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That Wall is Around My Heart: Family Centered Practice

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In March 2011, I got a call from Nancy Steiner, who said that she wanted me to see her son and that she had been referred to me by a mutual friend, a retired school teacher in Washington, DC. He said I was the best guy in town to work with angry and lazy teenagers. I'll take that as a compliment. After 30 years in clinical practice, I finally had a specialization.

I asked a little more about the situation over the phone, and the drama became darker quickly. Her adopted son James had been placed in foster care when he was 9 years old, his father had been abusive to his sister and his mother, and he had gone through two foster homes before Nancy and her family had adopted him 3 years ago when he was 12 years old. She said, "he could be a good kid," but she "couldn't" take his abusiveness with her and the nasty language he used with her anymore. He was in ninth grade and just about to fail out of most of his classes, and she had given up trying to motivate him to do his school work. He slept a lot and played video games, wouldn't really work hard at anything, and she needed help! The only strength I could draw out of this understandably overwhelmed adoptive mom about James was that he seemed to like to play baseball and that his adoptive father, Paul, coached the team and James got to pitch and play first. Even here, she reminded me that he was too lazy to practice in between games, so his hitting and pitching never really improved.

FYI: I play in an over-48 men's baseball league called Ponce De Leon and occasionally pitch, having two pitches in my hardy arsenal—slow and slower! I figured I could at least engage this kid. With all my experience and advanced degrees as a therapist, there's really nothing like being able to talk easily about two seamers and four seamers and circle change-ups to impress a 15-year-old ball player. James is 6'1" and skinny. He has a long sad face and, when I first met him, was wearing a too-large white T-shirt, black basketball shorts, and new blue Nikes. He lives in a solidly middle class, white Catholic family. Paul is retired from a career at the Government Printing Office, and Nancy works as a pediatric nurse for a large hospital.

This clinical narrative, using fictitious names for confidentiality, highlights the unique challenges of working with a traumatized teenager and his adoptive parents. More importantly, this case study is iconic in that it illuminates how the neuropsychological impact of developmental childhood trauma, the repeating nature of intergenerational abuse, and the destabilizing effect of multiple placements undermine a child's functioning even when he arrives into a stable and well-functioning adoptive family.

Permanency or the lack of disruption and need for further placement is viewed by many in the child welfare system as the end goal or desired outcome when removal from the biological home is necessary. However, James's presenting problems have been seriously amplified by the "iatrogenic" nature of the child welfare system (Friedman, 2005). "Iatrogenic" is a public health term used to describe illnesses that are caused by the treatment process itself—getting pneumonia while you are in the hospital recovering from heart surgery is a classic example. The treatment in James's situation involved removal from his vicious, abusive father and alcoholic mother to a foster home at age 9 and being thrown out of that foster home and one more, before at 12 being adopted by Nancy and Paul. No practitioner along the way helped him find the strength to face his most difficult challenge—gaining some perspective about his toxic family of origin and learning how to avoid reactively repeating the patterns of avoidance or abuse throughout his life. James's story should remind practitioners and policymakers that even permanency, difficult enough to achieve, remains problematic for abused children unless we recognize and provide resources to help caregivers of all kinds and their traumatized children constructively respond to the corrosive long-term effects of abuse.

Some see the child welfare system as analogous to a cliff. To one side is the safe, solid ground of foster care and eventual adoption, and on the other side of the precipice is the dark valley of being returned to the biological parents or leaving a child with his or her parents. Some social policy leaders, media experts, and politicians and much of the public see it this way because the only harm readily visible to them is the harm done by too little intervention (Wexler, 2011). But the child protective system is not really a cliff—it is a tightrope. One can "fall off" in either direction: by leaving a child in a dangerous home or by removing a child from one that with a little support could be safe and loving.

We need to identify the risks and errors in judgment in both directions if light is to be shed on this treacherous decision-making process. We need to be committed to the challenge of differential response to different levels of risk—and we need to have the courage to constantly remind our politicians and media critics what the facts show: kids generally do better in the short run and the long run when they remain with people and in schools and environments they know. If removal is necessary because of the chronic, toxic patterns of interaction with their own parents, then relative or kinship care is the next best option. And even when a placement becomes stabilized, the new caregiver family environment is loaded with triggers that reactivate aggressive or sullen

and silent behaviors and can leave untouched the likelihood that the abused child will abuse his or her own children in adulthood (Wexler, 2011; Conway & Hutson, 2007; Chamberlain et al., 2006; van der Kolk, 2005).

The child and the caregivers or parents need help in changing the victim/offender pattern that often is an accepted if painful pattern in the family's life. This kind of pattern change in families is the outcome of effective family-based interventions—especially with workers who know how to build on the family's strengths so they can find alternatives to the negative cycle they've lived with. In this way, the child has the opportunity to reengage fully into life and learn how to manage stress without resorting to either being a victim or offender. Moreover, the adults in the family learn how to stay calmer themselves when conflict and stress bear down on them.

Let's get back to James. As a family-centered therapist, one who works especially with kids and young adults, I know that I'm going to have to bring Nancy and Paul into the sessions with James. But if I move too quickly, without first engaging him or gaining some trust, I'll lose him in the inevitable challenge to his behavior that I'll need to make with the parents in the room—Nancy blames James, and James blames Nancy endlessly. But I know they all are contributing to the conflict. I've got to help them change this pattern, or I'll be next on the list of iatrogenic therapists—another well-meaning helper who had created hopes within the family for positive change but who ultimately failed in helping them get anywhere.

This repeating pattern of victim and offender, withdrawal and disengagement from living life fully is typical of many even so-called successful long-term foster care and adoptive placements. If such a repetitive pattern is not altered in significant ways by young adulthood, the adult product of this helping system will repeat the pattern of reactivity and resort to victim/offender behavior with those closest to him, i.e., his or her own partners and his or her own children. It's this invisible harm 30 years later that I'm very concerned about with James. And we all should be concerned about it in our family-based work and in walking the tightrope of child safety decision making (van der Kolk, 2005).

People with childhood histories of trauma, abuse, and neglect make up almost the entire criminal justice population (Teplin, Abram, McClelland, Dulcan, & Mericle, 2002). Physical abuse and neglect are associated with very high rates of arrest for violent offenses (Anda & Felitti, 2003). Three-quarters (75%) of perpetrators of child sexual abuse report that they themselves were sexually abused during childhood (Romano & De Luca, 1997). This tendency to repeat represents an

integral aspect of the cycle of violence and child maltreatment in society that we as helpers must have the strength to face—regardless of which side of the tightrope the child falls on (van der Kolk, 2005).

Each year, over 3 million children are reported to the authorities for abuse/neglect in the U. S.; 1 million of these cases are substantiated (U. S. Department of Health and Human Services, 2003). Across the state of Texas in 2010, there were 288,180 children reported and 97,890 substantiated investigations, up 25% from the preceding few years. In Texas, 27,304 kids were in substitute care on August 31, 2010, and of these, 70% were in "stranger" care and 20% were in kinship care. To get a feel for the dimensions of the problem, think about it this way. An average to small college auditorium seats about 300 people. If we put ninety of these auditoriums side by side and in each one every seat was occupied with a child, we'd have the foster care population of Texas in 2010. Then add to that image this fact: half of all the kids in each of these auditoriums would be 9 years old or younger (Texas Department of Family and Protective Services, 2010).

So James was 9 years old when he was placed into his first foster home. After three to four sessions of talking baseball and pitching grips, I finally ask about his birth mother and what happened to get him removed. Without any emotion, he tells me that he saw his father beat up his mother and that his father made him watch while he repeatedly raped his older sister for more than a year. He was 7 years old, he thinks, and his sister was 13. He says that his mom was an alcoholic and tried to help but couldn't do anything, and that she's still a drinker and homeless. How does he know this? He meets her once a month at a Red Lobster restaurant near my office. He uses his allowance money to buy her lunch, and they talk. He says she's still homeless but seems to be drinking less. And his sister is doing better, having run away from four foster homes, aged out of the system, and worked as a prostitute for awhile. She is now living at a women's shelter, has joined AA, and is getting her GED.

I ask if Nancy and Paul know how his mom and sister are doing and know that he meets with his mom regularly. I wonder what they think. James says that he's told them. They say it's up to him if he wants to meet with her, but they don't want him to talk about his mom or sister around the house. It upsets them, and they don't think it's healthy for him to be occupied with his mother's problems when he can't help her with them anyway. She's got to stop drinking and get shelter on her own. James then tells me one of the reasons he doesn't do his homework or pay attention in school is because he's not "motivated"—he says he wishes he could be, but he's not. He says he often sees mental pictures

of his father abusing his sister and of his dad beating his mom, and he zones out then. He says the only time he's not likely to have these flashbacks is when he's sleeping. Sometimes it helps to play video games for hours at home or when he's pitching a game, even if he loses the game.

James's neurological and biological systems are hyperaroused and often raging. It's all he can do to try to avoid feeling, talking, or acting out about this intense emotionality. He feels like he's dealing with much more serious adult problems in his life than whether homework gets done or he makes an A or an F in American History. A "tuning fork" was struck in his limbic system as a child, and it keeps vibrating and being triggered by conflicts with Nancy, flashbacks of his father's abuse, and rage about his life situation. He's a war veteran, a soldier returning from vicious hand-to-hand combat in Afghanistan, totally traumatized. Worse though, as a child he couldn't go AWOL even if he wanted to. He was dependent on his offender—someone he knew and at one time trusted and loved. James is not an exception: 60% of all abuse offenders are known to the child (Anda & Felitti, 2003). What is also so typical about James is that even with this entire complex trauma going on in his body and mind, he looks, to the entire world, like an average tall, lazy, angry, sad, and silent teenager.

Six weeks later, with James on a daily 30 mg dose of an antidepressant/antianxiety agent to help him manage his traumatic flashbacks, he finally smiles during one of our sessions. He says that he can now fight the flashbacks during school and reluctantly acknowledges the medicine is helping him. But it's late in the semester, and the damage is done to his grades. He's still very angry and verbally abusive with Nancy. He remains afraid to challenge himself in baseball or in peer relationships or anything really. He's still going through the motions and prefers sleeping and video games to life. So medicine may be necessary, but it's hardly a sufficient answer.

We're ready to invite Nancy and Paul to a meeting and begin face-to-face family work. Cut to the second family meeting. James is sullen for the hour, making no eye contact with anyone in the room. I wonder if he's having flashbacks or just zoning out. I try to calm Nancy's critical tone, and Paul is silent. But I can't get James to speak up for himself, to be his own advocate, to say anything other than Nancy drives him crazy and she's always yelling at him! This is another adaptive behavior of child abuse victims; they have learned through their own experience that speaking honestly of the abuse will result only in more pain and ultimately end in rejection, so it's better to just be quiet and fight over something less explosive like Nancy's angry tone or her complaints about his disrespectful

language or his bad grades. We as helpers need to be patient and understanding of this survival strategy. Nevertheless, if I were to allow James to avoid testing these long-established, fearful expectations of how Nancy and Paul will respond to him being more real, then I inadvertently would be confirming his worst fears. This is another "iatrogenic" mistake that is easy to make as a therapist when we try to "protect" abused kids from more harm, when in actuality we're enabling their lack of confidence and their fears.

James has lost all expectation that anyone will ever protect him. He's disoriented by all the stress in the room. He's wondering how the hell he got himself in this position—not the adoptive family, but how he let himself get drawn into this therapy room and this discussion of his past abuse with three adults. He now expects rejection, and all this discussion I'm leading them into will end in his getting kicked out again, as he was from two previous foster homes, for fighting too much with the foster parents or their own kids.

The ugly repeating cycle of becoming a victim and then being rejected with no one wanting to hold him is again looming over his head. Can't we all just not talk about this stuff! He's trying to avoid the experience that I'm trying to enact, because he fears that he won't be able to control himself if he gets drawn any further into the discussion. The old trauma will be reenacted with the same horrible outcomes, and he'll act out and do something he regrets to Nancy, Paul, or me. Maybe he'll storm out or break something or curse at us. So in survival mode, he freezes up to protect himself. As helpers, we must realize that kids who have been traumatized organize their relationships around the expectation and then the prevention of abandonment or victimization (van der Kolk, 2005). James expresses this as oppositional defiance to Nancy, distrust of his adoptive family, and a code of secrecy and silence about his pain in the office that would make the Sopranos proud. The DSM-IV labels James's behavior as "reactive attachment disorder," but such sterile clinical language doesn't help me or him or the family a bit right now (American Psychiatric Association, 2003).

At the center of the therapeutic work with traumatized children or teenagers like James is helping them and their parents or caregivers realize that these kids are prone to repeat old patterns of victim/ perpetrator. Moreover, the child is prone to freeze up when any discussion gets too close to the traumatic truth in his or her life. The child avoids engagement with family members because any interaction may unexpectedly turn into a traumatic trigger. The child will lose control and make the situation even worse.

During the family meeting, I say that it feels like there is a wall, a tall thick, concrete wall between his mom and James—and I reach out to draw in the air the image I have of that wall. I say that neither can get around it or over it. All is silent. I turn to James and make sympathetic eye contact and say to him softly, "James, how you deal with this wall now is really important in your life. I know you want to get married someday. I know you want to be a much better father than the father you had and that you want to care for and protect your children. But if you can't deal with this wall now, you'll never be able to have all those good things you want in your life." James glares at me silently for a long time, and he finally, very softly and somberly, says to me, "You got it almost right, but that wall isn't between her and me. That wall is around my heart." And he draws a circle around his heart.

I am struck with his strength and the incredible simple eloquence with which he spoke. I've thrown a challenge in his face that is the harsh truth of his life, as I see it, and pointed out the repeating cycle of trauma and response he was susceptible to—and he's responded with more courage and insight than I had even expected. He's broken the old pattern that his experience had predicted would lead to an explosion. He's found an alternative to fight, flight or freeze. He has neither had to act out or be self-destructive in the face of my triggering comments in the context of this family meeting. He's found the words and emotional control to speak authentically about his abuse and its effects on him as a teenager. Nancy's taut angry face falls, and she begins to cry. Paul reaches out and puts his hand on her knee. The whole room softens. James remains sitting forward, on the edge of his seat, totally present and engaged, now looking at Nancy and awaiting her reply.

I know enough to be quiet, sit back, and let the family find a new pattern to actually talk about these issues without my intrusion. Mom says through tears, "So I'm not the reason you are so angry at me?" And James says, "Well, sometimes you are, but most of the time I can't trust anyone and I haven't been able to for years . . . and you just need to live with that. It doesn't mean I don't appreciate all that you and Paul do for me, and I actually like living with you guys—it's so much better than anything before—but I'm not going to be the lovey-dovey kid you want . . . I can't be."

That meeting was in the early part of June 2011. After several more meetings in June and a six-week summer break in therapy, James and I meet again in mid-August just a few days after he's started the new school year in the 10th grade. He's gotten a crew cut and is wearing a color-coordinated outfit with a new blue T-shirt, matching basketball

shorts, and the same pair of blue Nikes. He shakes my hand when he comes in, plops down on the sofa, and asks how I dealt with the small earthquake that occurred the week before in the Washington area. He says school is starting off pretty good and asks, "Do you know I am a good speller?" I say I didn't know that, and always up for a game and wanting to sustain this positive engagement on his part, I say, "Let's have a spelling bee so you can show me how good you are." "All right," he says with a smile, "I'll give you a word." He thinks for a minute and says, "how about 'anthropological'?" and I say, "James, you're killing me!" He laughs, and I slowly spell it out. He says, "All right, now give me one." I'm torn. Do I make it easy so he gets it right? If I do that, he'll sniff it out immediately and feel I don't have confidence in him. If I make it hard and he can't spell it right, will he feel too defeated? What the heck. I say, "How about 'analytical'?" He thinks for a long minute, spells it one syllable at a time, and nails it!

The challenge for us as helpers is to educate ourselves about the neurobiological effects that trauma renders on children like James. We need to become skilled in using their strengths, enacting positive experiences, and facilitating family interactions that help them reverse their deeply ingrained defensive patterns of reactive avoidance and acting out. We need to find the strength and patience to help terrified children and their families develop the capacity to focus on their own strengths and to create and sustain positive and even pleasurable activity together. Only in this way can we help stop the pattern of fearful expectations, silence, and the repetition of victim/abuser roles that have been present for so long. When these patterns begin to change, you know it because the kids and parents develop the capacity to cry, laugh, tease, and yes, even argue. There's no more reliance on flight or fight or freeze responses to each other. Children engage in simple group activities and play. They trust again in relationships with adults and peers. The cycle is broken, and a safe enough space is established within and between family members, for everyone to look at their traumatic past without having to repeat or reexperience it (van der Kolk, 2005).

I have come to believe that the debate in child welfare policy circles between the benefits and costs of family preservation vs. child removal and placement is often a red herring, a distraction from a much more important reality for abused children and those who love them and are trying to raise them. Falling in either direction from the tightrope of child welfare decision making can be treacherous for the child and family. As I've said earlier, this debate rages because the only harm readily visible to politicians and the media is the harm done by too little intervention. Would

a local paper run a front-page story about the complex, emotional trauma and process that James and his adoptive parents are going through? Or would they prefer to write about a biological father who abused his child in a home where previous reports had been made but not enough information was available to substantiate the abuse and remove or "save" the child?

James's story and therapy process should serve as a reminder to practitioners and policy makers about how the iatrogenic nature of our child welfare system, seen in multiple placements and lack of family-centered clinical support for caregivers and their families, amplifies the traumatic reactivity of the children we are trying to help. Moreover, the cycle of abuse continues even when placements are stable because the victims, caregivers, and professionals often overlook the important corrosive patterns of interaction that are driven by the neuropsychological effects of childhood trauma. James's experience in family therapy can serve as an excellent discussion starter for clinical supervision in child welfare, foster care, or juvenile justice programs. Policymakers should take to heart the message that family stability or even permanence is not the final successful outcome because of what we now know about the neuropsychology of abuse and how kids like James are at risk of abusing their own children years down the road. It's ironic, but should be no surprise, that regardless of how stable a biological, foster, or adoptive home becomes, the traumatized child needs to learn, with patient and skilled help from practitioners and caregivers, how to regulate his or her reactive impulses that will otherwise lead to repeating patterns of abuse in the next generation.

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