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Aiding foster children in their construction of self: Clinical intervention strategies for children in care

Cheryl Regal
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Aiding foster children in their construction of self: Clinical intervention strategies for children in care

Abstract
This thesis looks at the development of the self within foster children and examines clinical intervention strategies that focus on the internal world of the child. Using architectural metaphors, this thesis aims to change the perspective within which clinicians think about the experience of the foster child and their view of self. Within this framework, the counseling experience works to bring the foster child out from behind their protective walls and journeys with the child through their past and present histories. Throughout this journey, the clinician joins with the child and allows an attachment bond to develop in order for the child's own development of self to progress. It is hoped that this thesis will shed light both on the experience of being a foster child and on the need for changes within the foster care system.

Keywords
Education, Guidance and Counseling

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AIDING FOSTER CHILDREN IN THEIR CONSTRUCTION OF SELF: 
CLINICAL INTERVENTION STRATEGIES FOR CHILDREN IN CARE

BY

CHERYL REGAL
BS, St. Lawrence University, 2002

THESIS

Submitted to the University of New Hampshire
in Partial Fulfillment of
the Requirements for the Degree of

Master of Arts
in
Counseling

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ABSTRACT

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CHAPTER I

INTRODUCTION

He tells me that he is an architect and says that he works mainly with the construction of residential buildings. I am immediately interested and begin to ask him questions to which he then starts to explain some of the process to me and tells me about the building that he is currently working on. Each room, he says, is unique. I can imagine that this is true of the old police department building that is now being turned into residential housing. He tells me about the layout of each room, how some have gorgeous windows overlooking the gardens and walkways, while other rooms are more secure and secluded with optimal privacy and only minimal exposure with the outside. He continues to tell me about the construction and what they have had to do so that the sound is lessened within the old brick building. He tells me about the thickness of the walls and about the insulating structure that they have had to bring in, without ruining the old feel and essence of the building.

I look at him as he tells me about his work and I tell him that what I do is quite similar, and explain that I am in the process of helping people to rebuild their walls as well. He looks at me with a quizzical expression on his face and questions what I have just said. "I thought that you work with children?" "I do," I tell him, but know that it would take too long to explain my meaning.
At one point, when working with a preadolescent in foster care, I talk to her about the walls that she has built that surround her. I ask her what it feels like at times to be on either side of this wall and then talk to her about what it may feel like to knock out a small part of the wall in order to look at both sides simultaneously. I talk to her about how everybody has walls and how we are each like our own rooms, with the ability to let people in or to let ourselves out. This is a hard concept for her to understand and I slowly begin to realize how very different her experiences are from my own, for while many of us spend time building walls to appease social norms and to protect our inner selves from being revealed, I can see that she has built her walls solely for protection. In doing so, however, she has been unable to turn around and view what she has been holding on the inside and unable to fully understand the whole world that she is blocking her self from on the outside.

This girl, like many others in the foster care system, created her walls in order to protect her self. She was a survivor of physical abuse and a survivor of multiple moves and placements within the foster care system. She closed her self off from the world and created a space of her own that even she does not fully understand. She became in this way not only a builder, creating walls and a room of protection, but also a warrior, fighting off the people and things within the outside world that she knew may cause her harm. And while she may believe that she is alone, she is not. As a foster child, she is just one of the many.

As counselors and as people who work with this population, the focus needs to return to one in which the child's self is examined and in which
attachment relationships are a primary focus. Although many try only to work with the outer walls and with a child's overt behaviors, it is the inner room and the inner space which our work must focus on and work to develop. While foster children may lock us out of this inner room at times, the few times that we are allowed in have the capacity to change the direction of the work. This thesis aims to bring the focus for interventions back towards this space and back towards the inner child, as well as towards developing a trusting and accepting relationship between the child and adult whose sole focus is not based on behavioral interventions and strategies. Only in this way will the foster care system succeed and will so many of the children in care be set free from their own walls of protection.

**Background and Rationale**

The journey of each child within the foster care system varies greatly. While some are fostered as infants and stay with one family through to adoption, others are placed into the system later in life and may go from one home to the next with little stability and without ever truly feeling as though they have found a home for themselves. However, whether the child sustains one placement or many, every move and every loss adds psychological trauma and interrupts the typical tasks of child development (Fahlberg, 1991).

Many times children are placed into the foster care system after suffering from abuse or neglect (Simms, Dubowitz, & Szilagyi, 2000). So too, these children often also suffer from medical needs that reflect “exposure to poverty, poor prenatal care, prenatal infection, prenatal maternal substance abuse, family
and neighborhood violence, and parental mental illness" (Simms et al, 2000, p.911). Kerker and Dore (2006) add to this by stating that many children in care have also experienced socially and economically impoverished environments as well as homelessness and inadequate educational opportunities. Additionally, most children in care are at high risk for mental health problems, both because of their past experiences and because nearly all of them have experienced trauma surrounding early attachments. Even when referred for treatment, however, these children often do not receive adequate care (Kerker & Dore, 2006).

The journey for children placed into care is often turbulent and the consequences dire, not solely because of what is happening to them in their external world, but also because of what is taking place within their internal world as well. For many foster children, their inner self is never allowed to fully develop. While the child's focus remains steady on obtaining a sense of protection from the various external realities in which they have been placed, the self is ignored and the child's development is stunted.

Kerker and Dore (2006) state that the most common problems seen within the foster care population tend to be externalizing disorders, such as aggressive, self-destructive behavior, low self-esteem, and impaired social relationships. These externalizing disorders represent the walls that these children have created. It is the outer self that these children are portraying in order for no one to see the under developed inner self that is often filled with pain and confusion and lacking in trust. Instead of focusing on this inner self, however, the mental health problems that these children are facing are often boiled down to behavioral
issues in part because these are the things that are seen and because behavioral issues are more easily able to be measured and defined. The child's self then is not only being ignored by themselves, but also by those who surround them.

At present, there is little research about the lives of foster children from their own perspective, and less research on young children in care (Whiting & Lee, 2003). What is known is that currently, even when youth exit foster care, they are noted as "one of the most vulnerable and disadvantaged groups in society" (Mendes & Moslehuddin, 2006, p.110). Unresolved and ongoing emotional trauma, inadequate support while in care, and accelerated transitions toward independent living are all factors that inhibit a child's success once out of care (Mendes & Moslehuddin, 2006). When compared with their peers, youth who exit the foster care system are much more likely to experience homelessness, poverty, unemployment, and early parenthood (Reilly, 2003). Kerker and Dore (2006) state that many children in care with untreated mental health disorders often find themselves in jails, prisons, institutions, or mental hospitals. Along with this, these youth also lack social support networks (Mendes & Moslehuddin, 2006). Mendes and Moslehuddin (2006) state that many of the children who have left care are still struggling with and trying to recover from the physical, sexual, and/or emotional abuse or neglect that they may have experienced prior to entering into care. These experiences contribute to ongoing social and emotional disturbances, developmental delays and significant behavioral difficulties.
In the late 1990s, the United States implemented an Independent Living Initiative and later, the Foster Care Independence Act. Both were aimed at providing services and training to young people in care, including individual and group counseling as well as life-skills training. The issue at present, however, is that the methods for service delivery are left up to the discretion of each state and state funding for these services varies considerably across the nation (Mendes & Moslehuddin, 2006). Mendes and Moslehuddin (2006) state that even with these initiatives in place, foster children still have “significantly reduced life chances” when compared with their peers (p.114).

It is clear that children in foster care are at an enormous disadvantage when compared with their peers. It is also clear that a change needs to happen in how we are providing services to these drastically disadvantaged youth. At present, there are nearly 750,000 children in this country who may not be receiving adequate care through the foster care system and while forms of foster care began nearly 150 years ago, very little is known about the adjustment process or impact of foster care on children (Simms et al., 2000). While there is some information on the behavioral and health issues that surround foster children, not much is known about their internal experience and their experience of the developing self. Much of the research surrounding foster children focuses on the behaviors of the child and the developmental impact that occurs. Often times, the focus on the individual and on the developing self takes a second seat when caregivers are struggling to help a child with behavioral, developmental, and often medical issues that seem of paramount importance. Not always
cognizant of the fact that these issues are intertwined, the attention often
becomes focused on intervention strategies and behavioral plans while the voice
of the child becomes lost and the developing self continues to remain stunted.
These types of behaviorally based intervention strategies, however, do not
always work for the child who is untrusting and not yet able to see anything but
the wall they are building in front of them.

While cognitive-behavioral therapies have been noted as the most
effective methods in which to work with maltreated children, even they may not
be satisfactory in dealing with the multiple and pervasive symptoms that many
foster children experience (Hughes, 2004). Many behavioral modification plans
depend upon the child being able to initiate interactions, whether they be positive
or negative (Fahlberg, 1991). Because foster children often believe that they are
not deserving of many things, their behaviors are quite different from other
typically developing children. They may not initiate any interactions, believing that
they are not worthy of love or attention. What interactions they do initiate tend to
be negative experiences, with the child in a numbing state or when the child is
set to protect the self from all others. Typical behavioral modifications then tend
to fail and aren't an appropriate method of therapy (Fahlberg, 1991).

As James (1994) states of foster children with whom she has worked with,
[the] focus of intervention is commonly behavior management rather than
identifying the source of and current life circumstances maintaining the
disturbance. If these adolescents run afoul of the courts of the juvenile
system, they are labeled truants, delinquents, thieves, and on and on. Their
dignity has been not only stripped away be parental figures but tossed off
by the professionals trying to serve them (p. 185).
A different viewpoint is necessary so that therapists and counselors can begin to work with foster children who have not as yet received adequate treatment.

**Purpose of Study**

The purpose of this study is to move the focus away from behavioral interventions and away from strategies which look only at the child's external projections and towards intervention strategies that look deeper into the child's true inner being. This inner self is often buried and deep within each child who has experienced trauma associated with attachment and loss. While this self is often pushed aside, it does not disappear, but instead sits and waits for an attachment relationship that will guide the child through development and towards freedom.

In order to form this type of attachment relationship, we, as therapists, must first wait to be invited into the inner room that the child has created. We must aid the child in regaining their senses, as we walk with them through the room and through the rest of the house that represents their past and their present histories. We must allow them to see, feel, touch, taste, and hear the things that they have blocked the self from. We must trust in their experience so that they can trust in us. We must allow them to show us their world, but must also allow them to keep a space and a room of their own.

While this thesis aims at returning to a look at the self as it exists for foster children through service deliveries that focus on the internal workings of the self versus external projections, the experience of the child in care will also be examined. While each self is unique and each journey vastly different, the
development of the self can often be similarly described. Attachment theory and child development have been researched to aid in the discussion surrounding how typical development varies for children who have had attachment trauma related issues. Jungian perspectives also help to frame the discussion on the self and its many different forms and faces.

**Basic Assumptions**

Although little research exists on foster children and their internal experience while in care, there are a few assumptions on which this thesis is based. The first assumption is that children need a healthy attachment relationship in order to further the development of the self. Many researchers contend that the self develops in part due to social interactions with others. This begins in infancy and childhood with interactions between the child and his/her primary caregivers. A child with a secure attachment to his/her caregiver will elicit both verbal and nonverbal messages, which the parent will then respond to in some form. In this way, the child is then able to reflect back on their own behavior and will be able to develop a better sense of self, learning more fully about their own personality and how it affects those around them. In contrast, most children who have not had a secure attachment relationship are unable to access and communicate their inner thoughts, feelings, wishes and intentions (Hughes, 2003). According to Hughes (2003), these children are then unable to recognize the needs of the self and are unable to integrate these needs in certain situations. This initial attachment relationship can then be seen as crucial in the development of the child’s inner self.
The second assumption made is that many foster children suffer from trauma associated with early attachments. James (1994) states that "loss of the primary attachment figure represents a loss of everything to a child – loss of love, safety, protection, even life itself, and prolonged availability of the primary attachment is the same as total loss for a young child" (p.7). As part of human nature, it becomes essential to have a primary attachment figure with whom we can turn to in case of danger and for nourishment (Bowlby, 1988). Forming an attachment bond becomes essential for survival, and when this bond is broken or when a child is removed from this figure, the child experiences trauma. This occurs even for children who are abused or neglected, for the attachment figure is still looked to for certain basic needs necessary for survival (James, 1994). Foster children may differ in their experiences, but many share the common experience of having been removed from their primary caregivers and of having incurred trauma associated with this loss.

If healthy attachments are necessary for the developing self, then the third assumption made is that children need someone with whom they can form a secure attachment with in order to further develop their inner self. A child who has experienced trauma surrounding a previous attachment relationship will most likely be extremely cautious in future relationships with others. They may shut themselves off and have difficulty forming intimate relationships with others. These relationships, however, are crucial for the child's inner development. As James (1994) states, "As the fetus must be in the womb to survive, so must a
child have a human attachment relationship in which to develop, feel protected, be nurtured, and become that which is human" (p.1).

Another basic assumption made within this thesis is the belief that the therapeutic dyad can become a critical attachment for children in care. Throughout the therapeutic process both the counselor and the child work to develop a trusting relationship. Within this process, the child learns to trust the counselor and learns how to develop a secure relationship with another. The goal is for the child to learn more about the self in part by trusting and learning more about another individual. The process itself is one in which both the counselor and the client are able to expose certain aspects of the self in order for the client to progress in their own emotional and psychological development. Throughout the process, the attachment relationship between client and counselor strengthens. The strength of the attachment relationship is a crucial aspect for therapy, as the client's main trauma issues originate from insecure attachment relationships. In order for the self to continue developing, the therapist must work with the child to develop a secure attachment based upon trust, genuineness, and communication.

**Definition of Terms**

*Arousal-Relaxation Cycle*: A cycle that depicts a care-providing interaction between parent and child. This interaction is initiated by the child's needs and consequent expression of displeasure and completed by the caregiver's response. When discomfort is present, the infant's perception of the outside world is blocked (Fahlberg, 1991).
Attachment: “Encompasses both the quality and strength of the parent-child bond, the ways in which it forms and develops, how it can be damaged and repaired, and the long-term impact of separations, losses, wounds, and deprivations. Beyond that, it is a theory of love and its central place in human life” (Karen, 1994, p.3).

Caregiver: The parenting person, who provides ongoing care. The caregiver may be the child’s biological parents, an older sibling, a grandparent, a foster or adoptive parent, a childcare worker, or someone else (James, 1994).

Claiming: A form of primitive connection between mother and child which demonstrates a sense of ownership between them. Often times, mothers will sniff their babies, will taste them, count their toes, and look at their entire body naked as ways of claiming their children. Claiming behaviors are a necessary part of attachment (James, 1994).

Dissociation: “A sudden, temporary alteration in the integrative function of consciousness wherein one’s experience is separated from one’s conscious awareness. This involuntary, natural mechanism is present in infancy and continues throughout adulthood” (James, 1994, p.13).

Foster care drift: Wandering from foster home to foster home, neither returning to their biological families nor settling down with alternative carers (Barber et al, 2001).

Individuation: The gradual, lifelong unfolding of one’s inherent and unique personality. The process by which the self develops, individuation is a lifelong task that is rarely if ever completed (Ewen, 1998).
Magical Thinking: In the absence of an attachment figure, magical thinking is most often seen within a child's inner most desires. These desires most commonly center around themes associated with re-connecting to a birthparent and living a life void of previous issues and trauma experiences.

Maladaptive Behaviors: Outward behaviors which prevent the child's psychological, physical, or emotional development.

Mirroring: The process by which a child learns about their developing self by observing the reactions, facial expressions, and outward emotions elicited by others.

Numbing Response: An emotional and physiological response that is elicited when an event is perceived as dangerous and inescapable. The numbing response interrupts the escalation of alarm in the only way available to those who cannot modulate affect arousal (James, 1994).

Persona: The outward face of personality; a protective façade designed to meet the demands of society while concealing one's true inner nature. Facilitates contacts with people by indicating what may be expected from them (Ewen, 1998).

Self: The new center of personality that results from individuation, unifies the various opposites, and lies between consciousness and unconsciousness (Ewen, 1998). Also, used in this thesis when discussing the inherent, instinctual core that lies at the center of each living being.
Self-Actualization: "The development and fulfillment of one's own innate potentials; the highest and most pleasurable need of all, but also the most difficult to recognize and satisfy" (Ewen, 1998, p.421).

Shadow: Often considered the unwelcome aspects of one's personality, the shadow consists of material that is repressed into the personal unconscious because of its shameful and unpleasant attributes (Ewen, 1998).

Trauma: An actual or perceived threat of danger that overwhelms a person's usual coping ability (James, 1994). A diagnosis of a traumatizing event should take into consideration the context and meaning of the child's experience, not just the event itself.
CHAPTER II

REVIEW OF THE LITERATURE

**The Foster Child: The Builder**

Recent estimates suggest that there are nearly 750,000 children in the foster care system within the United States alone (Simms, Dubowitz, & Szilagyi, 2000). According to Simms et al. (2000), most of these children enter foster care with medical, mental health, or developmental problems. Along with this, many of these children do not receive adequate or appropriate care for these problems while in placement, and in fact it has been shown that in some cases psychological and emotional problems may actually worsen rather than improve (Simms et al, 2000). Fisher et al (2000) reinforces this statement and argues that the developmental, behavioral, emotional and medical needs of the foster care population are more common and more severe than they were in previous times. In addition, these children often lack the experience of having a loving or caring relationship with another and, consequently, are unable to establish healthy relationships with new caretakers (Simms et al, 2000).

While the foster care system is often a welcome alternative to other more institutionalized settings, there is a sizeable group of foster children for whom foster care is likely to be an unsettling experience and who are therefore also unlikely to gain any long-term positive developmental outcomes from such
an experience (Barber et al, 2001). Institutions that are designed to help foster children often lack clear and concise directives and are frequently overwhelmed by minimal resources and high levels of demand (Whiting & Lee, 2003). In response, the children who are within the system are not often able to get the adequate care that they need.

The majority of children who enter the foster care system do so because of physical abuse, neglect, parental substance abuse or abandonment. Furthermore, while in placement caretakers often see a peak in the child’s behavioral problems such as Conduct Disorder, Oppositional Defiant Disorder, and anxiety disorders (Simms et. al, 2000). Most children enter the foster care system suddenly and without preparation (Fahlberg, 1991). In addition, foster parents generally receive little training on how to support a grieving child who enters their home (Fahlberg, 1991).

When preparing a child for a move in placement, the foster system often fails to communicate to the child about the move. In an age when many mothers will sing and talk to their developing baby while still in the womb and in an age when many parents are beginning to talk to their children about bullies, drugs, and safe sex at an early age, it seems ironic that many children in the foster care system are not talked to in depth about such life changing events as a move in placement. Instead, the process is often made to appear seamless, with children “often moving from what has seemed quite an established foster-family at less than 24 hours’ notice” (Kenrick, 2000, p.395). In this way, the system is helping the child to build the wall. While those within the system may believe that they
are building the wall in order to protect the child, instead, the walls are gaining more strength and are becoming soundproof in such a way so that the child cannot hear what is going on in the outside world. They instead stay sheltered and are then left to come up with their own coping mechanisms (Whiting & Lee, 2003). The child then becomes like one who is locked in a room – with no real sense of what is happening on the outside and little ability to help develop what is on the inside. Hughes (2004) states that in infancy, the more direct a parent is in their communication, the more securely attached the child is likely to become. For an attachment bond to be created, it is likely that communication will be a main factor in counseling older children as well.

According to Jones and Kruk (2005), children in the foster care system seldom have their voices heard and many feel as though they are not listened to by their social workers. Jones and Kruk (2005) also state that often times, a social worker or set of state workers will decide the fate of the foster child without gathering the child’s input or without listening to their needs and desires. Likewise, many of these children are also not talked to about their prior or present situations. Without a full explanation, the child is often moved at short notice and experiences a “real ripping out” as they are moved from one place to the next (Kenrick, 2000, p.394). Simms et al (2000) support the notion that children must be talked to before, during, and after moves and placement changes take place. Of the initial move into foster care, Simms et al (2000) state that

Many children do not understand why a stranger has suddenly taken them to an unfamiliar setting. Some children may be unable or afraid to even ask...
where they are going, when they can go home, and where their siblings or parents are. They are often tired, hungry, dirty, and confused, and some may be in pain or distress from recent physical abuse or untreated medical conditions. Most children feel a combination of fear of the unknown, guilt in having somehow brought about separation from their family, and a sense of being punished. Removal from one's family, even an abusive one, is generally traumatic for children (p.912).

Talking with the child about their removal from the home and about each move that they may experience can be extremely therapeutic. Without a valid explanation, the child is left to come up with their own reasons for a move and often may engage in self-blame. In order to minimize trauma, the child must be told in clear, understandable language what is happening and why (Fahlberg, 1991).

In general, relatively little progress has been made within the last 30 years in improving the delivery of needed health and social services to the foster care population. This is in part because many foster parents are not adequately informed about the immediate health care needs of the child. The delivery of services also is complicated by a child’s frequent moves among foster homes, which then typically means that children are forced to move between many different physicians or service providers (Whiting & Lee, 2003).

For a typical child, the developmental stages and conflicts that occur in every day life are significant issues that need to be worked through, but for a child who is in the foster care system, these every day experiences are often beyond their capacity to work through by themselves. Additionally, many of these foster children have significant mental and/or developmental issues as well. In a study by Barber et al (2001), the foster child sample displayed higher levels of
psychological disturbance when compared to children from the general population. While it has been determined that foster children have unique therapeutic issues, little is known about what treatments are used or about their effectiveness with this population (Whiting & Lee, 2003). Because these children move often and because little is known about therapeutic effects with this population, children suffering from mental or emotional problems are forced to come up with their own methods for coping with their given environment. What exact coping strategies are used within this population is worthy of further research.

In a study of 415 foster children done by Newton et al (2000), it was suggested that children who experience numerous changes in placement may be at high risk for both internalizing and externalizing negative behaviors. Within this same study, it was found that behavior problems could be seen as both the cause and consequence of placement disruption. Even for children who did not initially evidence behavioral problems, continuous placement changes showed an increase in internalizing, externalizing and total behavioral problems after an 18-month follow-up assessment. These effects were independent of racial and ethical origins as well as age and gender.

In a similar study done by Barber et al (2001), it was found that children who experienced multiple placement changes scored significantly higher on measures of conduct disorder, hyperactivity, and emotionality and lower in the area of social adjustment. This same study found that nearly one-third of children from unstable placements experienced placement breakdown because of their
disrupted or disturbed behavior. Additionally, within the foster home, children who elicit challenging behaviors typically then receive lower rates of reinforcement from caregivers (Fisher et al, 2000). This creates a cycle in which children's behaviors continually increase and the level of reinforcement decreases.

Although placement stability may be a necessary component of successful foster care, it is also necessary to ensure that children are also adjusted psychologically to care (Barber et al, 2001). In a study by Jones and Kruk (2005), data showed that as the number of foster placements increased, the foster children not only felt disconnected from their biological family, but also felt a lack of connection to any family system. Also, Jones and Kruk found that although many foster children said that they would not turn to their birth parents if they were to get sick or if they needed someone to talk to about their feelings, they did state that they cared the most about their birth parents. When moving into a new home, however, foster children are often moved with “with an expectation that they somehow attach to a new family, without opportunity to mourn previous losses and separations” (Kenrick, 2000, p.395). Each separation and each move, however, is to the child like a reenactment of earlier trauma and they enter into the home in a traumatic state of mind, often reliving a part of their earlier history.

Fahlberg (1991) states that unless the child is in shock or denial, at the time of a move the child will most likely have very intense emotions and will be in a high state of arousal. Foster families, however, are not usually given training on how to deal with the loss the child is feeling, and thus, are often unable to assist
the child with his/her emotional needs. In a case study by Hindle (2000), it was noted that the foster family had difficulty apprehending the child's ongoing impact of his earlier experiences when they were still adjusting to making him a part of their family. The expectations of the foster family and the foster child then may not be the same, and thus may create tension or conflict from the beginning. It is in part because of this that many children are moved from one family to another without having the continuity in relationships which typically enables the child to enhance their self-esteem and identity formation (Fahlberg, 1991).

Every loss and every move is an additional trauma to the child, which interrupts the developmental process (Fahlberg, 1991). As Fahlberg (1991) states, “If a current move does not become part of the healing process, it will become another unresolved trauma” (p. 185). When the child enters another home, the building of the wall continues. The child must protect the self and must learn new defensive techniques. The wall becomes stronger and the child may close him/herself off more and more. The foster child, in this sense acts like a builder. It becomes their daily job to build the walls around them higher and higher, ensuring that they are sturdy enough to protect the child within.

**The Mother: The Architect**

When a building is first being created, the architect or designer must first sketch out what the structure is going to look like. While there may be certain limitations, such as the materials that are to be used, the location of the building, and the size of the property, the architect may also be able to add some of their own details and may be able to, in a sense, put their own fingerprint on the
design. As the building is being constructed, the construction workers, the interior
designers, the owner of the building, and all of the people who come into contact
with the building may change it in some way. They may add elements that were
not previously thought of, they may enjoy certain parts of the building more and
thus give those parts extra attention to detail, or they may change larger aspects
of the design. In a way, each person who comes into contact with the building is
able to form their own relationship with it. It is the architect, however, who has
what is perceived to be the most influence over the building and it is the architect
who takes a sense of ownership over the building. In the design and
construction, the architect has gotten to know the intimate features of the building
and has pride in knowing that they were with the building from the beginning.

If we are to conceptualize the child as a being who has the ability to create
walls, to open doors, and as someone who has the ability to contain the self
within a room or to let the self out, then we can conceptualize the mother figure
as the original architect. While certain things such as the child’s inherent genes,
features, and sex are ultimately predetermined, it is the mother who ultimately
has the most influence over such things as the child’s development, safety, and
socialization. She, like an architect, holds the initial dreams for the child and
envisions what the child will one day become. The mother is the figure who
generally becomes most attached to the child, who, through claiming, gets to
know the child intimately and can take pride in the child’s features and in the
child’s developing self. While it is true that others may have great influence on
the child, it is within the initial stages of development that the mother and child
connection is typically formed and becomes the most influential part of the child's development. This relationship is one that lays the foundation for much of the child's life. These earliest relationships influence both physical and intellectual development and form the foundation for psychological development (Fahlberg, 1991). For typical development to occur, the child must have a primary figure with which they can experience an attachment relationship.

**Attachment Theory: Pouring the Foundation**

Before Bowlby, the importance of early relationships on the physical, social, and emotional health of children was largely unknown (Wilson, 2001). His theory, which viewed attachment largely as a means of species survival, led the way for much research based on parenting techniques and the needs of young infants (Wilson, 2001). While research on attachment disorders themselves have been done, much still remains unknown about both the assessment and treatment process. Much disagreement exists among professionals as to how the disorder is classified, which has then therefore stunted research on the effectiveness of various treatment options. It is presumed that with time, a more clear and concise measurement will be obtained in which to assess and classify attachment disorders. With this, more effective treatment options are bound to follow.

It is important first to understand the beginnings of the attachment cycle. This inevitably begins with Bowlby's findings, which indicate that the infant goes through multiple stages of development that correspond to an increase in
selective attachment to a caregiver (Wilson, 2001). Wilson (2001) cites this development and the four corresponding phases that lead to secure attachment.

Within the first stage of this development, Wilson (2001) cites that the infant elicits signaling behaviors, primarily crying, that induce individuals to approach as a means of increasing proximity, physical contact, and relief from an as yet unmet need. Fahlberg (1991) calls this the arousal-relaxation cycle and states that the speed and intensity with which the mother responds to her child is imperative in determining the kind and degree of attachment that will develop. Fahlberg states that children must successfully be able to go through this cycle multiple times in order to develop a trusting attachment to another. Within this cycle, the infant who shows displeasure when in need of something must then be able to get his/her needs met within a sufficient time frame in order to develop a sense of trust. Once the child's needs are met, the behaviors cease.

The interaction that occurs between mother and infant during this time is crucial. The child is beginning to learn how to trust the mother and thus the grounds for a positive attachment relationship are set. Once proximity has been granted, the infant may engage in additional behaviors such as sucking and grasping in order to maintain contact.

If the child experiences discomfort for prolonged periods of time and is unable to get his/her needs met, the child will disengage from the outside world and can only focus on the discomfort that is being felt (Fahlberg, 1991). If discomfort is continuously felt, the child is unable to perceive what is going on in the world around them. As a result of this, the child's intellectual development,
which is dependent upon these perceptions, is hampered or blocked (Fahlberg, 1991). Not until the mother is able to alleviate the discomfort is the child then able to relax and again take in the world that surrounds him/her.

Equally imperative to the speed and intensity with which the mother is able to respond, is the extent to which the mother is able to generate interactions with the infant (Fahlberg, 1991). These interactions often include a variety of stimulation which incorporates each of the various senses. The child is able to learn about the outside world through these interactions. Fahlberg (1991) states that the more social interactions a child has with the primary caregiver, then the more attached they will become. Likewise, with more interactions, the child is apt to feel more loved and worthwhile – two elements that contribute to the child’s direct sense of self-esteem.

Wilson (2001) states that during the second stage of development the infant begins to discriminate between figures and will exhibit a preference for the primary caregiver. In addition, the infant will begin to reach, grab, and display other behavioral techniques in order to obtain the attention of the primary caregiver. Between the ages of 3 and 4 months, the infant child will show a preference for the mother’s face and will generally respond by showing pleasure when the mother is near (Fahlberg, 1991). As mother-child interactions continue, the child’s developing nervous system becomes better organized as certain reactions and behavioral responses get continuous feedback and become more predictable (Fahlberg, 1991).
During the third phase of the attachment cycle, the infant relies on more active means in order to maintain proximity with the caregiver. Following a caregiver who may be leaving, greeting the caregiver as he/she returns, and more actively attempting to remain in close proximity with the caregiver characterizes the third phase and signals the beginning of selective attachment. As the attachment cycle progresses, the child begins to understand and anticipate the caregiver's motives and feelings. The original bond between infant and caregiver then becomes strengthened and begins to develop into a more sophisticated form of attachment. Bowlby theorized that this more sophisticated form of attachment would be a means of protection for the growing child who may at times encounter danger, thus making the attachment cycle one that would appear to have a biological base rooted in survival (Wilson, 2001).

In order for a secure attachment between infant and caregiver to occur, a sense of trust and security must be established (Wilson, 2001). The primary caregiver must then consistently respond to the infant's biological needs and behavioral requests (Wilson, 2001). Potential physical or emotional unavailability of the caregiver due to illness, addiction, developmental disability, extended separation, or other outstanding circumstances may then create a barrier for the development of successful attachment (Wilson, 2001). Wilson (2001) also notes that inconsistent care, which may be due to the inability of either the child or the caregiver to relate in an intimate or reciprocal manner, can disrupt the formation of trust that is needed in order to form a secure attachment.
Despite the variations in child rearing methods that exist among families and various child care settings, similarly disturbed patterns of behavior have been observed (O'Connor & Zeanah, 2003). When children who lacked only a primary caregiver but were given adequate food, social and play opportunities were compared with children who experienced global deprivation, the results were astoundingly similar (O'Connor and Zeanah, 2003). In another study reported by O'Connor, Rutter, and the English and Romanian Adoptees Study Team (2000), nutritional deprivation was found to have no main effect when dealing with children who suffered from attachment disorders. It appears instead as though the attachment with the mother or primary care giver is a much more substantial predicator of attachment disorders.

Infants who are without a stable mother figure during the first year of life may appear grossly retarded and may even be unable to sit, stand, or walk (Fahlberg, 1991). These children may already be unable to interact socially and will not trust others (Fahlberg, 1991). For many children in care, crucial needs are often not met on a consistent or frequent basis (Simms et al, 2000). Fahlberg (1991) states that "it is not uncommon to see five-or six-year-old children who were abused or neglected during the first year of life have difficulty distinguishing when they are hungry from when they need attention, or even problems differentiating the discomfort of an empty stomach from that of a full bladder" (p.70). Without a strong attachment figure, the child has not been able to learn about the outside world or about the developing physical and psychological self.
When children feel secure, they are better able to sense the world around them. They learn what different sights, smells, sounds, tastes and touches all mean and later, in part because of this, are able to make more sense of cause and effect relationships. In contrast, when a child does not have a secure attachment, they are less likely to explore this world and to attach meaning to it. Instead of exploring, the child shuts down and the developmental process slows or stops.

The attachment between a child and the mother figure is one that will sustain the child through development. The bond that develops will form the base of the child’s world and acts as the child’s foundation for their social, emotional, physical, and psychological development. A secure bond will fill in any cracks that exist as the mother and child both work to create a base that is strong and that will aid the child through their development. As the architect, the mother figure watches over the building of this base and ensures that the work that is being done is done well. When the architect is away or when the child is neglected, the work is done poorly, as though by inexperienced craftsmen. Likewise, the base becomes insecure and uneven when the mothering figure does not support the child in meeting his/her needs. This then effects the following construction as the child continues through their developmental process.

**Child Development: The Initial Construction**

During the first year of life, the infant becomes more attached with the mother figure while simultaneously the need for dependency decreases
(Fahlberg, 1991). In typical development, the toddler years then become significant as the child is able to explore more of the environment by him/herself. In doing so, toddlers use the mother as their base from which they can then begin to explore the world. It is as though the child and mother share the same room or the same space. The child at this age has no true sense of self and no sense that they have an inner room of their own. Not until the toddler years does a child begin to focus on psychological separation and individuation as the primary developmental tasks (Fahlberg, 1991). During this stage, the child needs to feel as though he/she is capable of doing certain tasks and begins to recognize that he/she is an individual who can accomplish things without the aid of others. As the child becomes older, he/she may experience joy and a sense of triumph from being able to accomplish a task independently.

The foundation for conscience development also begins in the toddler years as many toddlers begin to incorporate messages from their caregivers about what is right and what is wrong. During this time, children within typical, secure homes learn to respond to the caregiver's affect (Fahlberg, 1991). They learn to avoid what is dangerous and rely more heavily on what is routine and on what is known. As the child grows, they will typically find that various emotions and feeling states will be mirrored back to them by others as well – most often times, this mirroring will come from the mother figure. In this sense, a child begins to learn more about themselves and more about the world around them. They will look towards others in order to get a sense of whether something is to be feared or to be looked upon with excitement. The child learns what various
facial expressions mean and when these expressions are made directly to them, learns something about the self. Without this, the child loses a good deal of who they are themselves, as they are receiving little feedback.

In contrast to the typically developing child, children who suffer from severe abuse and/or neglect may never learn what things they need to avoid and may never learn what is to be feared or what creates excitement. In part because of this, they may not explore or venture far from an immediate area. Their sense of the world remains quite small and often lacks stimulation. They may, in a sense, never explore beyond the walls that are being built, with many never exploring beyond the room in which they have been placed.

Generally, as the child grows, his/her sense of self grows as well. As small children, we are intimately connected to our birthmothers or to a mothering figure. As we grow and “become aware of our separateness, we feel known by her in a way that helps us know ourselves and that warms us, making us feel loved and secure” (Karen, 1994, p.14). In typical development, the mother figure provides the infant with the capacity to see the first glimpses of the self. Without this, if a child is lacking an attachment figure, the focus shifts from development and self-actualization to safety. If a child lacks an attachment figure with whom they can look to discriminate between what is to be feared and what is not, the child will learn to fear nearly everything within the outside world and beyond their room. The child sees the self as his/her only means of protection and sees the outside world as hostile and unpredictable. It is as though the construction has gone askew and thus, the child needs to build the walls by him/herself instead of
with the guidance and support of the mother figure, the architect. Instead of
adding windows and doors, however, the child wishes to seal the room
completely and over time, senses little to no desire to communicate with those on
the other side. Likewise, the child is so preoccupied with building the wall that
they have little capability to communicate with the self and to discover their own
potentialities and abilities. Instead, the self remains undeveloped and hidden
from sight.

Trauma Affects: Locking the Door

As a young girl, I constantly was rearranging my room. The bed was
always moved to a different wall or a different corner, posters were moved so
many times that my father eventually had to repaint the room because of all the
tack holes that I had created, and the smaller possessions were moved
continuously and were explored each time as though I had never seen them
before. I had picked out most of the items in my room myself, but each time I re-
arranged my things, it was as though I was a stranger who was looking at my life
from a different angle. Things I had loved before, I no longer liked and were
tossed aside. Other things that I had previously tossed into a drawer or under the
bed were brought out again and at times, they seemed to me like brand new
items, as I had forgotten that they were even there. This re-arranging and
exploration of the room was like an exploration of the self. It was as though I
constantly needed the reaffirmation of who I was and thus looked at my room as
the holder of all that I was and of all that I represented to the outside world. There
were times when I felt the need to gain more things and there were times when I
nearly emptied out all of the contents of my room, feeling as though none of the items felt right anymore.

For children who have grown without any secure attachments, the room that they occupy becomes a space that represents their only sense of safety and their only sense of self. For many of these children, the inside of the room appears empty and untouched. The child has neither the energy nor the will to look at the inner contents, but instead spends time securing the walls. The child’s inner warrior works overtime in order to protect the child within this room. When constantly preoccupied with thoughts of safety, the child is unable to focus his/her thoughts or attention on much else. This lack of thought hinders the development of the self and the child is left with what appears to be an empty room. In the corner sits the invisible inner child, with all of his/her potentialities, creative spirit, and longing for love, life and comfort. The inner child represents the part of each developing self that wishes to play, that wants to run through both the inner and outer worlds. The inner child wants to laugh until her belly aches, wants to let others know what it feels like to be carefree, and wants to explore the intricacies of nature. Within the child who has experienced attachment related issues, this inner child grows, but grows slowly and without much notice. The child fears this inner self at times and sees the inner child as a weakness and as something which will not allow the outer child to grow within the world that he/she has been given. In order to protect the self, the child continues to secure the room, paying little attention to the invisible child who sits and waits in the corner.
Like any child, however, the traumatized or unattached child must at times exit the room and must show themselves to the outside world. By the age of 5, most children are attending school and need to exit their room and enter the outer world on their own. Because these children have learned that they are their only means of safety and protection, the world outside of the room becomes somewhat terrifying as strangers and other people often signify danger and uncertainty. In turn, a child may feel intense anxiety when out in public or when somehow reminded of a previous traumatic experience. In order to obtain relief from the escalating anxiety, the child may respond by limiting their perception of the outside world and may induce a numbing response in which the child blocks him/herself from feeling and from taking in the world around them (James, 1994). Along with this, “dissociation, depression, emotional and kinetic constriction, social withdrawal, intense concentration, and avoidance of tactile-emotional stimulation” are other responses similar to numbing that a child may feel (James, 1994, p.19). In this way, the child protects the self.

Bowlby found that children who grew up without any strong attachments often developed superficial relationships, lacked emotional response, were unable to concentrate in school, often lied and stole, and lacked a sense of empathy for others (Karen, 1994). Having never learned what a secure relationship is like, the child responds in whatever way will allow them to feel safe while amongst others. Many times, children will seek relief in whatever form they can obtain it, even if it entails seeking out negative and dangerous situations.
(James, 1994). Seeking danger is one way for the child to obtain relief from escalating anxiety associated with trauma (James, 1994).

A child who cannot experience relief through numbing may escalate their behaviors and do things that will cause them severe punishment, self-harm, or that will bring harm to others (James, 1994). The child does these behaviors in order to elicit the numbing response. In this, they can gain relief and can allow their bodies to relax and disengage from an alarm status. In working with one 10-year-old boy, he would often times yell and scream at others until he became exhausted. Then, he would ask to be by himself and would retreat into another area of the house or would sit with a book within a quiet area. This was his way, I soon learned, of gaining relief from the situation. Finally, once alone by himself, he was able to get to a state of relaxation.

Because of the amount of anxiety that children often feel when confronted with the outside world, any form of intimacy with another is typically avoided as the emotional closeness leads to the child, or later adult, feeling as though they have lost control and are vulnerable. It is as though the door to their room is wide open and the child has no way of closing it. Whereas many may associate safety with intimacy, the child without secure attachments will sense intimacy as a threat (James, 1994).

The child learns as they grow and have more experiences with the outside world that they have some control over their behavior. This sense of control gives the child the sense of power and autonomy they may otherwise be lacking. They learn how to disengage and learn what behaviors will allow them to elicit a
numbing response. They also learn that through certain behaviors, avoidance and a lack of intimacy with others can be achieved. "The child does not concern herself with learning about the environment, enveloping more and more sophisticated ways of maintaining interpersonal connections, or learning about her own psychological self" (James, 1994, p.35). Instead, the child focuses on ways in which to conceal and protect the self. Although the child is out of the room, the whole of his/her self remains hidden still. The door to the self remains locked, as the child is like a ghost of him/herself who must battle the outside world.

**Neighborhood Influences: Protecting the Self from the Outside World**

Within a case study done by Jackson (2004), it was noted that at 5 years of age, the foster child who was being treated had “little sense of who she was” (p.54). Later, Jackson states that “Yasmin, too, did not seem to be a separate individual with her own mind and sense of identity. She seemed to be more like an extension, appendage or imitation of the nearest figure or object to which she could attach herself – in a state of complete adhesive identification” (p.55). The wall that Yasmin had created was her defense mechanism that protected her from the outside world, but it is also what kept her alive. Yasmin was unable to allow her true self to be seen within the outside world, and instead, molded to others who surrounded her. In this way, it was as though she had locked her self inside of the room which protected her and let only an imitation, a look-a-like representative, out of the room to battle the outside world. Her inner child however, as well as the other varying aspects of her true self, remained unseen.
As counselors, it is our job to help clients like Yasmin to unlock the door and to let the various parts of her self out of the room without invoking anxiety. While it is important for our clients to always maintain a space of their own, it is equally as important for them to be able to flow from the inside world to the outside space without fear. Equally important, it is our job to allow the inner child, the Warrior, the Builder, and all others who exist within the child space in which they can roam and exist without fear and without shame. It is our job to allow these aspects of the self to be seen and it is our job to help the child introduce these aspects of the self to each other.

Typically, a wall is built to separate two things. In many cases, walls are built to separate one thing from another. In other instances, they are built in order to maintain what is on one side. With many people, an internal wall is built to separate the true self from the self that is seen, to separate the inner aspects of the self from the self that is portrayed to others. The wall is represented through their appearance and outward behaviors. As an individual matures and develops, they may learn what parts of themselves constitutes the persona, or “the wall,” and which parts of themselves are more true and authentic. Foster children, on the other hand, are less able to differentiate the various aspects of the self. The wall that they have created becomes their main focus and without time to look elsewhere, the other parts of the self have been given little attention. While it is true that each of us has the potential for creativity, and equally present, the potentiality for destructiveness, in the foster child, the balance between the two is often perceived as being skewed.
Jung believed that all individuals contain an unwelcome side to their personality. This side of the personality is what Jung termed the shadow and consists of material that is repressed into the personal unconscious because it is shameful and unpleasant (Ewen, 1998). The shadow is a powerful force that is often signaled by the presence of anger and rage, two emotions that carry a lot of emotion and destruction and two aspects of the self that society often criticizes and tries to push away from. The only means by which the shadow can lose power is if its aspects are both intellectually and emotionally experienced when within conscious awareness (Ewen, 1998). In this way, the individual is more able to see themselves for who they truly are and is able to take a step further towards individuation. In the typically developing child, this is a process that occurs over several years, but is a process that is marked by intervals. In typical development, there are stages in which the child learns certain things about the outside world and simultaneously is able to learn more about the emerging self. In children with attachment issues, the shadow may be a large part of who they believe themselves to be. For children who are unable to let the more authentic aspects of the self out into the world, the Warrior is often the only aspect of self that is known to others. Without the protection of the room, the Warrior may behave in a more destructive nature, or in ways that others may consider unacceptable. The Warrior acts in this manner as a means of warding off intimacy and as means of protecting the other parts of the self. In this way, aspects of what others would term the shadow may be more exposed. The child then, may be more in touch with what is typically known as the shadow and with
the part of themselves that most others repress. Truly, however, the shadow or the repressed parts of the self for an attachment traumatized child can be better represented when looking at the inner child or at the aspects of the self that allow the child to grow, to flourish, and to individuate.

Foster children often form a black and white picture of the world and think of themselves as the part that is unworthy and “bad.” From a young age, they begin to see themselves as the undeserving character. The child may often times blame themselves instead of blaming the attachment figure in order to preserve the relationship. In doing so, the child is able to preserve his or her fantasies of gaining love and protection from the attachment figure (James, 1994). The child learns from this young age that they are at fault for all of the wrongs that have been done to them and often when placed in a different home, will continue to feel as though they are undeserving of the love and comfort that may be felt there (James, 1994). From this view, the perception of the self is a false one. The child receives their image of self as it is mirrored back to them from their primary caregiver. With children who have been abused and/or neglected, this self tends to be “all bad” and the perception of self is skewed and unbalanced.

According to Storr’s (1988) writings, the false self is an inauthentic part of the self that caters to the needs and wants of others. The individual will learn to live and act in ways that are expected of them by their parents and by social standards. The individual’s own true feelings and instinctive needs get set aside as the expectations from others take on more importance. In typical development, the child is able to discover what their own true wishes and needs
are only once the child has felt comfortable being alone. Without the mother or other societal figures around, the child is free of societal expectations and feels free to be the more authentic person that they truly are. The individual is then able to get in touch with his or her own true feelings and is able to express themselves more fully. “The capacity to be alone thus becomes linked with self-discovery and self-realization; with becoming aware of one’s deepest needs, feelings, and impulses” (Storr, 1988, p.20). With many foster children, however, there is little chance to discover this authentic sense of self. While the child may be left alone on multiple occasions, it is during these times when the child’s primary focus is on building the wall or, when hope remains, of trying to draw the mother figure closer. Likewise, if a child grows up with an over-protective mother and is rarely left to discover and to play by one’s self, in Storr’s view, this child may never be able to discover his or her own wants and needs. If a child is rarely permitted to be alone, than the chances of being able to create an authentic sense of self diminishes. In this instance, if the child of the over-protective parent is finally left to one’s self, the child will most likely experience feelings of anxiety and will not be able to look internally into the self structure. A false self then develops and the child is portrayed without a great deal of individualism. This false self is what the child sees as the true self. As long as the child stays inside the room and for as long as the child still feels as though they continuously need to protect the self, the more authentic aspects of the child will remain stunted and hidden from sight. The child must learn how to gain insight into these aspects of self, but first the child must feel safe.
CHAPTER III

CLINICAL GUIDELINES FOR WORKING WITH FOSTER CHILDREN

This thesis uses the metaphor of a house and uses architectural elements as a way in which clinicians can begin to think about the experience of the foster child and their view of self from a slightly different perspective. While the metaphor of a house as representative of one's self has been used within the literature and within professional theories for years, using the imagery of house and home also become symbolic in our work with foster children who are often moved from one home to the next. While for many of us, the imagery of a house evokes feelings associated with the home and with warmth, safety, and relaxation, images of a house and home for foster children can mean something drastically different. As a counselor, it is most important to first begin at the same level as our client. To do this, we must think of the home through a different viewpoint. By seeing the house through our client’s eyes, we gain a better perspective of the client’s true self. Even with our knowledge of attachment theory, child development, and the foster care system, we are only able to truly see the whole child after we experienced their true sense of home.

The experience of being a foster child is like buying a house and only being able to see the paint color. It is like a story that has been opened but not read. It is like only being able to see when your eyes are closed. The whole picture, the whole story, never comes into sight and is never heard. Fragments
exist, but the whole is never understood. The mind may wander, trying to attach meaning to experience, but without enough information, the true meaning is rarely ever found (Kenrick, 2000). The child may then give up on trying to attach meaning to their life’s experiences after many attempts and exertions of energy are expended without success. The desire, however, and the need for meaning remains, although often times hidden.

Unfortunately, many children within the foster care system have gone years without being able to attach meaning to their experiences and thus have given up the search. For much of the time, the child then occupies the self with securing their inner room, making sure that every crack is sealed and that every fear is shut out or pushed aside.

The house to the child represents their past and their present self. Like an architect, the mother has designed a space for the child, but because of attachment issues, the child has been unable to explore the entire space with ease. Any sense of a secure base for the child has been within the self and within one’s own “room.” In order for the child to feel protected and safe, this room has been closed off to much of the outside world and the child has had to work countless hours making sure that the room is secured and that no one else can get in. At the same time, the child has also worked to avoid much of the outer world and has preoccupied the self by checking the locks, sealing the cracks, and making sure that their space, that their room, is safe.

While the child may have gone into the other areas of the house, he or she has gone unwillingly and blindfolded. The other areas of the home and areas
of the child's history are unknown. The child does not understand the twists, the
turns, and the long hallways that echo with other voices. When entering these
other areas, the child escapes into survival mode and will either act out or will
draw the blindfold tighter. Either way, the child will eventually end up back in their
own room and will continue to go over the cracks and the crevices to make sure
that they are protected from re-experiencing the outside world again. The child
checks the locks and seals the areas where the outside world is able to seep in
and where the inside world may be able to seep out. In this way, the child
remains preoccupied with the task and does not have further time or energy in
which to evaluate the experiences that have been had. Each time the child is
made to step out again, they most likely will continue to re-experience the trauma
without knowledge or understanding of the circumstances. While securing the
self from all outside influences, the child escapes into a hypnotic state and
"disown[s] their thoughts, feelings, and behaviors, for it is unsafe to have them"
(James, 1994, p. 68).

**The Closed Door**

In therapy, the counselor must first be able to sit with the closed door that
the child hides behind. The counselor must not force an entry into the child's
room and into their inner space, but must be willing to sit and be comfortable with
the experience of being shut out. They must become comfortable with this part of
the child's world and they must be able to hold what the experience feels like to
constantly feel alone and uncomfortable. While the ultimate goal therapy lies in
being able to show the child the whole house as they have never seen, felt,
heard, tasted, or touched it, the counselor must first attempt to fully understand what the child experiences in the present moment.

**Opening the Door**

The first step in the process is to sit until the child is ready to open the door and is able to see you. While he/she may close the door again and again, only leaving it open for short periods of time, the counselor must feel comfortable with what the child is able to give and must understand the behaviors that may be seen as the door opens and then quickly closes again. During this time, the full range of the child's feelings and emotions are felt both by the child and by the counselor. As the relationship develops, the counselor may experience the child's anger and resentment as well as moments of grief, curiosity, and delight.

For most attachment traumatized children, the thought of a relationship can be quite threatening and overwhelming. For much of their lives, they have had to fight and protect themselves without the help of others. Until they learn to trust, the relationship will be filled with skepticism and fear. The counselor must be able to sit with this and work with the child through these expressions in order for progress to be made.

**Stepping Away from the Room**

Once a child has been able to open the door and begins to trust the counselor, the therapy will change form as the child and therapist take baby steps through the house, which represents much of the child's past and much of their trauma history. A child may only be able to step a few feet out of their room at first and may retreat, but as more trust is gained, further exploration will take
place. The therapist must re-live with the child what it has been like to step outside of the room and must live through, share and understand some of the most primitive experiences and memories for which the child is unable to explain through words (Jackson, 2004). In working with a young girl in foster care, Jackson (2004) expressed that only through re-living the experience with the child was he able to facilitate her transition out of survival mode and "towards the development of an internal space, [as well as towards] a capacity to symbolize and a basic narrative for her experience" (Jackson, 2004, p.69). The child must be able to feel safe in exploring the other rooms and must feel safe in going back through the house in order to feel truly understood.

**Exploring the House**

As therapy progresses, the child may show a desire to re-experience more of their past, and it is likely that the desire to know details about their history will develop (Jackson, 2004). The other rooms can then be explored in more depth, with the therapist now working alongside the child and explaining things that have previously been misunderstood. The counselor aids the child in discovering a new meaning from past events and works with the child to tell them the story that they have not yet been able to fully understand. In doing this, the child may want to turn over cushions and look behind doors and under rugs in order to gain any information about how the house was built and about what it contains. In seeing the mother as the original architect, the child will work hard to determine why she has designed the house in this particular way and will wonder why she gave attention to some things but not others. In this way, the child and counselor
become investigators together, trying to gain as much information as possible in order to understand the child's past and current self.

**Cleaning and Rebuilding the House**

Over time, the child and therapist will open windows together and will be given permission to clean the house of all that is not wanted. While certain items may be thrown away and forgotten, other items will be kept as memories for the child to look back upon. Still, there are things that the child will want to remodel or change, and the therapist will help with these items and work with the child to rebuild what has been damaged. Things that cannot be rebuilt may be looked at in new light, with the therapist and child working to understand the implications from the past.

**A Need for Rest**

While the in-depth exploration is being done, the child seeks security and needs to rest. During these hours, the therapist is given permission to hold on to the heavy-laden emotions that the child is feeling. The therapist feels the danger and senses both the anger and the love that the child feels in order for the child to be free from it and to able to rest in peace. It is as though the child is temporarily handing over a part of their past so that they can finally gain some rest and begin to build their strength and their self again. This takes a great deal of trust and the child must be able to feel safe and secure in doing this in order to gain the rest that they need.
Exploring Beyond the House

Within time, the child will be able to venture not only into other aspects of the house, but into the neighborhood as well. In doing this, the child reaches out to others and begins to trust those around him/her. Social relationships develop and the child learns what is considered appropriate for these newfound relationships. Work with foster parents continues and as the child becomes more secure with the self, they also become more knowledgeable in regards to others' feelings and emotions and learn how to develop trust in others.

The child's secure base now becomes not only their room, but the entire house that has been built that contains both their past and present histories. The child takes ownership of this place that represents not only who they were, but who they have become. The child can explore this self, can venture from it if they so choose, and can rebuild and remodel many of the elements that they wish to change. They then become their own architect and no longer feel such a strong sense and need for isolation, protection, and safety from all else.
CHAPTER IV
CLINICAL INTERVENTIONS AND THERAPEUTIC IMPLICATIONS

Sitting with the Door Closed

As an infant, a child will cry or will show physical signs of discomfort when a need is not being met. As part of the arousal-relaxation cycle, the child will continue to show signs of discomfort until their needs become met and will then only begin to trust the mothering figure once these needs have been satisfied over and over again. Many foster children have not experienced success within this cycle and thus have not been able to develop trust in others. Once beyond infancy, the needs of the child differ from previous times. For many foster children, many needs now center around availability and acceptance. These children need to know that the counselor is available to them at all times during the session, even when they are not always available themselves. Also, many foster children need to know that there are people out there who are accepting of them and of the various behaviors, emotions, and both verbal and non-verbal communication that they are capable of showing. Being able to sit with a child every week under a variety of circumstances lets them know that we are consistently available to them. Even in instances when a child is unwilling to talk with us or in instances when they are unwilling to even meet with us, it is imperative for us to show them that we are still willing to meet them half-way, whether it be to talk or whether it be, at times, to play. As with the arousal-
relaxation cycle in infants, foster children need to be shown again and again that we are available to them and that we are willing to work with them in order for their needs to be met. Given time, these children will then be able to open their door and accept the counselor, but only after we first show them that we are willing and ready to go through the process with them.

As part of being available, many children may also need to feel as though they are being held in mind even when the counselor is not physically present. Children in foster care often have not gone through many of the developmental stages that are typical of children in more securely attached homes. Because of this, many foster children may not have experienced object permanency, in which they learn that an object that is out of sight is not necessarily out of mind and gone forever. When counseling these children, it may then be important to let them know that even when they are not with you, they are being thought about. With many of my own clients, certain activities were designed with them in mind and many sessions began with sayings such as, “While I was thinking about you this past week...” or, “Something you said last week had me thinking about...” In saying such things, these clients then began to understand that even when the hour long session was over, they were not out of my mind. Instead, I kept them with me and was able to develop object permanency with them. These children then learned that just because they may have closed the door, they were not necessarily blocking themselves from all others and were not blocking all others from themselves. One particular client would ask me to bring in certain materials. Books that we had previously read together or other items that she
knew I had in my possession were requested. This client was then surprised when I would bring the item in. Many times, we would not even use the item in the session, but for this one child, these requests were her way of knowing that I was keeping her in mind throughout the week.

Schofield and Beek (2005) cite one example in which a mother began to leave small treats for her foster child within a special tub when she was gone to school during the day. When the child returned from school, she would find new treats in the tub, which then served as a concrete reminder to the girl that she was being held in mind even when she was not in the home. This reminder helped decrease the girl's stealing behavior.

Certainly, there are many various challenges that a counselor faces when working with children who have had a history of trauma and who have not yet formed an attachment bond with another. While there may be many obstacles to overcome during the process, there is likely to be very little progress made if the counselor is at first unable to sit with the closed door. While the counselor may become frustrated or confused by the behaviors that the child elicits during this time and while the sessions may at first show little progress, the counselor ultimately must trust in the process. The counselor must be willing to learn about the child's experience through what little he/she may be able to offer at this point in the relationship. Hughes (2004) states,

[The] intention is to experience — and communicate — acceptance, curiosity, empathy, and, at times, playfulness for the child’s narrative. If the therapist engages in these expressions for another intention — to change the child — the child will be aware of this intention nonverbally and may refrain from joining the therapist's intention and then resist the interaction. When the intention is simply to experience and communicate acceptance, curiosity
and empathy or playfulness, the client is more likely to have a reciprocal intention of experiencing the therapist's intentions (p.269).

It must be realized that the child's narrative in these instances begins during the first session. Their non-verbal communication, their lack of trust in others, and their ability to both open and close the door is all a part of their story. Our job as counselors is to sit and wait until they are able to more fully be with us and until they are able to begin the process.

When I first began to work with one teenage client, it was explained to me that she was not willing to talk to anyone about her past or about her self. She had already seen numerous counselors and was unable to make progress with any of them. During our first few sessions, she would not speak to me at all. I then talked to her about other things that we could do with our time together and we began to do visualization exercises together, in which she felt no pressure to talk or to contribute something back. After this, she began to open up more at times, although many times, she would still remain closed off. It was as though she was opening the door up to me at times, but then felt the need to close it again.

Many foster children may need time to acclimate themselves to the counseling situation and need time in order to get a better sense of who the counselor is that they are sitting with. Once they realize that the counselor isn't going anywhere and that they are willing to wait for the client to feel comfortable before progressing, they then may be able to sit with the counselor at longer lengths. When a client is not affectively engaged in the session, there is the need for the counselor to wait, to observe and accept the nonverbal cues that the client
is offering, and then integrate these nonverbal cues into the session together. The counselor may need to comment on the child’s body language at times, letting them know that they are being attended to and that the counselor is accepting this part of their inner life that they are showing.

**Keeping the Door Open**

In counseling children with insecure attachments, the process of attachment as it is seen in infancy must be re-worked and remodeled. The counselor may at times need to bring elements of attachment theory into the sessions and must keep in mind all of the things that the child has not yet received. Mirroring, as an example, becomes significantly important when working with foster children, as many have not yet been able to effectively read the emotions of others and have not as yet been able to understand the self in terms of various emotions and feeling states. In counseling a preadolescent foster child who had undergone severe physical and sexual abuse as well as neglect for much of her life, I spent the greater part of a session narrating to her the various actions that she was partaking in. As part of this, I also told her what emotions I thought she may be feeling. In the beginning of the session, she ran back and forth between the kitchen and the living room without stopping for the first 10 or 15 minutes. When at first I had tried to get near her, she increased her speed and began to flail her arms. I relented at this point and sat on the couch, out of her path, while she continued to run. I sat silently until she gradually slowed and came to sit across from me in one of the living room chairs. She curled herself into the fetal position and began to bark like a dog. I remained
silent and observed her behaviors for a few moments until she began to pound her leg with her fist. I then began to comment in very general terms on what she was doing. Within this commentary, I also stated that it seemed as though she might be angry. She looked at me then with a confused expression and said that she wasn’t angry at all. When she focused back towards her leg, she began to hit herself again. I told her that it seemed to me as though she was angry because her face was red, her lips were curled down, and because she was hitting herself with her fist. “All of these,” I told her “are signs that someone might be angry.” She then asked me if her sister (two years older), who had come into the room, was angry. I explained to her that her sister didn’t seem angry and began to report on how her sister had looked in terms of her emotions.

This type of narrative style helped this client begin to understand and process both her emotions as well as other people’s emotions. I repeated this type of work with her, often having her look at me so that she could see what my own face might look like when I experienced various feeling states. At one time, we also looked into a reflective surface and I commented on the faces that she made and on what emotions those feelings may reflect for her.

While my time with this girl quickly came to a close, the idea of needing to mirror emotions and of commenting on various feeling states quickly became an intervention strategy that I employed with many of the children I saw. Schofield and Beek (2005) agree with the need for mirroring and state that “even teenage foster children still needed carers to provide the running commentary that parents most commonly provide for infants and young children, so that the children could
begin to make sense of their own and other's minds, relationships and social expectations" (Schofield & Beek, p.14).

By allowing a child to see what your own emotions mean and by giving the child feedback for their own feeling states, the counselor then simultaneously is also giving the child the ability to express their inner life and the ability for self-awareness. In doing this, we are permitting them to keep the door open for longer periods of time. We are not only making them vulnerable to this experience, however, but are becoming vulnerable ourselves. We are letting the child know that this is a journey that we are going on with them, instead of simply a journey of theirs that we are leading and observing.

When working with foster children, it is important to realize that many of them do not have "the skills needed to understand the meaning of their behaviors or to access their inner lives of thought and feeling" (Hughes, 2004, p.271). They have never been able to look at themselves before and perhaps have never realized that they have a self that is separate from all others. While working to separate themselves from the outside world, they may never have comprehended their own ability to develop their own personal interests, thoughts, creativities and potentialities. The counselor may then need to work with the child and "actively lead them into becoming engaged in the process of understanding themselves" (Hugh, 2004, p.271). Part of this process insists that the counselor is able to be fully present with the child, experiencing the full range of emotions and experiences with the child. The counselor, like an investigator, must be able to see all that the child cannot. Encouragement and support are essential during
this process as the child begins to discover more about who they are and about who they have the potential to become.

With one particular client, our initial sessions were often interrupted or were much briefer than they were intended to be. The client was wary of our time together and expressed nervousness about expressing the various parts of herself to another individual. After many months, this client was finally able to sit with me for the entire length of the session. During these times, I found that she was extremely talkative, although often times it was hard for me to follow her line of thinking. After closing her self off for so many years, she had much difficulty even in simple interactions with me. She had little sense of how to organize her thoughts in a way in which she could communicate clearly and had little to offer in the way of social skills. There were many times when I had to ask her to repeat herself and many times when I had to look beyond what she was saying in order to understand the meaning of what she was trying to tell me. In this sense, even though she was willing to engage with me in a much deeper sense, it was still extremely important for me to pay attention to all that she was telling me non-verbally.

When a client first begins to step outside of the room in which he/she has enclosed the self in for so many years, the counselor may need to begin exploring with the client more about the self and about fragments of their earlier history. Many foster children may have no real sense of who they are and may be afraid to even look into the self to find out what who this self is. Most likely, they will be afraid to turn around inside of the room that has been created to find
out what it contains and to discover what they have been withholding from the rest of the world.

When clients are unable to tell us about themselves, it then becomes essential for the counselor to develop various tools they can use in order to better express themselves. For many of my clients, I have found that by giving them something concrete, such as a list of adjectives, they are then much more able to choose which words they think describe themselves. I have asked clients to choose adjectives that describe themselves all of the time, sometimes, and never as ways to further help them develop some sense of who they are at various moments in time. This activity can then be looked upon throughout later sessions as well and may serve as a reminder to the client about who they are as the sessions progress and as topics that may be more threatening to the inner self are explored and talked about.

**Stepping Away from the Room**

The process of working with foster children is one of continual support, ever-growing trust, and education about the self. As part of this, communication becomes an extremely important factor in the relationship between counselor and client. As the child becomes more informed about their past and about the circumstances that have led them to their present, the level of trust between the counselor and the client grows and the attachment relationship becomes strengthened.

As communication between the counselor and client increases, both gain knowledge about each other and the client begins to gain a sense of clarity. As
more is learned about their past and as more questions become answered, the child can begin to look at the self differently and can begin to understand more about the person they have become. Strength is gained from knowledge, and with the counselor working alongside the child to find answers to so many of their various questions, strength is also gained through the growing relationship.

In a study by Stallard, Velleman and Baldwin (2001) of children who had been diagnosed with PTSD following a traumatic event, it was noted that by providing children with the opportunity to talk about the event and to ask questions about it reduced the child's psychological distress. Children who had not talked about the traumatic events were less likely to feel understood and showed symptoms of PTSD for a longer period of time than those who had talked with someone. By talking with someone, these children were able to better understand their experience and were able to normalize their feelings. As Schofield and Beek (2005) state, “The gift of being understood for children whose previous realities had been so comprehensively distorted and who must have felt at times as if they were going mad was a very significant one” (p.14).

Although some feel as though too much information will cause anxiety or additional worries for children, Clarke et al (2005) advocate for an informed approach which involves the child as well as the family. It is believed that children who have more information are better able to cope with the situation at hand and also may be better able to discuss their worries and fears with others (Clarke et al, 2005). This same communication style must be practiced with the foster care population as well. As much information must be gathered and the child must be
informed about what decisions are taking place and why. This may be a key factor in helping the child to see beyond the walls that have been built and to gain a better perspective of their outer reality.

While foster homes are meant to provide safety for the child, a lack of communication between the foster family and child as well as a lack of communication regarding the child's previous history may only serve to alienate the child, allowing the wall to continue growing. In counseling foster children, an important step in the process may be helping them to comprehend the reasons for a move as well as possible reasons for other past experiences as well. In doing this, we are helping the child to step away from the room, to gain a better understanding of their life events, and to begin looking at their past and their present situation within a different light. As counselors, it becomes our job to help the child understand their life history and to help them reprocess the meaning of earlier life events (Falhberg, 1991). Without this, the child will be left in the dark and will be unable to escape from the walls that they have built.

It is important to note that "children who are deprived may also be deprived of the experience of being with someone who can make sense of, process and emotionally understand what they have experienced" (Hindle, 2000, p.386). If, as counselors, we do not talk to our clients about their past and if we are not informing them of important key elements that they may be missing, than it is most certain that the client will feel as though information is being withheld from them. It is important to remember during these times, however, that the pace for any type of discovery needs to be a slow one. While most others have
had years to discover the self and to think about their past history, a child with a
trauma history has had little time to accomplish these tasks. The process of
going over this information may be one that takes time. Most likely, when the
client is ready, they will be the leaders and will let you know. Likewise, if the pace
is too fast, they may signal you to slow down.

Walking Through the House

Most people have certain memories from their past that they can recall
more vividly than others. Most people can close their eyes and recall certain
smells, a certain touch, or a particular color that may stand out for them and bring
them back to their past. There are certain memories that are recalled only when
triggered and then there are other memories that we are able to bring up almost
by demand. To recall these memories is a personal experience that often
reflects a great deal not only of our past, but of our present as well. When we
share our memories with others, it is as though we are letting them into our
space and allowing them to enter our room. Being able to share our detailed
memories of childhood implies that we are willing to connect with each other in a
way that is significant and meaningful.

When we connect with children who have been abused and/or neglected,
one must be aware of how difficult it will be for them to share with us. When we
expose our childhoods, we are exposing a part of our selves that runs deep
within us. We are allowing someone to cross the threshold into our past and are
no longer allowing them to observe solely from the outside. The experience of
connection can be a fascinating one, and with abused children, more so than
with most others, we must be willing to enter their world completely and without reservation. We must allow ourselves to feel with the child all that he/she has experienced and we must not shy away from stories of abuse or from stories in which the child may feel intense shame. We must also realize that these stories may come to us in various forms. With foster children, many of these stories may not come to us in direct fashion, but may rather be wrapped in outbursts or in behaviors that may otherwise appear confusing or challenging.

In allowing ourselves to become close to our clients in a more intimate and personal way, we are also allowing our clients to become close to us. They sense our reactions and listen intently to the words that we are saying to them, even when we believe that they are not paying attention. With foster children and with many children who have suffered from abuse, they will scrutinize the environment that surrounds them in order to know what they need to protect themselves from. Until the child feels the need for protection and elicits a numbing response, many of our own words and actions are then analyzed and dissected in order for the child to best make sense of the world that is surrounding them. With thoughts of safety and protection always occupying their minds, every situation is examined closely, and while many foster children may not have the social skills necessary to comprehend the exact meaning of what someone is saying, they will listen for the particular words that will be meaningful for them.

As counselors, it becomes important for us to not only take in what the child is able to offer us, but also to experience the child's world through our own
subjective experience. Our experience of what the child has gone through and is currently going through will, in some sense, get mirrored back to them. The hope in this process is for the child to then be able to subjectively look at their own experience differently. The child, while holding onto their own subjective experience of the events, may then be able to integrate the counselor's experience so that a new common meaning is reached (Hughes, 2004). In this way, it is as though the child and counselor are "co-creating a new autobiography... [that] is more coherent and continuous" (Hughes, 2004, p.268). This new interpretation or autobiography may then be able to help the child in feeling more secure and safe in the present. "The past event is experienced again, verbally and nonverbally, cognitively and affectively in the present. But this time it is not experienced alone" (Hughes, 2004, p.268).

While engaging in this process of discovery with our clients, we may begin to re-live with the child some of their past experiences. In this way, we are beginning to take steps much further away from their room of protection and are beginning to explore the rest of the house, which now represents much of their past history and trauma. In a study done by Whiting and Lee (2003), foster children were given the opportunity to create storyboards with pages entitled with headings such as "My Early Years," "My Family," or "How I Came into Foster Care." These storyboards served as an indirect means through which these children were able to tell their story, with more than half of the stories containing material related to abuse or neglect. The experience of simply allowing the child to talk through or to somehow communicate their past experiences can be
powerful if the child feels as though their experiences are truly being understood (Schofield & Beek, 2005). By continuing to be available to the child during these moments and by accepting their story as an authentic part of the self, the relationship will inevitably continue to progress as the child builds more and more trust in the counselor.

**Opening Windows**

As we walk with our clients through the house and through their past experiences and traumas, we may find that many of our clients have engaged in magical thinking, in which an idealized attachment figure has been imagined. A child may still hope that their mother will come back to rescue them, or that their father will bring them home and that life will be different for them. Ideally, it is as though each child wants to be rescued and holds within them the hope that their dreams will someday come true. Until these hopes and dreams surface, the child will continue to fantasize and will have difficulty being able to fully grieve and mourn what has already been lost.

Fahlberg (1991) states that regular visits between the child and the birthparent and mutual sharing of information are key factors for aiding in the resolution of separation issues. Without contact, the child expends a great deal of energy worrying and fantasizing about the birthparent and thus has little energy that can be devoted towards developmental tasks. Many foster children, however, are not allowed contact with the birth parent if parental rights have been terminated, or allowed little contact with the birth parent during supervised visitation. Along with this, children who have no contact with their birthparents
outside of infancy may also have no memories with which to draw an accurate representation of the birth parent. Most children, however, have a desire to know such a parent. This then creates the need for many children to construct a representative figure by using their fantasies and inner feelings (Hindle, 2000). These fantasies and representations are important elements to incorporate into the counseling process. Adults must be careful during this time to ensure that any explanations given do not feed into the child’s magical thinking (Fahlberg, 1991). Instead, Fahlberg (1991) states, the child’s magical thinking must be identified, clarified, and corrected in order to prevent long-term effects.

In a case study by Hindle (2000), a 9-year-old boy was said to have “different versions of a mother” that were diametrically opposed (p.370). At 6 months of age, the child was taken from his birth family and placed into foster care until the age of 6, when he was given custody to his biological father again. No contact was ever made between this child and his birthmother, who had relinquished her parental rights when the child was still an infant. He was referred to counseling for behavioral problems, which incorporated difficulty concentrating, poor performance at school, and defiant attitude. Although this child had no direct recollections of his birthmother, he talked about her and said that she did not want him as her son. In addition to this statement, he said that he did not want her either. If anyone, however, was to speak poorly about his mother, he was the first to defend her. In this example, one can clearly see both the child’s outer self and inner wishes; the outer warrior and the inner child. One can also see his difficulty in understanding what may have occurred in his
relationship with his mother. He wanted to believe that his mother was good and kind, and yet also appeared to feel disconnected from her. He loved and yet seemed to hate her at the same time, as though he had created two very different versions of her.

Within this case example, one can see that even though the child cannot recall the birthmother, he still feels a connection to her and longs to have her somehow involved in his life. The loneliness that one feels when building a wall around them is felt most deeply when the mother-figure is absent or unavailable. The child may feel a deep sense of loss and may experience grave, contrasting feelings in regard to the birthmother and to the self. In this case, the child created two different versions of a mother – one was based on magical thinking, in which the child fantasized a protective mother who stood beside him, and another who wasn’t there when he expected her to be. In instances like these, education and information can be seen as empowering tools for a child who feels overwhelmed and helpless (James, 1994). The child may be able to sort out, understand, and normalize his/her experience.

In this process, it is important to understand that the child has their own memories and experiences. We, as counselors, are not all-knowing or experts on their past. We can, however, listen closely while our clients are talking to us about significant others who have been in their life. We can ask them questions about these people and we can help the child to claim the memories they have.

Fahlberg (1991) states that few children in the foster care system receive adequate care in dealing with the grief that they experience once separated from
their birth parents (Fahlberg, 1991). This is a process that includes mourning and allowing the child to experience the wide range of emotions that typically comes with such an experience. In doing this, we must create a safe place for our clients in which they can feel free to express themselves. The mourning process itself is one that includes “protesting the loss, internalizing the relationship, saying goodbye and grieving” (James, 1994, p.54). Even for our clients who have experienced severe neglect or abuse, the process of letting go can be an extremely emotional experience. For many, it means not only letting go of people from their past, but it also means letting go of anything that may connect them with their past and with all of their other family relations. It also may mean letting go of any pets and animals that were in the house, letting go of friends who may have been at school or in the neighborhood, and letting go of much that was familiar. We, as counselors, must be able to sit with our clients through this loss and must allow them to process the full meaning of their experience.

**Much Needed Rest**

Holding therapy, which has been used as a therapeutic tool with attachment traumatized children, uses physical holding and intense eye contact in order to help the child attach to either the adoptive or foster parent (Myeroff, Mretlich, & Gross, 1999). The child is physically held for long periods of time in an attempt to repair the disruption that occurred in their infant years. With holding therapy, the therapist and parent attempt to help the child to self-regulate their emotions so that they can then learn to trust and inevitably, develop a secure attachment with their caregiver (Myeroff et al, 1999). While this type of therapy
has great intention, perhaps they misunderstood what needed to be held, for it is not the physical child that must learn to be held, but the child within who needs to be understood and who needs to feel emotionally held.

There is a need in therapy for the child to be able to share their experiences and know that they can be held – that the therapist can withstand knowing and feeling what the child has gone through. The intensity of the emotions that foster children feel often exists because many of their issues stem from infancy and early childhood, during times when emotions are especially intense (James, 1994). While the child may be familiar with the intensity that these emotions bring, the therapist must be aware of the difficulty that they may have in carrying these emotions within themselves. With someone else able to hold the pain and with someone else able to see even part of the child's experience, the child becomes relieved of these duties and can begin to see more and hold more within the self. First, the child must be able to trust the therapist immensely, for showing them any type of feeling is much more than many of these children have ever been able to do. With so many losses in their life, however, the child must also trust that the therapist will return and that they can hold the feelings without needing to leave. James (1994) states that “if one can be truly present for one’s client, whatever the client is feeling frequently transforms spontaneously into another state of being, often the very thing the child or person has needed all along – a feeling of comfort, support, being loved, or being at peace, among other things” (p.187).
While in foster care, foster parents may see this same type of reaction. Generally, although the first few weeks show few signs of maladaptive behaviors, often within 3 months, foster parents may notice a significant increase in negative behaviors that are marked by acting-out or limit-testing (Simms et al, 2000). These children search for proof that their foster parents can handle certain behaviors, as well as proof that the foster parents can be trusted if the child is to open the door even further. In contrast, other children who may have experienced many various placement changes, may close themselves off completely and are unwilling to test any type of interaction with their new foster parents (Simms et al, 2000). In this instance, the caretaker must prove to the child that they can handle whatever behaviors the child is showing. The child at this point needs to feel held and supported under a variety of circumstances.

In terms of children’s outward behaviors, Bowlby stated that nothing helps a child more than

being able to express hostile and jealous feelings candidly, directly, and spontaneously, and there is no parental task more valuable, I believe, than being able to accept with equanimity such expressions of filial piety as, ‘I hate you, mummy,’ or ‘Daddy you’re a beast.’ By putting up with these outburst we show our children that we are not afraid of hatred and that we are confident it can be controlled; moreover, we provide for the child the tolerant atmosphere in which self-control can grow (Karen, 1994, p.49).

When a child does not have a strong parental figure, it may be up to the therapist to be able to hold and accept these types of negative feelings that the child has within themselves. Even foster children who have little recollection of their birth parents still hold feelings of both hatred and love for them. The therapist must be able to hold and understand this relationship and must also be able to tolerate a
great deal of both the child’s anger and love that may then be directed at them if a transference relationship occurs. For many children, it may be the shadow or the darker sides of their self that they will want you to hold onto first, for it was this side of themselves that they first learned about as well.

In holding onto the child’s authentic feelings and self, the child then begins to make way for other feelings that have been buried and that have previously been given little attention. Through this process, the child may begin to feel more pain and may experience more unprocessed memories (Jackson, 2004). We must help the child to accept the reality of their past and the feelings that accompany it. They must be able to express not only loss and anger, but also love and hope for a future that contains something better. In the previously cited case study by Jackson (2004), he stated that “Yasmin was able to turn to me as someone who (at least momentarily) could receive and contain her distress. Somewhere in her pain then, there also appeared to exist elements of hope” (p.66).

**Venturing Into the Neighborhood**

It will be increasingly important as the child works through therapy for there to be others who can support the child through the changes that may be taking place. Hughes (2004) states that the child must have a caregiver outside of treatment to aid in regulating and integrating the therapeutic experiences. Within the therapeutic experience, it may be essential to invite the foster parent(s) into the sessions when the child feels as though they are ready. If a
foster home is also a pre-adoptive placement, work between all members of the household may be especially important.

Through therapy, just as the counselor must be able to hold the child's feelings, there may be many times when the foster family may be called upon to hold onto these feelings as well. The foster parent may have their own subjective feelings about a child's previous experiences that can be shared and/or mirrored back to the child in a way that will enhance the child's own understanding of their past. The reflective capabilities of the caregiver must be fully developed in these instances if they are to aid the child in their journey (Hughes, 2004). As part of this, the caregiver may need to reflect upon their own attachment history and may need to be aware of any counter-transference issues that may arise (Hughes, 2004). In order to best support the child, the caregiver must be able to be fully present during times when the child is walking through parts of their own past and during times when the child needs additional supports (Hughes, 2004).

If the caregiver has any unresolved attachment issues themselves, these may need to be explored with the counselor. As part of the therapeutic experience, it is essential that the caregiver be able to hold the feelings and emotions that the child is experiencing. To do this, the caregiver must be free from any of their own potentially unresolved emotional issues. They must be able to walk with the child through the child's own narrative and must be able to feel what the child is going through without bringing in elements from their own past. As many foster parents and caregivers are motivated to foster based on their
own previous experiences, the need to resolve any previous issues becomes of paramount importance.

As part of being able to hold onto the child’s feelings and experiences, the caregiver must allow the child to proceed at their own pace and must not rush the process. Children may often times feel ashamed or may feel as though the caregiver will blame them for certain events that have occurred. At times, the caregiver may need to act as an advocate for the child and needs to show that they are actively supporting the child. Encouragement must be given and feelings of genuineness, in which the caregiver responds in a real and honest way, are of utmost importance. Equally important, it must be noted that if the child is able to explore deep-seeded issues with the caregiver, confidentiality agreements must be made in order for the child to feel secure and comfortable. The child must be able to trust that the caregiver will not share information unless it is necessary to do so for the child’s or for another person’s safety. As a counselor, the need to be attentive to these family dynamics is essential if the ultimate goal is for the child to form a secure attachment to their caregiver.

In order for the attachment relationship between caregiver and child to continue to grow, it is imperative that the foster parent be willing to acknowledge the fact that the foster child has had previous experiences and may have previous carers who they still feel connected to. Allowing the child to tell their story may then help them to feel more understood and can facilitate the healing process. Acknowledging the child’s previous traditions or special events may also
be important in helping the child to feel as though they are becoming a part of the family and may help the child in holding onto positive aspects from their past.

A child's magical thinking may also need to be explored with the foster family. Many times, a child's magical thinking may stunt their ability to work towards being a part of the foster family they are with (Fahlberg, 1991). This may be of particular importance once the child begins to feel an emotional attachment to the foster family, which then increases the loyalty conflicts that may be felt (Fahlberg, 1991). When working with a young boy in foster care, it became apparent that he was experiencing profound loyalty conflicts between his birthmother and foster mother. He felt as though he needed to say something good about his mother after every positive statement he made about his foster home. At times, he had difficulty talking at all about his foster home because he felt that he was being disloyal to his birthmother. The foster mother and I both had to reassure this boy time after time that it was okay to love two mothers and that it was okay to be happy in his foster home.

As children learn to accept more of themselves, they may simultaneously learn ways of accepting others as well (Schofield & Beek, 2005). As the child ventures away from the house and begins to gain support and involvement from others, a sense of mastery and efficacy may develop (Schofield & Beek, 2005). Children can begin to feel more effective in social relationships and can slowly start to become more autonomous, without feeling the constant need for protection.
As James (1994) stated, “It is the family that gives the child a sense of identity and self-worth” (p.217). Involving the family in any way possible can work both to give the foster family support and to make the foster child feel as though they are working together towards a common goal. As part of this, the foster family must provide the child with a sense of routine, and events within the household must be predictable in order for the child to initially feel safe. By making things within the household routine, the child may also experience a sense of comfort, especially if they have not had a sense of predictability in previous homes (James, 1994). Numerous opportunities for achievement and accomplishment must also be provided to a foster child as a means of increasing their sense of self-worth.

Since so many foster children have had previous histories of abuse and/or neglect, they are more susceptible to damage from poor parenting practices than children who have experienced healthier parent-child relationships (Fahlberg, 1991). Parenting practices then become an essential aspect of the counseling process. A discussion about clear and reasonable expectations and limits may be essential, as appropriate limit setting for foster children can often be a means of allowing them more freedom. Once a foster child understands what the limits of a household are, they are more apt to feel secure, safe, and accountable for their actions. Without this, the child may feel insecure and may test limits in order to understand their position in the family.

Schofield and Beek (2005) noted that as the quality of relationships increased for foster children, their anxiety levels decreased and their sense of
focus and direction in life increased. Truly, the benefits of having secure attachment relationships appear all-encompassing. As Schofield and Beek (2005) state, “In a family based society, a child who feels they have no right to belong to a family or lives in a family of which they do not feel fully a part will carry a powerful sense of psychological and social dislocation.” Supporting the family bonds within the foster home can hopefully give these children a sense of place and a sense of home.

**Self as Architect**

As therapy progresses, the ultimate goal is for the child to feel more comfortable with the whole self and to understand more about their past and about how the self has developed because of prior events. The goal is for the child to be able to take ownership of their past without feeling the need to take responsibility for the events that may have occurred. In a sense the therapeutic process is one in which the therapist helps the child, not by becoming a mother substitute themselves, but by helping the child to construct an internal mother. The child must learn not only how to adequately protect the self, but must also learn how to love and nurture the self so that it can grow. The child must learn how to develop a positive sense of self within the initial stages of therapy so that they can later cope with the losses and changes in their life (Jackson, 2004).

The process is one in which the child must learn to bring feeling and thought into closer proximity. When feelings and thoughts are disconnected, the child cannot make sense of earlier experiences. Again, the child and therapist must learn how to walk through the house together. The child needs to learn how
to cope with and master the traumatizing experiences of their past and needs to learn how to cope with the negative maladaptive behaviors that may have resulted from such an experience (James, 1994, p.53).

When the therapeutic process comes to a close, the child should, in a sense, begin to feel as though they are their own architect. By creating in the child a sense of mastery, safety, and control, the child feels as though they are able to continue building the aspects of the self that had previously been ignored. The child realizes that they have the capabilities necessary to make sound decisions about their life and has begun to take some control. Generally, the child is able to express a wider variety of emotions and feelings during this ending phase of therapy and has begun to create solid attachments with a greater number of people.

**Termination**

Many of the issues that foster children have are initiated by attachment trauma and because of losses that they have experienced. Terminating therapy then becomes an issue that needs to be given careful consideration so that the child does not see the ending relationship as another traumatic loss. While the exact means of termination will vary considerably given the uniqueness of each counselor-client relationship, there are a few guidelines that may be important to follow.

As part of the communication process, termination must be talked about with the client well in advance. The child must be given specific reasons for termination that center around the successes that have occurred in treatment.
Within the termination process, it is important to involve the child as much as possible to determine what termination will look like. When terminating with many of our clients, it may be important to give them a good deal of control over the final session in order to make them feel as though they have become a large part of the process and in order for them to turn the final session into something that is positive and meaningful for them. Many clients will take pride in organizing the final session and will be able to make the culminating experience about what has been most important for them.

Encouraging the attachment between the caregiver and child is a goal of the therapeutic process and should be seen within termination. Including the foster family or caregiver in the final session may be a critical factor in termination, as each will have to rely more heavily upon the other when future issues arise. If the caregiver has been a part of the process, then the final session may also be a termination for them as well. Indeed, the termination phase of treatment should be seen more as a time when the bonds between caregiver and child are growing stronger, with the caregiver now more able to meet the emotional, physical, and psychological needs of the child.

The concept of being held in mind may be a critical part of the termination process. Just as a counselor is able to hold the child in mind in-between counseling sessions, it may be important to remind the child of this concept when terminating. A foster child, who has not had many secure attachment relationships, may need to be to be reminded about the memories that each person carries with them. Each person changes somewhat after they have had
someone enter into and see a great deal of their world. Inevitably, the counselor
and the child will have changed to a degree and will take the memories of the
other with them as they continue on their journey. To remind the child that they
will be held in mind even after the sessions have ended may be a crucial concept
for them to understand and for termination to be successful. For the child to know
that they have had the power to impact someone may also be critical for their
own identity formation and self-esteem.

For some, adding pages about the therapy process or relationship within a
child’s life book or through some other means may also help the child to have a
concrete reminder of the work that has been done. For many, I have written
letters detailing the changes that I have seen and the future potential that I
believe they are capable of. In this way, they are able to hold onto a small part of
the journey.

There are times when termination may come abruptly because the child is
moving placements or because of other unforeseen circumstances. When this
happens, it is best to focus on the positive changes that may have taken place
and on any gains that have been learned throughout the process. The counselor
may wish to talk with the child’s future therapist, if known, to discuss any
accomplishments that have been made thus far and any pertinent information
that may be of value. The current counselor may additionally wish to talk with
future caregivers about any pertinent information, as long as confidentiality
agreements are not being broken. Continuity of relationships for a foster child is
important, however, and if the counselor has any information that can aid in
allowing the child to have an easier transition, than this information should be shared when possible. While we as counselors cannot always control a child's life circumstances, it is important for us to aid in smooth transitions and in the continuing care of the child.
In the early 1900s, Virginia Woolf wrote about freedom for women and talked about how each woman needs a room of one’s own. This room was symbolic of the development of the self and of a woman’s individual needs. It was a room that emphasized sovereignty, development, and knowledge of one’s world. This room was her liberation and a liberation that she felt all women deserved. The room represented a space in which Woolf could let the true wild woman come alive and in which she could experience none of the restraints that her current world had imposed upon her. She could be unleashed and could allow herself to unravel. Woolf felt at the time as though the masculine world was draped around her and felt as though the feminine world had been cloaked into a sort of submission in which one must comply and continue the outward facade in order to survive. When Woolf stated that each female was looking for a room of one’s own, this writer believes that it was not a physical or external room that was desired. Instead, it is believed that Woolf was craving a space within the self in which she could release all that was within her. This room would let both the inner child and the old woman inside of her roam freely and without restriction, and yet the room would also have doors which could open without constraint and without shame to the outside world at any given moment.

As so many children within the foster system have suffered from abuse,
neglect, or loss of self, so too must these children learn as Woolf did, to create an inner space in which the self can grow and emerge. If trapped in this space, however, the self will deteriorate, for just as a builder must learn how to put up walls, it must be noted that doorways and windows are equally as important. While creating a room of one’s own, one must be careful not to close themselves in, for one cannot survive by one’s self alone. Relationships, attachments, and the mixing of the inner and outer worlds is what truly makes the self whole and represented the type of freedom that Woolf longed to express.

As a therapist, there are many roadblocks that one may face when working with foster children and when attempting to help them find an inner room of their own. When deciding to work with this population, it must be noted that while each child is different, there are certain commonalities and issues that may arise. Foster children, for example, often have an immense lack of trust in others and often feel the need to control their environment and others who may happen to be within that space (Schofield & Beek, 2005). Likewise, they monitor the environment closely, but are highly resistant to accepting or learning from new experiences, even when these experiences are being provided by responsive and secure adults (Schofield & Beek, 2005).

Because of children’s previous histories with caregivers, foster parents and other adults are “more likely to be seen as the source of terror in their lives” and children are more likely to feel the need to control others in order to keep themselves safe (Hughes, 2004, p.263). Trust is not something that comes easily
for foster children and service providers or caregivers may become frustrated by the amount of time it takes for any significant progress to be seen.

In order for there to be improvement in these areas, there needs to be a shift in focus. More research is needed on the foster child's internal experience and on therapeutic methods that work best for the foster care population. More work is also needed to ensure that these foster children are receiving all of the services that the state wishes to provide. Although many states wish to provide foster children with a variety of services, the implementation of these services must be closely monitored to ensure that these children are getting the proper medical, physical, and psychological care. According to Kerker and Dore (2006), these children often are lacking basic needs that, if monitored more accurately through the foster care system, could result in better outcomes for these children.

Also needed within the foster care system is better foster parent education. Many times, foster parents are not prepared for the level of intense behaviors that foster children often show. Many are also not prepared for how these children differ from other more typical children and need to be prepared for different obstacles that may be faced. Without this education, foster children will continually be moved from one home to another, suffering losses along the way, because of the foster parent's wrongful preconceived notions.

Within the therapeutic atmosphere, counselors must be aware of the differences between foster children and other children who may have similar behavior issues. Counselors must also know that there are certain children who may resist them simply because of multiple failed attempts at therapy in the past.

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For foster children who have changed homes multiple times, the implications may mean that they have experienced a multitude of service providers and many for only brief periods of time.

When working with a foster child within a non-behavior based model, it is important to note that the counselor may need to work with the child for many months or even for many years. In order for trust to be developed and in order for the child to attach to the counselor, the counselor works with the child at his/her own pace and often needs a substantial amount of time with the child before change can be seen. Having the child move placements within the midst of therapy may be traumatic for a child who was just beginning to trust the counselor. Kenrick (2000) states that, with the social worker’s assistance, it is “normally possible to guarantee that treatment will be supported on a twelve-monthly basis” (p. 410). Counselors must be aware of this and must work with the social worker to ensure that the work is able to continue for a significant period of time.

The possibility that the child may be moved during therapy and that counseling may have to end is, however, a reality that must be faced and can be seen as a tremendous downfall for a therapeutic method that is based on developing trust. In this instance, the therapist must work to communicate as much information about the move as possible in order to lessen any trauma from the experience. The child must understand the reasons for the move, must be told as much information as possible about the upcoming family, and must get the chance to ask any questions that may be looming.
Minimizing attachment disruptions is another critical part of the healing process. To ensure that a child and foster parent will be successful, screening methods and family assessments must be thorough and the matching of a child to his/her foster home must be given careful consideration, with the child involved as much as possible in the decision making process. To limit the number of moves a child experiences, open communication amongst all parties, training for foster parents, and preparation for the foster child are all crucial aspects when working to ensure that the placement has a positive outcome.

Even with all of these obstacles in place, it is my experience that working with foster children can be an extremely rewarding experience. As Fahlberg (1991) states, "children are probably at their point of highest risk for long-term psychological damage at the time of removal from their birth families" (p.269). To be a part of a child's life during this time can be difficult, but the potential for change is profound. To be a part of that change can be a moving and life-changing experience for all involved. Once a counselor or foster parent has built up enough trust for the child to be able to open up their protective door, the potential for all that the child has been withholding to be released increases and not only will the receiver see a child's fear, anger, and confusion, but they will also see the massive amount of love, strength and peace that have now been given an outlet. These core emotions, when seen only once or twice, are enough to make the experience worthwhile.
References


