

A qualitative survey of TIB with children experiencing difficult family relationships

Tidsavgrenset intersubjektiv barneterapi (TIB) En kvalitativ undersøkelse av tib med barn som opplever vanskelige familieforhold.

The overall objective of the thesis was to study therapeutic change processes in Timelimited intersubjective child therapy involves parallel work with children and parents. A therapy focus is agreed upon before the therapy starts. This brief report presents the main findings in English. This issue of Mellanrummet also contains an article by M. Haugvik on structural parent therapy, which takes place parallel with time-limited intersubjective psychotherapy for children. The article describes central aspects of the subject of her thesis with detailed information about the study – in Norwegian.

What was investigated?

The main research questions in Haugvik's thesis were:

1) In what way does the therapy process with the child contribute to change?

2) How does the therapy process with the parents contribute to change?

Qualitative research methods were applied, together with quantitative measures. The collected data comprise videotaped therapy sessions with the children, interviews with the parents and standardised questionnaires and forms completed by the children, parents, therapists and teachers.

The first study (paper I) explored the significance of a shared focus in establishing an alliance and therapeutic dialogue in three therapies. The second study (paper II) explored how the children's activity in the therapeutic dialogue contributed to the therapeutic process in nine therapies. The third study (paper III) investigated the parents' experiences of therapeutic change in the three therapies. The aim was to explore how parallel therapy work with parents could be structured to achieve the goals of therapy with their children. The fourth study (paper IV) analyzed the child therapist's experiences of the therapeutic alliance and the therapist's own activity in the therapies.

Who particitaped

The data for this thesis come from a study of TIB with children experiencing difficult family situations. The project included nine children between 5 and 11 years of age. In the project, each child received 12 therapy sessions. The parents received at least three sessions in parallel with the child's therapy.

What were the findings

The results of first study demonstrated an improvement in the children's emotional communication with both the therapist and their parents.

The second study revealed eight themes describing the children's participation in the therapeutic dialogue. The findings indicated that the children took initiative and were active contributors to their own therapeutic processes. The parents, teachers and therapists reported a positive change after the therapies concluded.

The third study showed that the parents experienced a positive change in their children and that their perspectives on the family situation and child changed.

The fourth study indicated positive experiences of therapeutic alliance throughout the therapy processes. Five main tasks for child therapists emerged.

Conclusions

In summary, the four studies represent a broad and detailed contribution to the knowledge about TIB. The study indicates central tasks for the child therapist as the facilitator of regulating the child's behaviour: feelings and thoughts: structuring the framework of the therapy sessions, following the child's initiatives, participating and co-operating with the child, exploring the child's expressions in play and activities, and understanding and regulating the child's experiences. The work with parents in TIB is designated as 'structured parallel therapy with parents', with guidelines for these therapies.

Clinical implications

An important clinical implication is that the parallel process with children and parents seems to contribute to change. The findings indicate that TIB can be well suited for children experiencing difficult family situations, provided certain conditions are satisfied. Furthermore, the findings support that therapeutic interventions which emphasise normal developmental processes can promote the mental health of the child. A time-limited and concentrated effort may put children and their families on a better track for the future.

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