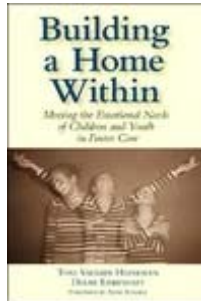


## Therapy With Foster Children: Heartbreak and Hope

A review of



### **Building a Home Within: Meeting the Emotional Needs of Children and Youth in Foster Care**

by Toni Vaughn Heineman and Diane Ehrensaft (Eds.)

Baltimore: Brookes, 2006. 245 pp.  
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Reviewed by

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— Therapists working with children in foster care often face challenges more distressing than those facing other mental health specialists serving children. Those who work with families searching for help for a child with a disability, such as sensory integration troubles, retardation, and emotional difficulties (whether aggression or difficulty in reading others' social cues), have an advantage because they are usually working with parents. Despite their worries, these parents are mostly concerned, involved, and ready, in their daily interactions with their child, to try professional suggestions, such as learning about and taking child temperament into account, limiting sensory overstimulation, or providing specific behavioral management techniques such as contingent positive reinforcement (Turecki & Tonner, 1985).

— In contrast, the seasoned therapist who undertakes work with children in the foster care system has no guarantee that there will be other involved adults available for such partnerships. Worse, in their placements, these children may have no stable adults in the foster care system who provide consistent, lasting, and caring relationships. The therapist must often multitask and take on a wide range of other jobs, such as arranging for

transportation to the office for the foster child and contacting an array of professionals, such as group home directors, social workers, and court personnel, and advocating with them for the child.

Even when a therapist has established regular contacts with such personnel, the turnover in agencies increases therapist frustration, as the contacts may be adults, such as trainees, who change jobs frequently. One of the group home workers described in *Building a Home Within: Meeting the Emotional Needs of Children and Youth in Foster Care* had been steadfastly working with a teenager who was remanded by the court to his biological mother. A judge decided that the teen should be taken from a secure group home situation, where his behavior and schoolwork were steadily improving, and placed back with his biological mother. The youth truanted and stayed out late at night. His mother was unable to provide firm, loving, and sensitive care. Indeed, a few months after the court-ordered reuniting (which the youth had claimed to want fervently), his mother left him alone for weeks while she went back to her home country to fetch an older son whom she had always markedly preferred. In an attempt to retain a positive, idealized image of the “good” mother and “bad” foster care personnel, the youth said he would not miss anyone from the group care home. He did not come to therapy appointments. He fiercely cursed and denigrated the group home worker, who had been a steady support for him for five years. Faced with angry goading, this dedicated group home worker then took himself off the case—another loss for this young person, who behaved in ways to force this loss! Time and again, the stories in these chapters reveal the compulsive power of reenacting themes of loss and fusing, of being rejected and rejecting in turn.

Thus, despite valiant attempts, many children who have suffered from multiple losses of special adult figures and multiple placements react with difficult behaviors of a severity that many adults in helping professions simply cannot cope with. One case described in this book is that of a four-year-old whose defiant and aggressive behavior problems were so overwhelming that despite her placement with a seasoned foster mother, the foster mother

could not manage and had to turn the child back to the agency. Through parental neglect and abuse (often accompanied by parental drug abuse, abandonment, and family violence), through glitches in the foster care system, through bureaucratic rather than personalized decision making, and through lack of sustained contacts with a caring therapist for many years, many foster children have sad prognoses.

### How Serious Is the Foster Care Problem for Children?

▬ The dimensions of the problems for foster care children are troubling. In any given time period, there are about 500,000 children in the foster care system in the United States. Of the 20,000 teens who age out of the foster care system each year, about half drop out and do not complete high school. "Fully one third of young people leaving foster care will work below grade level, be incarcerated, be unemployed, and/or be homeless" (p. 8).

▬ This edited volume provides thoughtful and reflective chapters by a group of extraordinarily dedicated therapists. Each contributor is a member of the Children's Therapy Project, initiated a decade ago in San Francisco and now consisting of 12 chapters across the United States. The writers are clinicians, working in independent practice or in agencies, who volunteer to provide one hour per week of unpaid mental health services to one child or youth in foster care. The project's motto is "One child. One therapist. For as long as it takes." This special project, called "A Home Within," is housed within the Children's Therapy Project.

▬ One of the vivid strengths in each of the chapters is that these therapists are deeply reflective about their own feelings, frustrations, and patterns of responding to these needy, deeply distressed, and often deeply distressing children. The clinicians mostly do not provide rosy vignettes of how a caring professional, after years of frustrating and difficult work with a youngster, was able to see this youngster do well in school and in social relationships and develop strong insights and internal strengths to cope.

☞ Indeed, many of the children whose therapeutic journeys are described in this book leave or refuse therapy despite the dedication and firm promise of the program providers to continue these unpaid services for as long as the child needs them. As Heineman and Ehrensaft so realistically note, "We know that children who have repeatedly been let down by people who are supposed to care for them will inevitably do unto others what has been done to them" (p. 16). Thus, many children mistrust the therapist's motives. Some children accuse the therapist of being totally unable to understand what they have lived through. They are deeply suspicious of the clinician's motives. Despite the emotional lifeline proffered by the caring and dedicated therapist, many children ferociously guard their emotions and keep their pain inside. They feel that if they open up to the clinician, then they may once more be rejected or mistreated.

☞ Some of the children rant against the foster parent to keep the picture of an idealized biological parent alive within, even when that parent has time and again proven untrustworthy. Some will demonize the therapist as seeing them just for the money (unaware of the unpaid nature of the therapy they are receiving). Some children grow to trust and believe in the therapist's caring relationship with them and ask the therapist to adopt them, only to face the crushing response that the therapist already has a family and cannot adopt the child. The myriad ways in which hurt children manifest the traumatic interactions of their young lives become exceedingly clear in story after story in this well-written book.

### The Importance of a Support System for Therapists

☞ Alert to the complex dynamics, frustrations, and puzzlements that face each clinician in relation to providing long-term therapy for each foster child, the program created a support system—a consultation group—for the therapists. With the group's ongoing help, some of the therapists, feeling themselves reflecting the child's angers, frustrations, and even aggressive emotions, have been able to clarify the therapeutic relationship and renew their commitment as helping professionals within the supportive ambience of the consultation group. This

aspect of the work of the Children's Therapy Project is important for all clinicians to consider. Usually, consultative support and advice are offered only to trainees seeking to become therapists. Yet, when therapists see severe cases on a long-term basis, the stresses on these helping adults are often striking. The authors of these chapters make it abundantly clear that the consultation group was a lifesaver in helping to clarify issues and sustain therapists' commitment in painful and difficult situations with a foster child, foster family member, or biological parent who was furious with the clinician. This sort of support group might be one that even seasoned clinicians could decide to organize with each other when they are dealing with particularly toxic cases where their own talents, wisdom, and emotional strength are sorely tested.

### Gaps in Therapy Systems

— What gaps in the therapy systems available to foster children does this book illuminate? Because these concerned clinicians volunteered one hour per week, they often did not engage in helping the parent figures who were in and out of the children's lives. Thus, even when a biological mom (who herself had not been nurtured and, who herself, had been a child of the foster care system) had no knowledge of sensitive, nurturing parenting, there was no way to provide ongoing help for the mother to be "reparented," as it were, in a nurturing relationship. Nor was there an adjunct program to provide her with insights about child development.

— So many of the children's dauntingly difficult problems, as described by these valiant therapists, are evidence of the lack of a secure attachment to a loving, personally engaged, cherishing parent early in the child's life. Yet a secure, loving attachment to a parent provides the fundamental basis for later emotional well-being or healing from emotional trauma, as we have learned abundantly from the work of attachment researchers and clinicians (Easterbrooks & Goldberg, 1990; Sroufe & Fleeson, 1988), as well as from parent advocates (Honig, 2003). When one realizes that these authors were already volunteering their long-term commitment to a foster child and that there were no agencies able to make this same long-term commitment either to

the child or to the parent, then this book also serves as an indictment of our foster care system.

☞ Yes, a parent can go through a detox program and get clean after drug addiction. But if there are no funds for healing and working on a sustained basis with the biological parent, the prognosis for the child who is returned to the home becomes deeply problematic. This lack of societal support becomes even more egregious when we read the work of clinicians who directly address healing for the abused child and specify the way in which a child's brain is changed by trauma. Perry (1997) has made abundantly clear from his years of work with abused children that rewiring the limbic area of the brain that has been programmed for "freeze, fight, or flight" after encountering ongoing abuse or neglect takes years and years of patient work from dedicated nurturing adults.

### What Does Success Mean for a Child in Foster Care?

☞ How does a therapist with an abused client know that success has been achieved? Guidelines have been clarified for clinicians working with adults. Briere (1992) has written that many years are required for therapy and that

abuse-focused psychotherapy can be deemed entirely successful when a) the abuse trauma underlying "symptomatology" and negative tension-reduction activities has been resolved, b) abuse-relevant cognitive distortions no longer interfere with the client's daily functioning or reasonably positive self-perception, and c) the survivor's access to self is sufficient to allow adequate self-support and a stable base from which to interact with others. (p. 109)

But with children, the growth of self-reflection and self-esteem is still an ongoing process. Thus, the clinicians writing about their work in this volume often have no knowledge of whether the child to whom they have given so many years of weekly sessions will grow into successful adulthood, able to cope with life challenges and make positive choices that do not repeat patterns of self-hurt or hurt for others. The professionals who have contributed to

this volume are particularly admirable in that they cannot know for sure in most cases how well their young clients will navigate the socioemotional and work worlds as adults.

### Who Should Read This Book?

▬ As a professor of child development, I reflected that this book would be very useful in a course on parenting, to give students insights into the sorrows and grave problems of children whose parents have not protected them from abuse, neglect, sexual assault, and feelings of being unwanted and even hated. But this book could be equally useful in a course on the politics of human service agencies, a course for prospective social workers, or legal courses for future judges.

▬ In today's world, under pressure from their insurance payers, professionals often emphasize short-term commitments to clients, and they may be required to specify definite techniques in advance. The cases described here emphasize the need for long-term planning and support for foster children, as well as professional feelings of attachment rather than detachment.

▬ These thoughtful essays make it clear how nuanced and flexible professionals need to be in working with children in foster care. Some agency personnel might believe that reuniting families is most important. Yet evidence from clinical practice often provides other insights. Bonovitz notes that for his client, the adolescent Pedro, "the group home itself, with its rules and authority, came to represent a father figure that could contain Pedro and function as another source of identification" (p. 139).

▬ The contributors to this volume make it abundantly clear how varied treatment techniques need to be with traumatized foster children. Sometimes, to build rapport and self-esteem, it is necessary for the therapist to play games where the child changes the rules constantly and wins over and over for months. Sometimes playing ball games in the office is needed. Sometimes a youth will talk compulsively about sexual conquests for long sessions, and the therapist must let that child go on and on because this is deemed a possible road to

winning confidence and establishing trust and rapport to allow in-depth psychological therapeutic work to begin.

— Ruth succinctly observes how frequently foster children in therapy reveal that “they have internalized potent experiences of deprivation, abandonment, traumatization, and repeated rejection, lack of attention, and misunderstanding” (pp. 197-198). The training of interns who will be working with these youngsters requires that they become deeply aware of how long and complex the therapeutic journey with these young clients will be and how crucial for a child's healing will be a regularly scheduled, committed, long-term relationship rather than a brief rotation in a clinical placement. How courageous the therapists contributing to this volume are in sustaining such relationships with foster children despite cancelled sessions, chronic instability, and constant changes over time in their work with foster children!

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