A Guide to

Changing the Script: Relationship is the Key©

A clinical consultation and support program for foster and adoptive parents

by

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INTRODUCTION

The *Changing the Script: Relationship is The Key* program offers a forum for foster and adoptive parents to develop insight into their therapeutic work with their children, to problem-solve together, and to share in mutual support.*

The program was first developed in 2001 by Claudia Koshinsky Clipsham, Ph.D, Clinical Coordinator for the Circle for Children Foundation (the Circle). Dr. Clipsham also facilitated the program for many years, in partnership with Dr. Nitza Perlman, Clinical Consultant to the Circle and Birgitte Granofsky, Senior Psychotherapist and Research Associate.

Many times in the elaboration of this notebook I consulted with Jean Skelton, clinical consultant with the Treatment Foster Care program in Cobourg, Ontario. Jean is my "reality-check": her understanding of the issues affecting children in care and their families, informed by years of experience as a foster parent and by the daily challenges of her work "in the field", always rings true.

The present guide reflects as well the lessons learned from the foster parents and adoptive parents who participated in the "Changing the Script" program over many years: their example, their insights and their wisdom have grounded the program in the reality of everyday life on the front line.

The first section describes the theoretical foundations of the program, its structure and format, while the second illustrates, through the children's own stories, the power of relationships to change not only their scripts but our own.

jms.

* N.B.

The *Changing the Script: Relationship is the Key* program was initially designed for foster parents, some of whom were also adoptive parents. In the years since, the program has also been successfully offered to other caregivers of children presenting complex and challenging problems. In this guide, when we refer to "foster parents" and "adoptive parents," we also have in mind those other caregivers who stand *in loco parentis.*

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The Rationale for the Program

In his book, *Facilitating Developmental Attachment – The Road to Emotional Recovery and Behavioral Change in Foster and Adopted Children*, Daniel Hughes (1997) notes:

> **"All children, at the core of their beings, need to be attached to someone who considers them to be very special and who is committed to providing for their ongoing care. Children who lose their birth parents, especially those who have experienced the trauma of abuse and neglect, desperately need such a relationship if they are to heal and grow."**

When it was first established in 2001, the Circle for Children Foundation (the Circle) consulted extensively with child welfare agencies in Ontario to identify how best to support their work with the children in their care. The message we received consistently was to "invest in foster parents" – to give them the tools and the support they needed in order to cope with the challenges the children presented. To invest in foster parents was seen as a way of preventing placement breakdown and thus achieving greater permanency for the children. Moreover, because of their commitment to providing care to their children day-in and day-out, foster parents were seen as being in the best position to help the children heal from their past experiences of trauma and loss. Arising out of that shared recognition of the critical role of the relationship between foster parents and their children, the Circle developed a program called: *Changing the Script: Relationship is the Key*. The program has been offered to groups of foster parents as well as adoptive parents and, indeed, other caregivers for over ten years and has been the recipient of a research grant from the Centre of Excellence for Child Welfare. (2007)

Some of the children may have travelled a long road before coming into care and/or being adopted. Some may have been brought into care or adopted at a young age. However long or short their journey, it is one their new parents may know little about. As one veteran foster and adoptive parent remarked during a meeting of the "Changing the Script" program:

"The kids come to us with bags we have not packed."

Description of the Program

The program *Changing the Script: Relationship is the Key* brings together foster and adoptive parents as well as facilitators specialized in the treatment of children who have known trauma and loss. The purpose of these meetings is to achieve a better understanding of the experiences, the strengths, and the needs, that the children carry with them into their new homes. And on the basis of that understanding, to help the participants develop strategies that will help them manage their children's behaviour more effectively while protecting their hard-won trust and relationship with the children.

I. The goal of the program

To help children who have been separated from their birth families to have a second chance at family life, to heal from past experiences of trauma and loss, and to develop to their full potential.

II. The objectives of the program

To strengthen the capacity of the participants to provide a safe, stable and therapeutic environment for the children in their care while at the same time protecting the health and integrity of the family as a whole.

III. The theoretical foundations for the program

a. The concept of "scripts"

Referring to children who have been abused, Daniel Hughes (1997) writes,

> **"The results of the abuse often live on within the child and render him unable to take advantage of the opportunities presented to him. Many children enter foster care or are placed in an adoptive home and then proceed to prevent their parents from enabling them to develop in healthy directions. These children often make their new parents' love, support, guidance, and directions ineffective and permeated with stress, conflict and disillusionment. Why do they not take advantage of the opportunities given to them within these good families? Why do they work so compulsively to re-create the circumstances of abuse and neglect that they experienced in the past? Too often we have "saved" these children from abuse, but we have failed to encourage their healing."**

Hughes adds,

> **"Abnormal attachment patterns may be the most devastating effect of abuse and neglect on the child's development. The work of Cicchetti and others strongly indicates that for the child to heal and become whole, the child needs to go far beyond resolving the immediate effects of trauma. He needs to develop *working models of self* (our italics) and others that allow for a positive experience of self and a sense of trust in his primary caregiver's nurturance and commitment."**

In our program, we use the terms "scripts" to describe the "internal working models" that Hughes refers to. We describe how children develop scripts by gradually building up ideas in their minds about relationships, based on their actual experiences with their caregivers. From these experiences, children form scripts about themselves and about how other people are likely to respond to them. These scripts, in turn, predispose the children to respond to situations in a certain way. For instance, a child who is being repeatedly abused in his home may be triggered into running away at the slightest intimation of impending abuse. This behavior is seen as a necessary coping mechanism and the script underlying it as a relatively healthy script. However, once placed in a foster or adoptive home where the threat of abuse is no longer present, running away becomes a negative script and may in fact sabotage the placement.

"Helping the child learn to distinguish between the healthy and the destructive aspects of her coping skills" is the major task of treating abused children, write Margaret Osmond and her colleagues in their book, *Treating the Aftermath of sexual abuse: A handbook for working with children in care* (1998*).* "With help, (the child) can maximize her strengths while actively changing the patterns that are no longer useful or even destructive."

In the "Changing the Script" program, we look at how the "scripts" the children have developed as a result of their past experiences still impact their current adjustment to their new homes. And at how those who care for them may use their relationship to bring about change.

b. The parent-child relationship as key to bringing about change

Dr. Claudia Clipsham writes,

> **"It takes a long time to change what has been built over long experience. Children who have been betrayed by adults will be wary of their new parents – why shouldn't they be? They will test them over and over again. When foster parents surprise their children by not reacting in the way the children expect them to - when in fact they don't confirm the children's worst fears - they are showing the children that there is another way, other *scripts* that will serve them better.**

"Day-in and day-out, foster parents offer their children experiences of relationships that are consistent and nurturing. In so doing, they provide the key therapeutic experiences that are needed to promote healing and improve long-term developmental outcomes for children who have experienced abuse, neglect, trauma and/or rejection. However, the road to change is arduous: it may take months or years for the children to be able to believe and integrate the new ways of relating that their new parents attempt to offer them. In the meantime, foster parents have to be able to hold on to the best while the children may continue to act on their expectations of the worst."

Clipsham (2007)

c. The importance of integrating the perspectives of all who work with the children

Children who come into care carry with them the scars of the traumatic experiences they have suffered. Other factors too - genetic, biological, social and environmental - may have contributed to the problems they present, making it a daunting task to understand why they behave the way they do and how best to help them. (Landy, 2014) Therefore - within the constraints of the time and information available to us - we strive to draw on the experience and expertise of all who work closely with the children:

- The foster parents, adoptive parents and other caregivers who, through their relationship with their child, are in the best position to promote their child's healing;

- The facilitators who, specialized in the treatment of traumatized children, can help the participants both to better understand the causes of the children's behaviour and how to apply that understanding to their day-to-day interactions with their children.

- The social workers, teachers, psychologists, pediatricians and others in the community who know the children well.

The Format of the Program

The program consists of 3 components:

I. An introduction to the concept of "scripts", as well as a discussion of the effects of trauma and attachment difficulties

In the first part of our program, we provide an introduction to the concept of scripts; the ways in which the scripts children have developed inform their behaviour; how best to use our relationship with the children to support those scripts that are healthy and to bring about change in those that are not. We also discuss how our own scripts influence our responses.

We discuss also the long-term effects of trauma on a child's development and the consequences for the children when they haven't had the opportunity to form secure attachments.

NB: A lesson we learned very early is that the above information becomes much more relevant to the participants when it is embedded in their lived experiences. And so, we quickly learned to keep the introduction brief – to stay away from a didactic discourse – and move promptly to the clinical presentations described below. In fact, it became standard for us to invite a participant to make a presentation at the very next meeting of the group. (We also offered to help with the preparation – see below!)

II. Clinical presentations

The clinical presentations are open to all the participants in the program meeting as a group. At those meetings, parents who have volunteered to do so ahead of time present to the group problematic situations they have encountered with their child. They may invite others involved in the care and the treatment of their child to participate in the presentation. This provides an opportunity for the group as a whole to learn from this experience as well as to share ideas about strategies they have found helpful in similar situations.

Sometimes, the presenters ask to meet with the facilitators ahead of time for help in pulling together the information they have, organizing this information and bringing into focus the questions to be asked. For the facilitators, this provides an opportunity to have a "heads-up" on the issues and questions that are likely to be raised.

III. The peer support group sessions

These sessions take place after the presentations, either the same day or on another day altogether. These sessions provide an opportunity for all of the participants to meet among themselves. The only other person present is the facilitator who may guide the session and may be called upon to provide clinical guidance.

The peer support sessions have three important aspects:

1. The opportunity for the participants to reflect on their interactions with their children and to clarify for themselves what the children are attempting to communicate through their behaviour.

2. The opportunity for the participants to reflect also on the feelings that are triggered within themselves in response to the children's behaviour - feelings which left unexamined could result in "blocked care" and interfere with a proper assessment of what their child is in fact experiencing.

3. The opportunity to draw on the support of a peer group brought together by a shared commitment to helping the children in their care and whose bonds are forged by similar experiences.

Role and Responsibilities of the Facilitators

I. Critical Considerations

In a context where the participants are coming from a cultural perspective that may be quite different from that of the group leaders, it's even more important to listen to the stories they are telling, and help them to construct their own narratives and meanings, rather than rushing to give clinical advice and pronouncements. Otherwise, important strengths can be missed, experiences can be misinterpreted, and historical patterns of colonial appropriation can be repeated.

Claudia Clipsham (personal communication)

This requires of facilitators to be able to tolerate not acting as the "experts." Indeed, given that the facilitators have no role on the children's treatment team or in the supervision of the homes, and that they have no way of ensuring the completeness and accuracy of the information that they receive about the children, it must be made clear to all concerned that the facilitators are *not* providing clinical recommendations regarding specific children.

The issue of confidentiality also needs to be addressed with the group from the start: the facilitators need to remind the group that the information the participants share with one another - about their own experiences, the experiences of their families, those of their children or their children's families - must remain within the walls of the meeting room. Nothing gets discussed outside - except when there is "Duty to Report."

II. "Duty to Report"

The members of the group have the right to know that, in the event information comes to light during the course of the program suggesting a child may be in need of protection, the facilitators will have to make a report to a Children's Aid Society - as required by law.

The Length and Duration of the Sessions

Each session is two and a half hours long.

Starting with a relatively short introductory program (e.g. 8 sessions) provides the participants with an idea of what the program is about and thus a basis for deciding whether or not they wish to commit next time to a longer program. Participants who wish to attend the next program are asked to make a commitment to attend all the sessions, except in cases of emergency, of course. This is important because the participants come to rely on one another being present at each session.

Anticipated Outcomes

> *"[Sometimes] you feel like you're ready to give up - that your child is the only child that's giving you all these problems and you're at the end of your rope. You don't know what else to do. So you go in and you're given a chance to speak and by the time you're done you realize that, hey, you're not alone, this is what we're doing. This is our job. And now you're given suggestions and ways that you can cope and deal. And you feel, after all that, 'Oh thank God, I can go on some more.'"*

Participants in the program have described making gains in the following areas:

*   A better understanding of the effects of past traumatic experiences on the development of children.

*   A better understanding of how the interactions a child has experienced early in life can contribute to problems in attachment and make new and healthy relationships difficult.

*   A better understanding of how children develop scripts in response to their experiences, and how these scripts continue to influence their behaviour.

*   A better understanding of how parents and other members of the family can use their relationship to help children change their scripts.

*   A heightened sensitivity to the needs and interactions of all the members of the child's family.

*   A deeper understanding of the children and of the importance of integrating the perspectives of all who are intimately involved in their welfare, particularly

    o The children's foster parents and siblings
    o The agency staff involved with their care.
    o Teachers, psychologists, health specialists and others in the community who know the children well.

The strategies and practical ideas offered as part of the program are expected to help them

*   Deal more effectively with extremely challenging behaviour on the part of their children, and thus

*   Reduce the parenting stress they may be experiencing.

Evaluating the Program

Especially in the case of a pilot or demonstration project, it is important to have an evaluation design formulated before the program actually begins. This ensures that all the data will be collected in a timely fashion - in particular information, such as participants' assessments of the problems they are experiencing at the time of enrolment in the program and their expectations of the program, that will be meaningful only if it is recorded before the program starts.

SECTION II

The Children's Stories

The stories portray children who have been removed from their homes and placed either in foster homes, adoptive homes or residential treatment centres. The stories highlight how the scripts the children have acquired as a result of past experiences continue to impact their lives.

Understanding "Scripts"

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    VI.   Maintaining structure and rules

    VII.   "Connection before correction"

    VIII.   "Flipping the script"

Long Journey to Trust

THE CHILDREN'S STORIES

Each child who comes into care brings with him a lifetime of experiences that his foster parents can only guess at.

These experiences have shaped the child's view of the world and of himself and given rise to patterns of behaviour which are deeply embedded in his personality. For the purpose of this presentation, we refer to the child's view of the world and of himself, and to the patterns of behaviour that now govern how the child acts, as "scripts". ("Scripts" are similar to what is referred to in the literature as "internal working models.")

We begin with Edward's story - the story of a child who by the age of seven had already experienced multiple placements and, at the time that we met him, was living in a residential treatment centre.

Next is the story of Eric, four years old, a child who had also experienced multiple placements. At the time of our story he was in a foster home.

Lisa, fourteen years old, had left behind not only her family but also her community. At her age, being taken miles away from her school and her friends was traumatic; so was entering another school as the "new kid on the block."

Vickie, age ten, came from an orphanage in China and was placed for adoption with an American family.

***

In this section, we highlight how the experiences the children have had continue to impact their lives - presenting their caregivers with behaviour that is often hard to understand and difficult to manage.

In the following sections, we look for cues to this behaviour and describe several therapeutic interventions.

Edward

Edward is the seven-year old boy described earlier as the "Runaway Kid." He was placed in a residential child treatment centre after "failing" foster care. The Child and Youth workers entrusted with his care referred him for an assessment because they were at a loss as to how to stop his running away. It was during the course of this assessment that we learned about Edward's wishes:

- *"To be a puppy, because I would get to play with toys."*

- *"I would be on a chain so I couldn't run away and get lost."*

- *"And little kids would find me and say I was theirs."*

Somewhere along his journey - from home to foster home to treatment centre - Edward had come to view the world as a place where a little boy could easily become lost. And the coping strategy he had developed to ward off that fear and to ensure he was not forgotten, not abandoned, was to create a situation such that the staff had no choice but to come looking for him.

The script underlying his behavior can be traced to his own words:

"*When I run away, I feel left behind.*"

In other words,

"*When I feel left behind, I run away*."

…

Edward was referred for therapy - the rationale being that this would provide him with the opportunity to talk about his feelings of insecurity and loneliness and his wish to belong to a family. Clearly the best remedy was to find for him a permanent home and indeed this was his worker's priority. The staff was prepared, however, for the possibility that, even once a home had been found, it would take a very long time for Edward to believe that, this time, this new placement was truly his "forever" home.

Edward's new parents, in turn, would have to be prepared for the possibility of continued testing on his part - including running away again - for as long as it took to convince *himself* that they really intended to keep him.

Eric

Eric is a four-year-old boy who has been attending a preschool program while in the care of his foster parents. His "special needs team" has referred him for a full assessment, both to get a better handle on his learning difficulties but mostly because of his behaviour in the classroom: Eric will not sit still, climbs up and down the furniture, runs to the door, rushes back into the room, then, just as it looks as though he might settle down, off he is again. The only time he seems content is when he is allowed to sit in his teacher's lap.

Not only is Eric failing preschool: he is preventing the other children in his class from taking full advantage of the program.

In the process of gathering information for his assessment, it comes to light that during his first four years of life, Eric has been in as many foster homes. Four foster homes. It also comes to light that there has as yet been no permanency plan confirmed for him as his mother continues to come in and out of his life. Separation from his mother comes suddenly and unexpectedly: the last time, she left him in the arms of a stranger.

Eric remembers his mother and continues to worry about her: in school, when it is lunchtime, Eric carefully folds his napkin and sets aside the straw that comes with his milk - explaining they are "*for Mommy*."

The assessment shows that indeed Eric has a number of learning difficulties - undoubtedly compounded by the number of times his development has been short-circuited by changes in placement. The overriding concern at this time is his restlessness, literally his "jumping all over the place," which is seen as a manifestation of his pervasive anxiety. The fact that he is most "settled" when sitting in his teacher's lap demonstrates his craving for security and personal connection.

To meet this need for security and personal connection - at least while he is in the classroom - a social work student is assigned to him: her role is to reassure him that he is being looked after and to "coach" him as to appropriate behaviour. For instance, when the children sit on the floor to listen to a story, the student sits behind Eric, her hands on either side of him. Thus he can feel her presence and, reassured, is better able to pay attention to the story. In effect, the student "holds" Eric, not only physically but emotionally, containing for him, for a while at least, the anxiety that would otherwise overwhelm him.

Eric has programmed himself to expect abandonment and his way of coping has been to seek shelter - notably in his teacher's lap. He has accepted the shift to the student's lap and would probably continue to accept other substitutes for his mother for a while. However, with each renewed separation, it is likely that his ability to "attach" - to really connect and feel connected - will be compromised.

In terms of a treatment plan for Eric, clearly the first priority is to secure a permanent placement for him. Until his state of "limbo" is dealt with, Eric's anxiety will undermine any other effort to help him.

In the meantime, his foster parents will need support in dealing with his behaviour. With their experience, perhaps they already understand that the chaos Eric creates around him is but a reflection of the chaos within himself: confusion about what happened to him and his mother - and what may happen next; and conflicting emotions about a mother who loved him yet abandoned him.

Making his foster parents' job even more difficult is Eric's ambivalence towards them: how can he allow himself to feel anything positive towards his foster parents and still remain loyal to his mother? For this too, he will need his foster parents' understanding and patience.

P.S.

A new child is introduced to Eric's class. She is in a wheelchair. Eric stakes his claim as her protector, standing by her wheelchair and watching over her. He will make sure *she* does not feel abandoned.

Lisa

Lisa, 14 years old, has just moved to a new foster home, in a new community. She has just started high school and already reports (Aitken & al. 2005) that the other kids think of her as a "*loser*":

> **"You get looked at differently. You get judged. 'Oh, you're not with your parents? Oh, you're not with your relatives?' Yeah, like you did something wrong - something bad. You got 'put away.' You're a 'loser'."**

Is this how the other kids see her? Or could it be that she is projecting onto them her own perception of herself?

Children who have grown up in a world that is constantly changing, without the benefit of a strong parental figure who can reflect back to them an image of themselves that they can feel good about - these children come to see themselves as unworthy and to see the world as ready at any moment to cast them aside.

Children, and youth such as Lisa, are at risk of misinterpreting others' behaviour and of overreacting to threats where none is intended. As another youth raised in foster care put it: *Once you've been abandoned, the feeling is always there.* One could extend this and say, "Once you've been neglected, once you've been abused, once your trust has been betrayed, the feeling is always there."

When asked what message she would like to give foster parents, Lisa answered,

> "*Tell the foster parents to tell their kids in care*
> *that's had it rough or didn't have anyone to love them*
> *that they do love them.*
>
> *'Cause you grow up …*
> *and if they don't tell you that they love you*
> *and that they do love that you're on this earth,*
> *then they're just going to think,*
>
> *'This life's not worth living – why live it?'*"

Vickie

Experiences of loss and abandonment leave in their wake a diffuse sense of anxiety that can suddenly erupt with full force:

Vickie was born in China and grew up in an orphanage until the age of seven when she was brought to the United States and placed for adoption with an American family.

Vickie's new family consists of two parents and three brothers. A few weeks after her arrival, her social worker makes a home visit. All seems well: Vickie's adoptive mother, Carol, is thrilled with Vickie's progress. She had not dared hope the adjustment would go as smoothly as it has. In passing, she mentions how supportive the community has been and offers to show the worker all the clothes the neighbours have given Vickie. Carol goes upstairs to Vickie's room and brings down an armful of clothes.

Suddenly, Carol notices that Vickie is no longer in the room with them. In a panic she runs through the house in search of Vickie.

Vickie is upstairs, on her bed, sobbing, *"No bye-bye! No bye-bye!"*

In Vickie's experience, when clothes are being removed from a closet, it means that another move is afoot. This is what she has learned watching other children in the orphanage prepare to leave, and why she is in a panic now that she sees her new-found (adoptive) mother removing her clothes from her closet. Carol quickly grasps the situation and rushes to comfort her. With her arms around the little girl, she tries to make her understand that she will never have to leave. To make the point, Carol quickly puts back in the closet all of Vickie's clothes.

For the next few weeks, Vickie is a model of good behaviour. The "honeymoon", however, is not to last. On a follow-up visit, the worker finds Carol in a great state of agitation. She is beside herself: angry, confused, on the verge of tears. She, the wife of a minister, has threatened her daughter with an iron. That's how bad Vickie's behavior has been. Vickie has been on a rampage: emptying drawers, ripping curtains, kicking doors as hard as she can. Any attempt at correcting her is met with a full-blown temper tantrum. The family is on the edge of despair.

Experience with adopted and foster children teaches us that the more the children start to form an attachment to their new family, the more anxious they become that the placement will not last. Based on their past experiences of separation, they expect to be moved again. The resulting anxiety can lead to generally disorganized behaviour with the children seemingly breaking all the rules that they had shown signs of learning. It can also lead to such constant preoccupation with what is going to happen to them next that they are unable to concentrate on anything else. Often, the anxiety becomes so strong that, to seek relief, the children will resort to doing *anything* in order to test their foster/adoptive parents' commitment. It's as if they want to know, once and for all, if their foster/adoptive parents really mean to keep them. Of course, such testing is risky: it can lead to the very breakdown the children desperately want to avoid.

Sadly, it is often during that testing period that placements break down. Often, we hear new parents say, "*Just when things were starting to go well, [my son/daughter] started acting up.*" Sometimes the parents blame the child or the circumstances that brought the child into care. Sometimes they wonder whether the sudden downturn in the child's behaviour might not be a sign of mental illness. Too often, they blame themselves for not being up to the challenge. With a better understanding of the reasons for the children's behaviour, we can see that this kind of testing is in fact the sign of a budding attachment, and that the foster/adoptive family deserves not blame but all the support in the world during this tumultuous time.

Understanding "Scripts"

I. The effects of neglect, abuse, separation and loss on children's capacity to form secure attachments

Missing in Edward, Eric, Lisa and Vickie's story is the presence of that *one* person - that *one* anchor in their lives - whom the children knew they could count on to love them unconditionally and keep them safe. In this section, we look at how experiences of neglect, abuse, separation and loss affect children's capacity to form secure attachments. We will also look at how - out of these experiences - are born the "scripts" the children bring with them into care.

Daniel Hughes (1997) in his introduction to his book, *Facilitating Developmental Attachment: The Road to Emotional Recovery and Behavioral Change in Foster and Adopted Children*, writes,

> **"When […] children fail to form an intense attachment to a parent, their developing sense of self is experienced as being bad and incomplete and their autonomy develops in a very limited and fragmented manner. They are likely to experience deep shame, intense rage, pervasive anxiety and extreme isolation and despair. They are also likely to manifest a variety of destructive and self-destructive symptoms whose functions are to attempt to make life bearable when it is lived outside the basic reality of interpersonal relatedness."**

As noted earlier, for a child to be able to heal from such past experiences, "**he needs to develop working models of self and others that allow for a positive experience of self and a sense of trust in his primary caregiver's nurturance and commitment.**" (Hughes, 1997)

In the next pages, we take up this notion of "working models" which, for the purpose of this presentation, we call "scripts."

II. What are scripts?

Children develop scripts by gradually building up ideas in their minds about relationships, based on their actual experiences of interactions with their caregivers.

- The experience that the child has with real people outside of himself becomes a part of himself that he carries around inside, in his own mind.

- From his experience, the child forms scripts about himself, other people, and the world. These inner scripts tell the child what to expect in new situations. They guide how he understands new experiences and how he acts in new situations.

- The child may not be aware of the scripts that guide him. They can be automatic, so much a part of him that he doesn't even notice them.

- Often, children do not remember scripts in words. The memories take the form of feelings, sensations, mental pictures, sounds, smells, and may include joys, sorrows, worries, hopes, and anxieties.

- The child absorbs both sides of the script - both roles - the child and the parent's (as we can see in the way children play with dolls, taking turns being the parent and being the child.)

- **"Experiences of neglect, abuse, and rejection adversely affect children's more generalized internal working models or scripts regarding relationships and their inner representations of themselves and of others."** (Sroufe et al., 1986)

Children who develop experience-based internal working models, or scripts, of their caregivers as being emotionally available to soothe their distress, and to provide a sense of security to them, develop complementary working models of themselves as being worthy of such protection and support. Conversely, children whose internal working models, or scripts, are based on experiences of neglect and rejection come to view themselves with shame, unworthy, and undeserving of protection. If these children carry these negative expectations and scripts into new situations, they will be likely to interpret in the actions of others, and to enact in their own behaviour, these longstanding themes of defeat, unworthiness and shame. By enacting these scripts themselves, they may induce others to respond in kind. Thus, in place of fulfilling relationships, they are more likely to encounter repeated experiences of struggles for control rather than mutuality, shame rather than affirmation, and fear and suspicion rather than trust. (Clipsham, 2007).

In order to protect themselves from the hurt of unfulfilled expectations and even harm from the adults around them, children learn to adopt certain strategies. These strategies include:

- Suppressing expressions of true feelings, especially negative ones, because it would be too dangerous *not* to do so.

- Trying to take control, take care of self, siblings and sometimes parent too.

- "Acting out," exaggerating emotional expressions to make sure others will pay attention.

- Risk taking, such as running away, endangering self, as a cry for help or expression of despair.

- Mistrusting what people say - judging their commitment only by what they do.

- Being quick to size up a person by that person's expression (a frown, a skeptical glance, a quizzical look…) and being quick to attribute negative motives to that person on that basis.

The strategies the children have developed to cope with experiences of abuse, neglect and trauma may have helped them to survive in the short run but may be maladaptive in the long run. (Clipsham, 2007)

These strategies create barriers that make it difficult for the children to adapt to new situations. It takes them a long time to trust in their new caregivers and to sort out which strategies are worth keeping and which are no longer useful.

III. **Scripts can change**

- Changing scripts, however, may be especially hard for children who have been abused and neglected: the scripts they've learned have often been crucial to their survival in very dangerous circumstances.

- For some children, life has been so confusing and disorganized that, at times, they've had to "shut down." It is as though they have disappeared into themselves. As one adoptive parent put it, "You could pass your hand in front of their eyes - back and forth - and it's as if they cannot see you."

- When in that state - a state of "dissociation" - the children appear emotionally paralyzed.

- Change itself may feel dangerous.

- Because relationships have so often been a source of pain, these children may seek to avoid the very relationship experiences that could help them to change.

Therapeutic Interventions with Children in Care

"When you didn't return me,
that's when I started to think
maybe you really wanted me."

Vanessa, in a message to her foster parents

The coping strategies - the "scripts" - that children have learned in order to survive may stand them in good stead, or they may sabotage their future development. Running away, for instance, may have been a wise move on the part of a child being routinely abused; however, for a child to continue to run away from a foster home that offers her the best hope of permanency, and to expose herself in the process to very dangerous situations, would be counter-productive. Sometimes, children run away as a way to pre-empt what they think will happen to them, i.e. that they are about to be abandoned. At least, by taking the initiative, the children feel that they are retaining some control over their lives.

What if, in their new homes, their foster parents have no intention of abandoning them – yet the children behave as though they constantly expect to be abandoned and run away over and over again?

"Helping the child learn to distinguish between the healthy and the destructive aspects of her coping skills" is the major task of treating abused children, writes Margaret Osmond and her colleagues (1998). "With help, [the child] can maximize her strengths while actively changing the patterns that are no longer useful or even destructive."

How does one begin to try to change scripts?

I. Creating an *emotional sanctuary*

Margaret Osmond and her colleagues (1998) write,

"The task of the therapeutic adult is to create the *emotional sanctuary* the child needs to do the work of healing."

For one young adolescent, it was on a bus trip with her foster mother when, suddenly, the tears started to flow and she was able to release all the pent-up feelings about the sexual abuse she had endured. Perhaps it was having her foster mother all to herself (and the soothing rhythm of the wheels turning…)

One little girl we know took it upon herself to create her own "emotional sanctuary":

Ever since coming home from school, Suzie has been rushing around the house, creating chaos everywhere she went. Exasperated, her foster mother says to her,

"I don't think God would like to see you behaving in this way. I think you better go to your room."

The child starts to walk up the stairs, turns around and with her hands on her hips, informs her mother,

"I don't think this is what God would want me to do."

(Foster mother):

"And what do you think God would want you to do?"

(Suzie):

"I think He would want me to take my colouring book and colour at the kitchen table."

(Foster mother):

"Well then, I guess you better go and get your colouring book…"

There is a chance that, in the sanctuary of the kitchen, with her foster mother by her side, Suzie will find a way to tell her foster mother what caused her to be so upset and her behaviour so difficult to manage.

II. Pacing the flow of the conversation

When encouraging children to talk, it is important to make sure they do not open their "bags" too quickly. There is the risk that the child might reveal too much, too soon. The child may become overwhelmed by all the emotions that come tumbling out. And the foster parent left to try to put the pieces back together again.

III. Being prepared for the child bringing up material difficult to hear and even more difficult to respond to

Children who have been maltreated become super-vigilant, always on the lookout for signs of rejection. It is extremely important to be prepared for the possibility that a child will bring up disturbing information, and to have a strategy in mind to respond to it. As one foster parent put it,

 "*The last thing you want is to appear shocked by what the child says.*"

IV. Engaging the child in "therapeutic conversations"

Edward's wishes revealed the story within the story of his running away: that he did not wish to run away at all but rather to be found.

To ask children to list their "Three Best Wishes" is one approach therapists use to gain insight into a child's frame of mind. This can help to decode the scripts underlying the child's behaviour.

Another approach is to use open-ended questions such as:

Help me understand…

Sometimes, when children have been hurt…

Sometimes, it's hard for children when they feel nobody believes them…

Sometimes it's hard for kids when…

As Margaret Osmond and her colleagues (1998) explain in their book, *Treating the Aftermath of Sexual Abuse: a Handbook for Working with Children in Care,* questions such as these are meant as guidelines to pursue **"therapeutic conversations"** with the child.

"The questions act as a springboard for discussing important issues in more depth as the child becomes more comfortable. These questions are not meant to be used as a checklist. (The caregiver) should not pull up to the kitchen table with the child and proceed to ask the questions as if they were a survey to be filled in. We should resist any tendency to hurry through the questions and jump to a solution. As any individual experienced in working with difficult children already knows, being in a hurry will result in a child who is upset and highly resistant.

"Instead, the questions communicate a set of ideas, thoughts for exploration, or places to look for understanding; they may be used as a framework for discussion when the appropriate therapeutic moment presents itself. (The adult) asks questions in a musing, reflective style, as something for the child to think about… (In the process) the caregiver can help the child to explore ideas that will eventually lead to an understanding that something about the events of her past is acting as a script for her present."

V. Supporting the child as she explores different options to her usual ways of behaving and helping her to weigh the relative advantages and disadvantages of each

One foster parent describes her role as follows:

"For me, I see it as giving the kids options. They [now] see people in different roles. They see there is not only one way to act. They see they can have control over the script they use."

Another foster parent puts it this way:

"Yes, what we can do is to propose to the children different options and give them the self-confidence to put together the 'script' that best fits their sense of self."

VI. Maintaining structure and rules

The question often comes up as to whether, knowing the reasons behind a child's behaviour, we should then change the "consequences" - in other words, bend the rules somewhat.

For the children, despite their protests to the contrary, having rules provides a sense of security. Consistency helps them plan their own behaviour. Especially when there are other children in the home, they draw reassurance from being treated the same. And the children do have a strong sense of "fair play" and are more inclined to accept the consequences to their behaviour than we often give them credit for - as long as they see the consequences as "fair."

In addition, of course, the children do need to learn what to expect when they go out into the world - when rules will not be bent to accommodate them.

VII. "Connection before Correction"

This expression is the title of a blog by Jane Nelsen in which she describes the work of Carter Bayton, a teacher known for his skills in turning around the behaviour of severely acting-out children in his classroom. His philosophy was,

> **"You have to reach the heart before you can reach the head."**

An example from our own experience:

Mark, 3 years old, has just begun nursery school. It is snack time. Suddenly, Mark can be heard screaming at the top of his lungs. All he wants is "another cookie" but the staff won't give it to him until he calms down and can ask "nicely". The

screaming intensifies. The head teacher rushes over to the child and offers him a cookie. Only then does she explain to him that, here, in the nursery school, he doesn't need to scream. " Perhaps next time, he could try his quiet voice?"

The teacher has understood that Mark has been raised in an environment in which he needed to make a lot of noise to have his needs met; the more noise, the greater the chance that someone will eventually listen to him. The script he has learned is that, if you don't speak loudly, no one will pay attention to you. And that sometimes it takes many tries before someone will.

By giving Mark his cookie promptly, the teacher has connected with him. Little by little, through her relationship with him, she will be able to show him that there are other scripts that, at least in the nursery school, will serve him better.

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When we are taken aback by a child's behaviour, it is helpful to ask ourselves:

Could there be something more to this story?

What is the child's understanding of what happened?

What are we communicating by our expression, by our gestures?

Are we "connecting" with the child at an emotional level?

Does the child feel safe, supported?

Sometimes, the best strategy is just to hold the child.

Or to sit with her - even without saying words.

Or to play music together:

Ten-year old Stevie has been acting up in school. He is angry that he has been moved to a new class. Recently, he has been diagnosed as having attention deficit disorder and this has meant having to change buses and having to change friends. At home, things are unsettled as well with frequent fights between his parents. His refuge from so much chaos is in music.

The principal of the school is aware of Stevie's situation and invites him to spend fifteen minutes a day in his office - listening to music together.

Stevie still has to do his homework. He still has to try to "keep on track" in school and still misses out on privileges when he doesn't follow through on his assignments. But every day, no matter what his performance has been like in the classroom, he gets to spend fifteen minutes in the principal's office - listening to music together.

In his yearbook, Stevie describes the times he was "sent to the principal's office" as "the best" in the whole year. To the Child Study Team, it is clear that this protected time - independent of Stevie's behaviour in the classroom - is the reason Stevie managed to stay in school and make it to the next grade.

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When we respond to a child in a way that he does not expect, when he feels accepted in spite of his "bad" behaviour, our connection with him grows.

When we reflect back to him an image of himself of which he can be proud, we give him the strength to accept the "correction" and encourage him to try to do things differently.

VIII. "Flipping the Script"

Allowing the child to make mistakes - and still be "there" for her afterwards, helping her to pick up the pieces and to start the process anew: *that* may be the biggest change in script of all… both for the child and the caregiver.

Another way in which change can be introduced is by **not** confirming the child's worst expectations:

"When in fact we don't confirm the children's worst fears - then we are showing the children that there is another way, other scripts that will serve them better." (Clipsham, 2007)

Some examples:

The child who expects to be "thrown out" of the home because of his running away is startled to see that, while you do not condone his running away, you are not even considering "sending him away."

Same for the small child who expects you to remain "mad" forever and is surprised when you give him a hug after "quiet time."

Same for the young girl who expects you to be shocked beyond belief by her disclosure of sexual abuse and discovers instead that you share her grief.

Same for the child who expects to be scolded for poor grade performance and discovers instead that you will advocate for him in school.

And still another example, this time involving a teacher:

After much anguish and reflection, Clara decided to move her foster child, seven-year-old Timmy, to a new school. She wanted to see if, in this new setting, he could overcome the negative reputation that had settled on him in his first school. Needless to say, she was very worried about the kind of reception awaiting Timmy in his new school and worried about the impact that would have on him. One can

imagine her surprise and relief when she went to see Timmy's teacher shortly after school had started and discovered that the person she had so dreaded meeting was in fact this "tiny, little older lady," with her arm around her boy, tousling his hair. "Best of all," this parent reported, "the teacher kept telling him how well he was doing."

As Clara put it,

"She, the teacher, flipped the script."

Instead of reinforcing the child's negative scripts about himself - garnered through repeated experiences of failure in his previous school - this teacher substituted a whole new script for him, one that told him he was worthy of her warmth and support.

<center>***</center>

When children are met with responses that are so different from what they have been used to, they are likely to react with scepticism, as we see in this story written by a veteran foster parent:

Five years ago, Alex and his younger brother arrived at our home. After being introduced to me, Alex took a good look at me and exclaimed, "You are black and you are old - I am not staying here!" You see, we had been introduced on the phone before, prior to our meeting, and he had assumed I was white and young. Needless to say, I was quite taken aback by this. After regaining my composure, I reached out to him by saying, "Black old people are nice and I plan to be extra nice to you."

It didn't work.

As soon as the worker left, all hell broke loose. The boys, led by Alex, decided to destroy the room, screaming in chorus, "We want Mama! We want Mama!" "Mama" was their previous caregiver, whom I might add, was abusing them daily. This went on for quite some time, with me thinking, "What have I got myself into? What can I do with this?"

I prayed. A thought came to me. I closed the bedroom door, sat in the middle of the floor and started to sing. I opened with the hymn, "What A Friend We Have in Jesus." They stopped cold. Alex looked at his brother and exclaimed, "What's wrong with her? She's crazy and she's got an ugly voice!" I continued to sing and the screaming stopped.

It was Day One, the beginning of a very challenging journey.

Alex would trash his room completely; trash the whole house, destroy his property, his brother's, and mine, … jump out of windows, beat on all the doors and windows with a hockey stick, beat on my car and damage it with rocks… At one point the neighbours even called the police. It seemed he was always testing me to see if I would send him away - and acted as though he didn't care if he was sent away or where he was sent. I kept reassuring him that he was not going anywhere and that he should give up trying…

No matter how I felt and no matter what he did, I never stopped giving Alex lots of love, caring and, most of all, understanding. When all was calm, after a bad session, I would go to his room, sit with him, test the waters, put my arms around him and try to find out how he was feeling…

I decided he was not going anywhere. I continued to pile on the love and understanding, trying new methods, and most of all, lots of prayer. And then when it seemed that my prayers weren't being answered, things started to change slowly. It was as though Alex woke up one morning and realized he wasn't going anywhere… Things started to settle down at home.

Long Journey to Trust

Our last story, written by long-time foster parents Nellie and Bernie, begins with the arrival of their young foster child, Thomas. We watch as they come to the realization that Thomas is paralyzed by the script of silence he has adopted in order to survive in his previous home. Slowly, gingerly, in the emotional sanctuary of their home, they help to release him from that script and to begin, at last, to share with them the burden he has carried all his young life.

Thomas, seven years old, is at our door, late at night, with a worker and two police officers. He has come from an environment where there was some form of abuse or violence in a place that was his home. He doesn't know you and he now finds himself in a home that is foreign to him where he is told that we will look after him, and he doesn't know why. We are strangers to him and he has no reason to believe that things will be any different with us than they were at his last home; they could even be worse. Thomas doesn't trust us.

Thus begins a journey that will focus on meeting his needs in every sense. The first stage of the journey is often traumatic as he learns the ways of our home while trying to cope with the trauma that he cannot or will not discuss. In Thomas' case, he would not tell anyone who did what to him.

Why should he? He doesn't trust them either. Of greater concern is the fact that Thomas has kept this all internalized, living with the trauma of guilt, fear and anger he creates for himself in his own mind. So we feed him, clothe him and see that he gets to school every day. The physical and educational components of his care are generally easy to meet. But we want more than that for Thomas…We want him to feel comfortable in our home and know that he is loved. A longer-term goal is to help him address, understand and deal with the issues that brought him into care. For this, we will need his trust.

We have not found a manual on how to gain a child's trust by following a step-by-step process that "works every time." Thomas' story is unique and differs from that of other children that come into care. For Samantha, we had to develop different strategies, as we had to for Jawal and Maria. Our experience has taught us, however, that there are some basic principles that facilitate the process and thus enhance the likelihood of success. We share these with you in the hope that they will help foster parents with their challenges and provide workers with some appreciation of the challenges that exist in a foster home and of how their role is key to our success.

Consistency

In the first two days that Thomas is in our home, he begins to see that there is a routine he can count on. Meals, bedtime, baths, play time, etc. follow a regular pattern which, with time, he comes to realize he can count on. Fears, outbursts and inappropriate behaviours are dealt with calmly and promptly; the need for hugs and reassurance are met in a similar manner. He "tests the waters" from time to time, with actions and words he knows we do not approve of, to determine our boundaries and to see if he can get us to react like others have. When this doesn't happen, he begins to see that he can count on us to deal with him in a manner he can predict and understand.

Our first goal has been met - Thomas has begun to feel comfortable with us. Consistency increases this comfort level as time goes on. Comfort, in many cases, leads to love.

Honesty, Patience and Intuition

As concerned foster parents, we are eager to have Thomas tell us the details about life in his home. Really, we are looking for him to tell us what happened to him, and who was involved. We are looking for him to disclose. In our eagerness, we never promise that he can tell us and that it will be "our secret" when, in fact, we will likely discuss it with a worker and perhaps our family members. We are very mindful that children listen to and watch closely what everyone around is saying and doing. It is quite likely that what he discloses, once shared with others, will get back to his ears. At that moment, any chance of establishing on-going trust would be lost.

We know that we must be patient. With young children like Thomas, we generally see a breakthrough after about six months in care. With some, like Maria, it came sooner; with others it was much longer. At some point, we do begin the process of gaining some information from Thomas. The occasional question, dropped in a casual manner, gives us cues as to whether he is ready to talk about it or not. We will know from his response or reaction. We count on our intuition to tell us when the time is right.

When it does happen, it is both a terrible and marvelous experience. Frequently, it is the child who sends out the first clue that there is something that they want to talk about but are afraid and somewhat hesitant. While his foster mother, Nellie, was cooking dinner, Thomas casually asked:

"How come you and Bernie don't beat children when they're bad?"

With careful response and soft questioning, she opened the door a little. She did not pursue the discussion beyond answering his questions. She knew that he was processing his issues in his mind and perhaps still testing to see if this was someone he could trust. We bided our time.

A couple of weeks later, after bedtime stories were finished, Thomas told Nellie that people didn't treat him at home the way he was treated by us. With a single question, Nellie opened the doors and everything came pouring out … the beatings, the confinements in the closet, the sexual abuse, the threats to ensure silence, etc. The tears flowed as fast as the words. The rest of the evening was spent in calming and reassuring Thomas until he finally fell asleep.

The horror of it all is hearing what happened to this child in front of you. The marvel is the sense of relief you could see in his face as he finally was able to unleash the demons that so plagued his mind. We got to this point because we gained his trust.

Moving on

Early on, we had told Thomas that we could not promise that we would not share with others what he tells us. Now that he has disclosed, we tell him that we are going to discuss this with his worker, Eileen, who will want to talk to him about it too. He knows Eileen as she been to our home to see him many times. He sees that we get along great with her so the trust can be extended and he says that is OK. What followed from this point would make the subject of another article.

Once the details of the horrors that were part of Thomas' early life were disclosed, a process was set into motion that involved many people, including teachers, police, psychologists, judges, to name a few. Today, we know more about how to handle disclosure but this was not the case in our first experiences and we may yet encounter a situation with different twists that challenge our ability, knowledge and resources. For this we counted on and continue to look to the foster care system that includes workers and other foster parents for support and guidance.

Once a relationship is established with workers or foster parents, we generally come away richer from the interactions. Sometimes we get some advice that helps us deal with the challenge, sometimes it is just reassurance that we are doing as much as can be expected. We trust their advice.

Relationships have their origins in trust. From that we get to caring and from there we get to love, without boundaries.

BIBLIOGRAPHICAL NOTES

Aitken, G., Granofsky, B., Langer, R., Palmer, S., and Mankiewicz Smith, J., The Voices of Youth in Care: Learning from Focus Groups with Former and Current Crown Wards. *Journal of the Ontario Association of Children Aid Societies.* Fall 2005, 49:3

Bowlby, J. (1973), *Separation: Anxiety and Anger*. New York: Basic Books.

Cicchetti, D., and Rogosch, F.A. (2001), The impact of child maltreatment and psychopathology on neuroendocrine functioning. *Development and Psychopathology, 13,* 783-804.

Clipsham, C.K., & Smith, J.M., Lessons Learned from the "Changing the Script Program: Supporting Foster Parents to 'Go the Distance' with the Children in their Care." *Canada's Children*. Ottawa ON: Child Welfare League of Canada. Spring 2006

Clipsham, C.K. in Smith, J.M., Clipsham, C. K., Fernyhough, L., Gelder, K., Granofsky, B., Isaacs, B., Kells, J., Leiba, E., Leslie, B., Perlman, N., and The Foster Care Resource Workers. (2007), *Final Report: Lessons Learned from the "Changing the Script" Program: Supporting Foster Parents to "Go the Distance" with the Children in their Care.* Toronto, Ontario: Centre of Excellence for Child Welfare.

Hughes, D.A. (1997), *Facilitating Developmental Attachment: The Road to Emotional Recovery and Behavioral Change in Foster and Adopted Children.* Jason Aronson.

Landy, S. & Bradley, S. (2014), *Children With Multiple Mental Health Challenges: An Integrated Approach to Intervention.*

Lessons Learned from the "Changing the Script" program: Supporting Foster Parents to "Go the Distance" with the Children in their Care – a report prepared for the Centre of Excellence for Child Welfare, in partnership with the Circle for Children Foundation and the Catholic Children's Aid Society of Toronto. January 2007.

Nelsen, J. *Connection before Correction.*
http://blog.positivediscipline.com/2007/11/connection-before-correction.html

Osmond, M., Durham, D., Leggett, A., & Keating, J. (1998), *Treating the Aftermath of Sexual Abuse: A Handbook for Working with Children in Care.* Washington DC: Child Welfare League of America Press.

Sroufe, L.A., & Fleeson, J. (1986), Attachment and the Construction of Relationships. In W. Hartup & Z. Rubin (Eds.) *Relationships and Development*, Hillsdale, N.J.