Relational Hope: Foster Care and *A Home Within*

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Psychoanalytic work with children began in the second generation of Freud's legacy, through the pioneering work of Anna Freud and Melanie Klein. Each in her own way realized the need to adapt the psychoanalytic technique to the special needs of children, including their level of development and their (real) dependency on parents. In the ensuing decades there would come a variety of techniques adapted to children, whose most comfortable means of expression was often in the form of play with the symbolic overtones which play contains. If Freud and his loyal followers privileged the role of insight in ushering growth, change and "cure," child therapists more and more appreciated the power of allowing children to express something of their experience and their inner world in non-verbal material, as well as the importance of a creation of a literal "holding" environment, which promoted a sense of safety.

Child analysis or psychotherapy—like adult psychoanalysis—was also cultivated within the reality of trauma. Anna Freud's and Donald Winnicott' s work with children in London at the time of the Second World War provoked adaptations required for children who had been traumatized by loss of parents, existence in orphanages, and the terror and chaos which characterized the times. As a result, we cannot think of "child analysis" as a technique employed merely to resolve neurotic conflicts of children who were otherwise safe and well-cared for.

Rather, psychoanalysis was seen as an effective intervention in the face of the direst circumstances. Perhaps it is even useful to recall the controversy surrounding Freud's oscillation in his beliefs about the nature of childhood sexual abuse and his formulation of his seduction

theory. Children (and adults) who come to work with a psychoanalyst or psychodynamic therapist are more likely than not to have been the victims of some significant trauma or the accumulation of traumatic experiences.

These remarks serve to place the following ideas in a certain context. From its inception, psychoanalysis has had to adapt to particular social and interpersonal circumstances that have allowed it to develop as a distinctively responsive method. Although stereotypes have developed about what it means to be "doing psychoanalysis"—often as a result of rigid orthodoxies which have been in place at various times in the history of the profession—in its essence, psychoanalysis understands behavior as determined and limited by a variety of internal and external factors. Even if Freud emphasized only a few factors as primarily implicated in psychic development, he certainly appreciated the culture which served to create and sustain human psychological interaction. His own vision of psychoanalysis as a tool which could be helpfully available to the widest possible population of people, resulting in an early establishment of free clinics providing psychoanalysis to the general population (Danto, 2005), suggests an appreciation for the capacity of psychoanalysis to be flexible enough to exist in a variety of circumstances.

A Home Within

A Home Within is a national organization, which was founded in San Francisco almost twenty years ago, and established as a not-for-profit organization for the past fifteen years. Its mission is to recruit and support trained and licensed therapists who are willing to volunteer to see a child or youth who is in foster care or who was once in foster care on a pro-bono basis. There are currently over forty local chapters of A Home Within throughout the country.

As with all organizations, there is a story about how it was founded. In this case, it's about a group of clinicians in training who had been involved with foster youth in the San Francisco Bay area. They found themselves of like minds with regard to the needs of this population of youth, lamenting the dilemma of their clients: kids who had been

through a succession of short-term therapeutic relationships unable to attain what then seemed to so badly need—a sustained relationship with a concerned and responsible adult. Eventually, they decided to do something about this dilemma. As recalled by founder and current Executive Director of A Home Within Toni Heineman:

> We met together every few weeks for about a year over soup and salad at my dining room table, The conversations were lively, as they often are among people with divergent opinions who respect each other. Over the years, (typical) comments from those conversations stand out for me. From my left, 'There is so much to do; we need to move faster.' And from my right, 'We don't actually know what we are doing; we need to slow down.' This tension continues to inform the way the staff and board of A Home Within think about the organization as we grow and change (Heineman, 2015, p.6).

And so the project was born. This original core group became determined not only to carry on their individual efforts, but to band together as an ongoing "consultation group" in order to provide peer support in this difficult work. Because they were trained in a psychoanalytic framework, each had a deep understanding of the complexities of the children they worked with, as well as the importance and the challenge of building relationships with their clients. Others were inspired by this project, and within a few years A Home Within was established as a charitable organization.

The story is important for a couple of reasons. First of all, it represents a kind of idealism and determination indicative of many individuals who become therapists, particularly those who commit themselves to the rigor of psychoanalytic/psychodynamic training. Secondly, these founding members had a vision that more was needed for foster youth than simply providing case management or short-term behavioral intervention. Many children in foster care experience continual disruption and trauma in their lives, both in the circumstances which precipitated their removal from their families, but also in the

sequence of foster placements, interaction with case workers and courts, and disconnection from their schools, families and friends. The one thing usually missing in the foster situation is a safe relationship with someone who is committed to the child beyond being paid to perform a service. Psychoanalytic orientations recognize that real change is most often only accomplished over a certain period of time in relationship with a therapist who can competently navigate the complexities of interpersonal experience and also communicate a form of dedication, which helps to rebuild trust. The final point about the founding story is that the intention of these first clinicians, though noble, can also seem naive. Pairing a volunteer clinician with a foster youth may sound simple, but it is far from easy. There are many obstacles to this well-intentioned effort, many of which were in the minds of that group of clinicians who sat around the dining room table; others which only became evident over time. The following is an attempt to delve into the complexities as well as the potential hope, which springs from a commitment to bringing a psychoanalytic sensibility to the challenging world of Foster Care.

The Trauma of Foster Care

There is a sad irony at the heart of our current system of caring for children who cannot be cared for by their parents or families: There is probably no point in the history of Western Civilization where as many resources have been available to assist these children, yet it is a system which fails to live up to its promise. More often, the very structure of foster care almost inevitably guarantees that its participants will be traumatized many times over. We have come a long way from a time when children were left to fend for themselves if they were abandoned or neglected by their families. In Western cultures, we have largely moved beyond the institution of large orphanages which often warehoused children, perhaps providing for basic needs of food and shelter but offering little in the form of human contact and nurturing which are essential for psychological and emotional health of the individual. Yet those in foster care are sometimes considered to be "orphans of the

living" who are subject to horrific violations of children's basic human rights (Toth, 1998).

According to the United States Department of Health and Human Services, there were over 400,000 children and youth in foster care as of 2011. As of 2012, there were 679,000 instances of confirmed child maltreatment (www.childwelfare.gov). In this country, a combination of civic and private agencies provide an array of services ranging from recruitment and supervision of foster parents to the myriad of support services including mental health treatments and various forms of case management. The need to assist older children in the process of "aging out" and moving toward independent living has also become an increasing focus of available services of late. The first legislation providing for specific services in recognition of the need for assistance for youth transitioning out of the system did not occur until 1986. In the 1990's, additional legislation extended benefits and services to cover youth between eighteen and twenty-one (Smith, 2011). As might be expected, our largest urban centers face the greatest need/demand and also are frequently overwhelmed with the budgetary restrictions and other systemic obstacles, which characterize sprawling social service networks. Rural communities face their own set of difficulties, particularly where resources are limited and where geographical distance poses a greater challenge to provide services and regular contact for the foster child and his or her family resources. Because foster children routinely move from one foster placement to another, or may move back and forth between their biological families and foster care, it becomes very difficult for them to maintain any real continuity with regard to their schools, friends, siblings, case workers and therapists.

Consider the story of Patty, whose experience is detailed in a collection of stories about children aging out of foster care (Shirk & Stangler, 2004). Although the story ends with a successful transition to college, which Patty considers "the perfect transition between living in a foster home and living on your own," Patty's experience is somewhat rare. "Children in foster care are half as likely as other children to be enrolled in college preparatory classes in high school, and frequent moves and school changes make it hard to compile the academic record necessary

for admission to many four-year schools" (p.45). Remarkably—though not atypically— Patty had lived in seven different homes and attended five different schools during her high school years.

Patty was born as the second child to her mother when her mother was seventeen, who was one of a dozen children born to an alcoholic mother. Everyone in this generation ended up in foster care. Patty's mother left her abusive husband when Patty was eighteen months old. In spite of this, Patty's earliest memories of her mother were largely happy ones, and there is evidence of a strong attachment bond between mother and daughter. But by the time Patty was in second grade, her mother was drinking daily, taking her children to the bar with her, and using hard drugs. Patty and her older sister were removed by the Department of Social Services in Boston in third grade, and placed in the temporary care of experienced and caring foster parents. Patty actually loved her life with this family, and her mother's inability to complete her rehabilitation program meant that the temporary placement became long-term. At two-and-a-half years, the court changed the goal from reunification with Patty's mother to long-term foster care. By sixth grade Patty was blossoming in school and happy with her foster family. But a change in the goal meant a change in the supervising agency, meaning that Patty would need to move to a different family within the jurisdiction of the new agency. A few months later, a new home was found for her sister, which actually proved beneficial to Patty by calming the environment and allowing her to become both closer to her foster mom and more independent. Seven months later, Patty moved to a new family, which seemed promising initially. However, the move proved to be even more traumatic than the initial removal from her mother. The first night in the new home, she cried all night long. "The very first night is the worst night you spend in a new home, because all you want is to be in your previous home" (p. 54).

Several weeks later, Patty still wasn't happy. She talked a lot about wanting to visit her previous foster family, which her new foster parents resisted. But there were good experiences too, and her new family did a lot to encourage and support her musical talent. Now into her adolescence, conflict in the new home became more frequent. Ultimately, her

foster parents decided she would have to be moved. She ended up being sent to another foster home which included several other foster children, many with special needs. Six months later, she was moved again. She became so distressed that she cut herself and ran away from home, ending up in the emergency room of a local hospital.

Patty's internal resourcefulness began to show itself. In spite of continual upheaval in her life, the comings and goings of adults who were sometimes helpful—and sometimes not, and all the challenges of adolescence, Patty continued to develop ways to cope as she changed schools, and lived for a time in a more structured group home, which proved to be beneficial. She then made a "decision to change," and began to improve academically and develop a happy social life (p. 62). Ironically, her behavioral and social improvements prompted an agency decision to move her out of the group home and seek to reunite her with one of her previous foster families. But she was now well established in a private Catholic school and didn't want to change. All of the available families lived a great distance away. By her senior year, she won the right to move back with her mother, working a part time job in order to pay rent for her room. Although her senior year was extremely busy and stressful, she won admission and scholarship support to a college in her hometown of Boston, moving to campus at the beginning of her freshman year.

Patty's story illustrates how difficult the journey through foster can be even when many conditions are favorable. Patty was herself a strong and resourceful individual; able to adapt to many situations and thrive when the circumstances were right. She was under the care of case workers and agencies who really were dedicated to trying to help her, and ad experiences with foster families which were often very positive. Yet in spite of all this, she was buffeted by the trauma of frequent dislocations in her life and the ultimate powerlessness of having so many aspects of her life determined by external forces. And though her life was difficult, she was not physically abused, subject to extreme poverty or prejudice, and had an intellectual capacity that made her capable of achieving a good education.

Patty's eventual success was undoubtedly influenced by her capacity to form stable relationships with several adults through her early life,

including her first set of foster parents and a compassionate case worker who tracked her from the age of twelve. What Patty did not have was a sustained relationship with a therapist who might have served as an additional buffer against the continual challenges of late childhood and adolescence.

With regard to mental health services for foster youth, a number of problems emerge. Although the majority of adults involved in care of foster youth may recognize the need for therapeutic support, and though there are a myriad of service agencies that may be available for therapeutic intervention, the focus of treatment is quite limited. Children (including foster children) are generally only referred for therapy if there is an observable behavioral "problem" such as oppositional behavior, school difficulties or threats to run away or commit suicide. Given limited funding resources and the prevalence of reliance on short-term "evidence-based" therapies, intervention usually addresses only the specific behavioral concern with the goal of resolving the problem as soon as possible. Even so-called "trauma informed" treatments seem more inclined to fit a person to a protocol rather than provide the space and flexibility which treatment of trauma often requires. Frequently the therapists who are assigned to these children are at the early stage of their own training, and may often lack the experience to deal with complex issues and resistant clients. Though usually well intentioned and caring, their training or agency positions are often of short duration. So it is quite possible for a single child to see a dozen or more therapists in the course of his or her foster placement.

Relationship Disruptions

From all that has been discussed to this point, one clear conclusion is that children who enter foster care are forced to experience chronic, traumatic disruption in relationships. These ruptures often occur quite early in the child's development, usually at the hands of caregivers who themselves may have been compromised and traumatized. These children are often victims of what has come to be called the intergenerational transmission of trauma.

A number of years ago, in a seminal paper entitled, "Ghosts in the

Nursery," Selma Fraiberg and her colleagues described their experience of mothers who were often prevented from providing anything near an adequate response to the emotional needs of their children (Fraiberg et al., 1975). Even if mothers were capable of providing a minimum of physical support, they often resembled the "wire monkey mothers" made famous in the experiments of Harry Harlow, which demonstrated that infant mothers who had to rely on nourishment from a bottle attached to a wire mother surrogate ultimately failed to thrive due to the lack of contact comfort with a warm and responsive human caregiver (Ottaviani & Meconia, 2007). Fraiberg and her associates found that providing psychoeducational and therapeutic support to the mothers of these children often provided a way to break the chain of the intergenerational transmission. These findings have been demonstrated again and again in experimental observations and clinical practice. The contemporary work of researchers such as Beatrice Beebe and others have robustly demonstrated how early attunement between infant and primary caregiver is essential in the formation of healthy attachments (Beebe & Lachman, 2013).

Attachment research and the theoretical and clinical considerations that flow from it demonstrate the variations of relationship patterns that can occur in the absence of secure attachment. By the time they are removed from their homes, many—if not most—of foster care manifest some form of insecure attachment style. Children may become avoidant—keeping a wary distance from others who might attempt to offer help or concern. Children who are anxiously preoccupied may seem to readily and indiscriminately attach to strangers and others who enter their lives, but without a sustained capacity to build trust. These children may also demonstrate an excessive need to be surrounded by certain peers or, as they age, become un- healthily attached to romantic partners, who often perpetuate the cycle of abuse. Or, children may manifest an ambivalent style of relating, desperately seeking help at one point, and then angrily rejecting support the next. These insecure styles can result in a considerable degree of disorganization in the capacity to remain attached to others, as well as produce continual emotional dysregulation. As difficult as these conditions are for ongoing development, "we must also remember that an

'insecure attachment' in and of itself, does not constitute a mental illness or psychiatric disorder. It simply describes a characteristic way of relating to others, particularly caregivers" (Heinemann, 2015). Yet, it is also clear that those children who are removed from their homes and taken into care—and who are already compromised in their attachment/rela-tionship style—will have the most difficulty adapting to even the most optimal foster parent, the most empathetic case worker, or the most dedicated therapist. The continual re-traumatizing disruption that typically characterizes the journey through the foster care system, serves to do little to heal and everything to reinforcing the child's lack of basic trust and the conviction that adults cannot be relied upon. Such children often become adept at survival, often becoming street smart, but have very poor capacity to engage in mutually supportive human relationships.

At some point in their development they seem to "hit a wall" in their maturation, making it very hard to survive as adults in a complex world.

The Evolution of a Model

As was indicated in the earlier description of the founding of A Home Within, the parents of the organization were perhaps as idealistic as they were dedicated. One of the earliest taglines to describe the organization's intent was "One child, one therapist, for as long as it takes." The goal was to provide a person in foster care with a relationship with a skilled therapist who would not be constrained by an artificial limit on the length of the therapy or dependent on external funding. Among the most challenging obstacles to this good-intentioned approach was the fact of the geographic instability of the foster child. Since the plan was for the therapist to see the child in his or her private office, the therapy depended on the willingness and ability of others in the child's life to get that individual to the appointment on a regular basis. As the children grew older, they often developed a greater capacity to use public transportation and other means to reach the therapist. But as the youth's capacity for independent action increased, other obstacles became apparent. Younger children—whether in foster care or not—are often brought to therapy without much willingness to be there. Parents or

caregivers have a good deal of authority over even their more dysregulated, oppositional children. When it goes well, the child may develop a positive relationship with the therapist or the therapy, and the level of resistance decreases. Most foster children, especially those who have been in the system for any length of time, are constantly being told to do things without any freedom of their own. These include fundamental decisions about where they will live and where they will go to school. Therefore, once they get to a point where they have any freedom at all, they are likely to utilize their power of choice in any way they can. This freedom includes the "choice" of whether or not they entrust themselves to a therapist. These choices are not always conscious, but are imbedded in all the dynamics imposed by their early relationship and attachment patterns as well as the fall-out of additional traumatic abuse.

When many therapists hear of the mission of *A Home Within*, they may think, "What a wonderful opportunity and privilege for these youth to have a therapist willing to meet with them each week for an undetermined length of time!" Perhaps comments like these reflect the benign narcissism many of us hold as therapists, who struggle against the injury caused by those who tend to dismiss our work as trivial. Nevertheless, the last kind of relationship the typical foster youth wants to form is with a therapist! And so, as *A Home Within* has expanded and matured, we have also needed to confront the complexities of both the internal landscapes and the systemic context of the individuals we seek to serve.

Those who founded and have sustained *A Home Within* were trained and have practiced as psychoanalytically oriented psychotherapists or as analysts. Clearly, those who became clients of these therapists were not going to be recruited into a traditional psychoanalytic modality. Yet just as psychoanalytic work with children has had to evolve through its history to meet the particular needs and constraints of those who would not be expected to enter into a full-blown adult "analysis," therapists engaged with *A Home Within* would need to adapt elements of theory and practice in a way which would cull the most critical aspects of psychoanalytic thinking and apply them to the situation at hand. Toward this end, Toni Heineman, along with her colleagues, has

articulated eight key elements of what has been termed Relationship Based Therapy (RBT). (Heineman et al, 2013; Heineman, 2015). There is a paradox in this schematic theoretical outline which is "at the same time straightforward, drawing heavily on common sense, and also incredibly complex and nuanced." The eight essential of RBT are (1) Engagement: being fully present in the relationship; (2) Environment: appreciating the context surrounding the relationship; (3) Empathy: imagining the feelings of the other; (4) Egocentrism: recognizing the unique make-up of every individual; (5) Enthusiasm: bringing optimism to difficult realities; (6) Evidence: relying on demonstrably effective approaches; (7) Endurance: remaining open and available: and (8) Extending: appreciating the continuity of relationships (Heineman, 2013). I would also define "extending" to describe the inevitable pull of the therapist to be engaged in aspects of the client's life that exist beyond the 50-minute hour.

Even though volunteer clinicians with *A Home Within* are asked only to commit themselves to an hour with the client each week in addition to a commitment to a consultation group, the work often takes on an element of "case management" involving contact with other significant players in the client's life, such as Social Workers, Foster Parents, Attorneys. CASA (Court Appointed Special Advocates) volunteers, etc. Time in the therapy might often be spent assisting the older youth with transportation needs, discussing obstacles to maintaining a commitment to therapy, and other matters which are not prima face therapeutic. Yet the "case management" activities, though sometimes time consuming and frustrating, are not at the core of the work. The intention is not to "manage" a case but to build a relationship.

While the eight principles of RBT may not seem like the parameters of classical psychoanalysis, they do have a strong affinity to the Relational Movement within contemporary psychoanalysis, particularly work with children (Altman et al., 2010). Moreover, the Relational emphasis on attention to the mutual influence of the therapeutic process and the relevance of the therapist's subjective experience of the therapy, as well as the need to adjust the "frame" to fit the reality, all help in the understanding of what transpires in the clinical encounter (Bass, 2007).

Successful work with foster youth often demands a considerable degree of personal investment from the therapist, far beyond the cool, clinical detachment typified in the analytic caricature. At the same time, there is the need for continual analytic scrutiny of the therapeutic process. Aided with an appreciation for the complex conscious and unconscious dynamics of the individual as well as the dyad, analytically oriented therapists may have an advantage in maintaining a degree of equilibrium in the face of the difficult terrain.

It is not only the model of *A Home Within* that continues to evolve, but the very model of psychoanalytic practice itself. As had been argued by Relational Analysts such as Neil Altman and Lew Aron, psychoanalysis has been evolving in a way which not only recaptures much of Freud's earliest innovation and aspiration—along with the early experimentation and adaptation characteristic of the first generation of psychoanalysts—but also is responsive to the needs of a more diverse and often more traumatized population (Altman, 2009; Aron & Starr, 2013). Throughout the years, many AHW therapists have maintained continuous relationships with their clients, many of whom might "disappear" for a while, only to re-establish contact with their therapist when the need and the opportunity arise. At the same time, AHW therapists—largely through the help of their Consultation Groups—have learned to be more flexible, creative, and capable of recognizing when a treatment might be "good enough."

Molly

To illustrate the wide array of challenges and possibilities inherent in work with foster youth, we might consider the treatment of "Molly," in an extended case discussion included in a sampling of clinical experiences from several current A Home Within volunteer clinicians (Heineman, et al., 2013).

The first time eight-year-old Molly walked into my office, I was nervous. Although she was in third grade, Molly's diminutive size made her look more like a kindergartener. And small though she was, this little girl had such a history! Feeding disorder, sleep difficulty, extreme

acting out behavior both at home and at school...I was not sure I was up for the task of addressing all these. There were also questions about underlying neurological issues. I was new to private practice. Based on the information I had received about this child, I felt her therapy would need to occur over a long period of time, a frame more likely to be measured in years rather than months. Molly lived some distance from my office and I was worried about the toll the weekly drive would take on the family (p. 5).

Molly had been adopted into a family of two gay fathers and two additional adopted children. The couple took her in at age four as part of a "foster-to-adopt" program. Molly entered foster care about two years previously when she was found "wandering the streets with an older sibling and an inebriated father" (p.9). From the start, she needed to compete with two younger foster siblings and tended to be impulsive and difficult to control. The therapist noted that "Dave," who played the role of the primary parent, seemed particularly anxious about maintaining order in the home and was also ambivalent about therapy. Nevertheless, the work proceeded as Molly demonstrated her need to maintain "control" of the therapeutic situation and would often come, open a book and begin reading to herself, with little regard for the therapist. For her part, she seemed willing to be there, and as time went on, she became more curious about the various play objects in the office. In this way she seemed to "settle in" for several months. Toward the end of the first year, some "breakthroughs" began to occur. Molly's behavior at home often continued to be out of control. Pushed by Molly's adoptive father to engage her in a discussion about her behavior, a subject which Molly skillfully avoided, the therapist decided to take a risk. After asking about her behavior...

> *Molly finally commented that it really didn't matter what she did. I considered this for a moment and I then exclaimed, 'Are you doing all this misbehaving so that your parents will hurry up and throw you out of this family in the same way that it feels your first family did?' Her eyes widened and she met my gaze—a phenomenon which, I was sure, I was not imagining, was happening more and*

more often. She looked astonished as she responded with, 'How'd you know?' I was finally feeling comfortable in our interactions. I held her gaze and solemnly responded, 'It makes perfect sense.' Again, the knowing look (pp 15-16).

Although there was a sense of progress in the therapy, school and home behavior remained disruptive. Dave had reached the point where he felt the therapy was making little difference and that it was time to bring it to an end. Perhaps out of a feeling of desperation, the therapist decided to read Molly the "riot act."

'You know I try to talk in here sometimes about your misbehaving, and you usually don't really want to talk about it. But today we have to talk about it. Your Dad is pretty upset that he is driving so far to bring you here, with the idea that you will start behaving better because of all this work. He is doing is part...(and) I am doing my part by making this time available for us to spend together so we can meet each week. We need you to do your part by cleaning up your act a bit—do you know what that means? It means you have to start working on behaving better so that you can still keep coming here, if that's what you want to do.' Molly nodded and said, 'I do still want to come here.' I asked, 'so does that mean we can count on seeing some improvement?' She did not answer and though she was somewhat more subdued for the rest of the hour, she played as usual and we did not talk about further difficulties in her behavior (p. 16).

The therapist worried about the wisdom of her intervention. She noted that she had largely been following a less directive, psychodynamic approach previously, but then decided to try something which seemed like a more traditional "social work move." Even her consultation group was unsure about what she had done, though they did help her to acknowledge that she had brought an authentic part of herself into the room in choosing to move from a stance of therapeutic holding to one of more direct confrontation.

The next week, Molly came skipping into her therapist's office,

proudly presenting a behavioral chart from school, which noted a week of exceptional behavior. Her behavior at home also improved, though the therapist felt frustrated in her dad's reluctance to implement changes which she had suggested. After a summer when sessions became less frequent, Dave made the decision to transfer to a family therapist located closer to the family home. While family therapy had been a suggestion from the therapist, she was not prepared for the decision to stop the treatment with Molly. It was a sad, but also hopeful ending, since Molly seemed happy with the thought of working with someone who could also help her dads. Reflecting on the course of the therapy, the therapist is aware of much that has been accomplished as well as what more could be done. Still, though this is a true ending, she wonders if it might be "at least for now" (p. 18).

This case serves as a good illustration of what is often encountered in most cases with foster children. In fact, all who work with children therapeutically will recognize the challenges, frustrations and occasional risk-taking typical of working with children and their families in less than perfect circumstances. But the complexity is increased in the case of Molly. Though her attachment style was not discussed, she seems somewhat ambivalent. While it is clear that Molly adopts a strong connection to the weekly therapy sessions, it is not clear how attached she is to her therapist. The relative ease with which she seemed to entertain the transfer to another therapist suggests her capacity to distance herself from her emotions when necessary, perhaps in favor of responding to the needs of the adults in her life. Nevertheless, the therapist's risk in her confrontation of Molly seemed to turn a corner and allowed the therapy to have more of an impact. It was a good beginning. But like so many experiences with foster youth, it feels very incomplete.

Weaving Without a Loom

Perhaps the biggest challenge to those in foster care—and to clinicians seeking to treat individuals with these kind of experiences—is the extreme level of chaos in the child's internal world that does not yield to a quick or easy repair. As noted by Heineman:

> We know from theory, research, and common sense that stability and consistency in relationships promote children's healthy development. Unfortunately, the foster care system often fails to provide reliable, sustaining relationships. The propensity of the system to look to the external world for explanations and solutions to problems too often overlooks the child's internal distress. When we suggest to unhappy or anxious children that their feelings can be relieved by a change in the environment, we insidiously undermine and disavow the fundamental importance of the child's internal world as a source of pleasure, pain, upheaval and regulation (Heineman, 2015, p.81).

Noting how we "watch children grow from tiny, helpless beings into young adults who carry within them a sense of self that is cohesive and reflects the multifaceted nature of personality," Heineman points to the impact of traumatic relational disruption on identity formation in those who "greet us without a coherent history and no cohesive story to explain who she is and how she came to be that person" (p.81). Ironically, children in foster care often accumulate a much more detailed log of the external circumstances of their lives than those who come of age in non-disrupted homes. Even when details of early abuse remains sketchy, their movement through the foster care system brings with it an ever-thinking dossier of case management notes, medical records and psychological reports. Yet this external "traumatic biography" belies the truth of the child's inner world, which remains disjointed, dissociated and often distant from any coherent narrative. Utilizing the metaphor of a weaver's loom, Heineman asks:

> How does a child weave a history for herself out of random events and unrelated people? How does she do this without a loom—without the solid structure of home and community? How does she do this without the warp of parents, relatives and teachers in the background to hold the rules, history and values of family and community with just the right amount of tension? How does the child understand the self that is reflected in the

> eyes and words and touch of another if the reflecting other changes repeatedly? What does the child do with the threads of her life when there is no home—no loom to hold the warp? (pp. 82-83).

We are all "creatures of habit." Children, in particular, thrive on routines of regularity and predictability, as much as older children may complain of boredom, or seek to distance themselves from family routines in favor of an immersion into a world of peers. It is long standing clinical wisdom that understands that even when teenagers seem to abandon their primary dependency on their families or are "launched" as proto-adults by going away to college to obtaining a full-time job, they are much more successful at achieving true psychic independence if their "home base" of family remains relatively secure and unscathed. One needs such a "secure base" in order to achieve genuine differentiation. But children who are thrust into the world without a sense of a familial "place" or true sense of really belonging to someone else can continue in a state of internal isolation and turmoil.

All of this is not to say that dramatic intervention isn't necessary in the case of childhood abuse or severe neglect. Children who remain powerless at the hands of abusive adults do not fare well either. Yet this helps to explain the powerful pull of" invisible loyalties" which tie children to their biological parents, often causing them to continually seek to return to their families even in spite of repeated patterns of abuse (Boszormenyi-Nagy, I. & Spark, G.,1984).

In spite of placements with alternative families where they may have experienced genuine kindness and substantially improved material opportunity, they still feel they only "belong" to the families of their birth. This is a tremendous challenge to children even after they have been adopted out of foster care, as evidenced in the case of Molly discussed above.

At the very least, those concerned with the welfare of children in the foster care system must keep in mind that, in spite of the best efforts and presence of unavoidable circumstances, almost everything that happens to a child once he or she is removed from their biological parents constitutes a loss and a

retraumatization. "I want to emphasize that every 'placement' involves a 'replacement' and every 'move' requires a 'removal.' Every time a child says 'Hello' to one family, he says 'Goodbye' to another. The warp is severed and the pattern of his life is left dangling again until he can reattach it" (p. 84).

Of course, continual disruptions in therapeutic relationships mimic this pattern of instability and loss. Foster children usually go through a succession of therapists, some who may be more competent and caring than others. But no matter how caring, foster children come to expect that any relationship with an apparently reliable adult "is only for now." This phenomenon also poses one of the greatest challenges to those therapists who, thorough *A Home Within*, offer to make themselves available to the child without a limitation of time. The fact that these therapists operate apparently outside of the "system" also presents a somewhat confounding factor for the foster child. In many cases, the AHW therapist may be the first person in the child's experience since entering foster care who has not been paid to taken interest in them.

From an adult perspective, such availability would seem to offer a strong antidote to the pattern of comings and goings in the child's life. The offer of a therapist who is somewhat unconditionally dedicated to the child may seem like a great thing. Yet it is not surprising that even older children would have trouble overcoming their guardedness and self-protective relational distancing which reflects the chaos of their internal world. As Piaget noted many years ago, "we are far more inclined to assimilate new information into previously developed schemata than to develop new theories or solutions to accommodate data that cannot be assimilated" (Heineman, p.84). To put it more simply, it makes little sense for a traumatized child to believe that future outcomes will be any different from what has happened in the past, in spite of promises, good intentions and new experiences.

While the challenges are formidable for building sustained relationships with foster youth, the potential benefits are well worth the effort. But it takes time and continuity to be able to explore old relational patterns and establish new ones. This is a key element of therapeutic interventions such as psychoanalysis, which recognize the necessity of longer-term commitments between a therapist and a client. Yet even

when circumstances dictate shorter- term treatments, a therapist's understanding of the complicated interior landscape of the foster child, along with an ability to explore that landscape though a combination of verbal and non- verbal, symbolic expression, can lead to better outcomes and help establish the possibility of future growth.

A Local Chapter's Story

A Home Within has existed and has been growing in the San Francisco Bay area and around the country for almost twenty years. Approximately six years ago, a local chapter was formed in Philadelphia. Two of the biggest structural challenges involved the recruitment of volunteer therapists along with the establishment of ongoing consultation groups, as well as the identification and connection to potential referral sources among the myriad of agencies and governmental agencies involved with the foster care system.

The most immediate challenge was to make contact with potentially interested therapists. This was accomplished through several personal conversations, presentations, and utilization of the list-serve capacities for groups such as the Philadelphia Society for Psychoanalytic Psychology (PSPP), (a local chapter of the American Psychological Association's Division 39 (Psychoanalysis) and the Philadelphia Society for Clinical Social Workers (PSCSW). Criteria for inclusion in this project required the therapists to have a certain level of experience with children and youth involved in the Child Welfare system, as well as the capacity to see clients at their private practice location and under the provision of their clinical license and liability insurance. In addition to a commitment to take on a potentially complicated client, therapists are also asked to commit to an ongoing consultation group, which meets regularly throughout the year. Eventually, a number of clinicians expressed interest throughout the Philadelphia region. Currently, over a dozen therapists—primarily Clinical Social Workers and Psychologists—constitute two ongoing consultation groups.

The second challenge was to establish relationships with referral sources. Because of the large number of agencies involved in the management and

care of those in foster care, these contacts were made slowly through recommendations generated by the volunteer AHW clinicians. Among the difficulties encountered at the earliest stages was the fact that specific agencies operate under contracts with city or state entities, and so are reluctant to "refer out" to external clinicians. The other problem encountered was that often when a referral was made, a clinician would not be available within geographic proximity of the individual.

Nevertheless, referrals came from other sources. Our first Philadelphia clients came through the private practice of one of our first volunteers. These were two siblings who were adopted and had been in foster care, but did not have insurance to cover outpatient psychotherapy. Another AHW clinician received a referral through her Mosque, while another client came from a group with specializes in programs for grieving children.

As time went on, it became apparent that there was a significant need to address the needs of youth who were close to "aging out" of the foster care system (presently at age twenty-one). At one point, a liaison was established with a Charter High School in the City of Philadelphia, which was established solely for teenagers in foster care. Unfortunately, that Charter School closed, but some contact was sustained with youth who went on to attend the Community College of Philadelphia. Additional referrals were made through a department within the Division of Human Services for the City of Philadelphia, which specializes in assisting foster youth in their attainment of "independence" as defined by their ability to attain housing, education and work opportunities.

This cohort of "aging-out youth" or "emerging adults" has proved to be the most difficult to serve. Typically, a young person would be identified by a caseworker or mentor, as someone who was both in need of and motivated to participate in individual therapy. It is here where the lessons learned about the complications of work with foster youths had to be re-learned on a local level. From the viewpoint of the adult who made the referral, the value of having an AHW therapist for these individuals was obvious. There were largely urban youth who had been in the foster system for years, frequently from families with few resources and with a history typical of most youth in the foster system.

Moreover, these were usually youths who had already seemed to gain an external degree of success. In one situation, a very personable young man had been able to have a job after high school as part of his school's alumni organization. He was attending college and was very eager to meet with a therapist. Although his initial meetings with his therapist seemed to go well and suggested he had formed a preliminary "connection" with his therapist, his life soon became more chaotic as he was forced to move several times. This young man was articulate about his past history as well as his aspirations for his future, but soon he stopped coming to therapy, in spite of a continual effort to reach out to him and accommodate his schedule. Although he initially seemed to "have his act together" and was seemingly somewhat more mature than his peers, both the external chaos of his life in the city as well as the internal chaos of his disrupted development overcame him.

Many of these young people seem to recognize their need for therapy and initially agree to participate. In some cases, they are suspicious of the motivation of the therapist, and may need to overcome a good deal of history, including encounters with a previous therapist, which did not go so well. The idea that a therapist would be interested in them and not simply their behavior seemed foreign. One young man wondered, in his initial meeting with his therapist, "who is paying for this?" Others come because of a crisis and then leave once the crisis has passed or express their reluctance to talk about painful experiences in their past—a phenomenon similar to the way many people in the general population approach (and/or avoid) therapy. Ultimately, the notion that one might be "fortunate" to have a therapist of one's own is a hard sell.

In the face of the daunting challenge of engaging foster youths in some kind of therapeutic support, the Philadelphian Chapter of A Home Within is embarking on a new collaboration with a unique local project that is also designed to assist in the transition to adulthood and independence. The Monkey and the Elephant is a recently established Coffee shop that exclusively employs young adults who are transitioning out of foster care. The founder and owner of this enterprise is keenly aware of the needs of foster youths, and has created an environment which both challenges and supports her employees. In additional to making individual therapists

available for these transitioning youth, AHW is exploring ways to provide further opportunities to learn more about the specific need of these individuals as well as provide psychoeducation in small informal groups. There has been a growing movement within the foster care community to allow these children and youth to tell their own story (Krebs & Pitcoff, 2006). The hope is to be able to discover new ways to provide the resource of our volunteer clinicians to a particular cohort of foster youth.

Meanwhile, there are a number of other on-going cases within the Philadelphia Chapter that continue to provide support to children in desperate circumstances. The following are representative of those cases:

> "Jamil," a twelve-year-old boy who comes to his therapist's office by bus, spent most of his first year taking naps on his therapist's couch, but now has begun to talk about the death of both of his parents, a favorite aunt, and his worries about the aunt who currently takes care of him in kinship-foster care.
>
> "Dora," an eight-year-old girl who was adopted at age three, only to experience her adopted mom declining more and more into the grip of a severe bipolar disorder and occasional separation from her husband. In her play, Dora has been able to gradually relinquish some control to her therapist as she becomes more comfortable allowing a
> new person to care about her.
>
> "Rebecca," Dora's sixteen-year old biological sister, is often silent with her therapist, particularly if there is any attempt to engage her in conversation about the problems she is experiencing at home. She has been able to begin to talk with her therapist a bit about fashion, music and other aspects of being a teenager, as the door continues to open.
>
> "Ramon" is an eleven-year-old boy who just recently was adopted out of foster care by a young, eager but inexperienced couple. He

had managed to "sabotage" previous adoption attempts through extreme oppositional behavior, but managed not to do so in this latest adoption attempt. He likes to draw pictures for his therapist and has begun to excitedly engage in sand play. He recently drew a picture of his memories of the murder of his biological mother, which he witnessed, having refused to talk about the subject previously.

"Katrina" is a ten-year old girl who has already been through five foster placements and a variety of caseworkers. Her current caseworker learned about A Home Within and drives Katrina for several miles to her session, in the hope of sustaining a long term, more permanent therapeutic relationship for her. Initially resistant, she reports she's starting to like her therapist.

Conclusion: Holding Hope

Toni Heineman has described one dimension of the over-all purpose of A Home Within as being a network of individuals who "hold the hope" for children in foster care (Heineman, et al, 2013). Those who enter into this effort understand the deep challenges to work with foster youth, as well as concede that the efforts of a couple of hundred therapists throughout the United States offer only drops in the ocean in face of the needs of thousands of children.

There is really no available research that demonstrates longitudinal outcomes for children who are engaged in therapy. Even when children are discharged from relatively long- term therapy with evidence of positive behavioral change, we really can't know the true difference, which the intervention will make in the course of the child's future life. Occasionally, we do get a call from a family or a child we have treated and hear about successes. Often, we become aware of failures as well. But by in large, we exist in a state of not really knowing the ultimate effects of our commitment and our hard work. Nonetheless, we are guided by a set of beliefs in the value of positive relationships in the formative years of each individual.

Foster children are usually among the most deprived with regard to positive, formative relationships. Frequently, they are unable to receive

even the most sincere offers of help because of their own attachment and trauma history. Yet we continue to hold a "relational" hope in work with these children and young adults, realizing that beyond behavior change and adaptation to difficult circumstances, the foundation of psychological health is the capacity to establish and appreciate good relationships. Toni Heineman has also described this project as a long conversation between the aspirations of those engaged in A Home Within and the reality of the world of foster care. Even when engagement with foster youth is brief or ends without optimal outcomes, the work is set against the horizon of the importance of insistence on the right and importance of those in foster care to be held in mind by those who understand their pain and who seek to understand them.

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